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# Form **990**

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

Ā	For the	2015 calendar year, or tax year beginning JVLY / , 2015, and endi	ng JUNE		, 20 16
		applicable C Name of organization TALBOT COUNTY ALTS COUNCIL	-, INC.		r identification number
	Address	Total day and the state of the	-, IMC.	- ۶٫۶	1532 573
Ħ	Name ch	Number and street (or P.O. box if mail is not delivered to street address) Room/si	urte	E Telephor	e number
H	Initial ret	PO 31x 6		410	-310-9812
H		n/terminated City or town state or province, country, and ZIP or foreign postal code		, 3	3,815
H	Amende	EASTON AND 2-1/201 - 0006		<b>G</b> Gross re	
H	Amende	on pending F Name and address of principal officer beams H. Emry, Ex.	De Halle this a		
ш	Афріісас	PO BOX b, EASTON, MD 21601 - 0004	H(b) Are al	l subordinates	included? Yes No
-	-				list. (see instructions)
<u> </u>				p exemption	•
	Website	organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms	<del></del>		of legal domicile MD
	art I		1787	III otate	or rogal dormond
		Summary  Briefly describe the organization's mission or most significant activities.	SUPPOR	THE	11 -e 1N
•	1	Briefly describe the organization's mission of most significant activities.	7006	10/12	DONS , MITS
ű	7	ALBOT LOW-TY, MD, BY GRANTING FUNDS TO AND	1000	2012/20	1 1177
E	1			n 25% of	to not accord
Ş	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed			15 Het assets.
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)			
Activities & Governance	4	Number of independent voting members of the governing body (Part VI, line 1b		1 - 1	<u> 15 </u>
ij	5	, or an interest of manifest of the second o		<del></del>	
疲	6	Total number of volunteers (estimate if necessary)		`	
Ā	7a	(-),		<del></del>	0
	b	Net unrelated business taxable income from Form 990-T, line 34	Pnor	. 7b	Current Year
	_				
ē	8	Contributions and grants (Part VIII, line 1h)	123,	835	132, 983
e E	9	Program service revenue (Part VIII, line 2g)		0	0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39	5)
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u></u>		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,		133,034
,	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	85,		56, 263
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	<u> </u>
. 5	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2-9, -	25.2	30,125
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
. <u>8</u>	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>建筑</b>		
்	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,3		7, 427
-	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	122,	128	133, 815
ζ	19	Revenue less expenses. Subtract line 18 from line 12t	(t) 1,0	146	(-) 781
6 8	ę	The same of the sa	Beginning of		End of Year
្នងខ	ลีโวก	Total assets (Part X, line 16)	9, 7	18	8, 567
Net Asso	21	Total liabilities (Part X, line 26) AUG O S 2010		0	0
Ž	22	Net assets or fund balances Subtract line 21 from line 20	5, 7	y 6	8, 967
P	art II	Signature Block			
U	nder pen	alties of perjury. I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of	my knowledge and belief, it is
tr	ue, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which prepare	rer has any kno	wledge	
		Brain H. Vinh			
Si	gn	Signature of officer		Date	26-2-11
H	ere	GERALD H. EMLY, EXECUTIVE DINE	ECTOR	/	-25-2014
		Type or print name and title			
D.	aid	Print/Type preparer's name Preparer's signature	Date	Check	T if PTIN
				self-em	— I
	repar	1 = .	F	ırm's EIN ▶	
U	se Or	Firm's address ►		hone no.	
M	ay the	RS discuss this return with the preparer shown above? (see instructions)			Yes No
=					Form 990 (2015)

Form **990** (2015)

יכב ווווע	0 (2013)
art I	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
,	RECEIVE GOVERNMENT (STATE COUNTY, TOWN) FUNDS ANDCHTED FOR THE AR
	ENGINE ANTS PROMOMS OF MON-PROFIT AND GOVERNMENT AS LATED
	BY CABUE ANTS PROMATING OF MONTHON TO COUNTY OF CATIED
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
·	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 133, 815 including grants of \$ 96, 263 ) (Revenue \$ 133, 234 )
	MODE LADNIS TOTALIN AS FOLLOWS:
	\$ 40,252 TO ORGANIZATIONS WASKA GAMPOUNITY MTS DEVELOPORENT IN
	\$ 23, 580 TO SCHUBES UNDER MITS-IN-EDUCATION PROMING \$ 8,932 TO UNDANIZATIONS AND SCHOOLS UNDER MINI-GROUT PROUM
	\$ 3,499 TO IMEN SCHOOL STUDENTS AS SUMMEN ARTS SCHOCKESHIPS
	3 3,477 10 11114 SCADIC STUDENTS IS SUPPLED INCOS SCHOLARS/11/13
4b	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		X	
_	complete Schedule A	1 2	<u>^</u>	<del> </del>
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	^	<del> </del>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
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		×
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		>
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		χ
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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>\</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		γ
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		λ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a		14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>×</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		>
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		۲
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
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		*
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	N	14_

38

Form 99	0 (2015)			Page 4
Part	Checklist of Required Schedules (continued)		1	
00 -	Did the experimentary apparets one or many hospital facilities? If "Van " complete Schodule Li	000	Yes	No X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b	~	<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>/</b>
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	<i>V</i> /	A X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		'> λ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	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 conservation contributions? If "Yes," complete Schedule M	30		x }
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<i>'</i>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		7
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		オ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		x
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	07		×

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.

38

Onn 99				<u> </u>
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	$\sim$	4
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	N	14
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١.
	account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶		*	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	F-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
C 62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	3		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<b>×</b>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N	4
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		γ
	required to file Form 8282?	7c		<b></b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		<u></u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	_	X
f	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract?	7g	N	
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ر سر	4
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>                                     </del>	· /	7
_	sponsoring organization have excess business holdings at any time during the year?	8		<b>&gt;</b>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter.	1		
а	Initiation fees and capital contributions included on Part VIII, line 12		<u> </u>	,
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] ///4		ļ <u>.</u> , ,	[·
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	,	_	
a b	Green income from other sources (Do not not amounts due or paid to other sources	1.		
J	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<i>x</i>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   ~// 6			<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		*
	Note. See the instructions for additional information the organization must report on Schedule O.			]
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	44-	-	×
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	<del>  .</del>	14
ь	if tes, has it lied a Form 720 to report these payments? If two, provide an explanation in Schedule O			) (2015)
		. 01		

Part		ee ins	tructi	ons.
Section	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or		Yes	No
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>Y</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		У
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		7
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		አ
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a		
ь	stockholders, or persons other than the governing body?	7b		Х
8	the year by the following:	0-	×	
a	The governing body?	8a 8b	_	<i>X</i>
9	Each committee with authority to act on behalf of the governing body?	9	<u>-</u>	x x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)	·
00011	On B. P. Choices (Philo Goodien & Poquedete information about periode in Production and Production in Production i		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	2	14
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	У Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	L	X
14	Did the organization have a written document retention and destruction policy?	14		<u>×</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		, \$	, 1, 2
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	~/	4
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		У
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	<u> </u>	, ,	W.
	organization's exempt status with respect to such arrangements?	16b	~/	1
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(	c)(3)s	only
19	☐ 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 int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	000	381

Part VII	Compensation of Officers, Directors,	Trustees, K	ley Employees, Hig	hest Compensate	ed Employees, and
	Independent Contractors				

Charles Cabadala O applaina a vos	sponse or note to any line in this Part VII . . . . . . . . . . . . .	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any relate	d orga	anız	atıo	n co	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	box, office	ot ch unles er and	s pe	tion more rson irecto	than on the state of the state	an	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	cer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MANGARST FUND PRESIDENT AND DIRECTOR	10	×		*				0	v	0
(2) ROBERT J. FORLUNEY VICE PRESIDENT + DIMERNA	5	×		x				v	D	0
(3) SANDY BENIS SECRETARY + DIRECTOR	5	γ		٢				0	0	ð
(4) CANOL GONDEAN THEASUREN + DINECOM	5	×		X				0	v	0
(5) DIRCK K. BANTLETT		×						0	v	0
(6) YOLANDA ESCOBEDO DIRECTOR	//	X						0	O	0
(7) ANN H. FARLSY DINECTON	(	х						O	O	0
(8) STEPHANIE HANDY DINGLEDA	/	Y						V	v	v
(9) JAY HARFPRA	·····/	>						0	O	0
110) RICHARD L. HOTT DIRECTOR		r						0	U	0
(11) NANCY S. LANSON DINECTOR	/	×						Q	0	0
(12) CLABY RED	/	×						O	0	v
DIRECTION	/	×						0	0	0
(14) PATRICK ROGAN DINJETON	/	x						Ø	0	6

Form **990** (2015)

(a) Name and life Name and lif	Part '	Section A. Officers, Directors, Trust	ees, key E	mpio	yees			iignes	Si C	ompensated E	i <b>mployees</b> (cor	nunuea)
Total rumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation in 1a? If "Yes," complete Schedule J for such individual for such middidal			Average hours per	box,	unles	Pos neck ss pe	ition more	is both	an ee)	Reportable compensation	Reportable compensation from	Estimated om amount of
(16) ELAPLY H. ENTLY 2.5			hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MIS	compensation C) from the organization and related
(17)  (18)  (19)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (21)  (22)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (28)  (28)  (29)  (20)  (20)  (20)  (21)  (21)  (22)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (27)  (28)  (28)  (28)  (29)  (20)	(15)		/	×						0	U	2 0
(16) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total Contactors that received more than \$100,000 of reportable compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such parking of reservices rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such midwidual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Complete this table for your five highest compensation from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation from the calendar year ending with or within the organization to accompensation from the organization. Report compensation for the calendar year ending with or within the organization to accompensation from the organization. Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization to accompensation from the organization. Report compensation for the calendar year ending with or within the organization. Possible Section B. 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. Possible Section B. Independent Contractors that received more than \$100,000 of compensation from the organization. Possible Section B. Independent Contractors that received more than \$100,000 of compensat	(16)	GERALD HE EARLY	٢٢	1			×	×		30,125	0	, 0
(20) (21) (22) (23) (24) (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 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  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for such i	(17)	Brawy) ve pinzoin.										
(20)   (21)   (22)   (23)   (24)   (25)   (25)   (26)   (27)	(18)											
(21)  (22)  (23)  (24)  (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 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  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  D 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  Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  D description of services  (C)  Compensation	(19)											
(22)   (23)   (24)   (25)   (25)   (25)   (25)   (26)   (27)	(20)									<u> </u>		
[23]    1b   Sub-total	(21)			-		┢			-			
(24)  (25)  1b Sub-total	(22)				-							
1b Sub-total	(23)			-			-					
1b Sub-total	(24)					$\dagger$						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 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  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 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 taryear.  (A)  Name and business address  (B)  Description of services  Compensation	(25)								-			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 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  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 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 taryear.  (A)  Name and business address  (B)  (C)  Compensation		Total from continuation sheets to Part	VII, Section	on A					<b>&gt;</b>	0	0	-
3 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		Total number of individuals (including bu	it not limite	d to t	hose	e lıs	ted	abov	e) w			<del> </del>
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 individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 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 taxyear.  (A)  (B)  (C)  Compensation  Row C	3	Did the organization list any former o	fficer, direc						em;	oloyee, or high	nest compens	sated
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	able	cor	npe	nsatio				n the such
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Name and business address  Description of services	5	Did any person listed on line 1a receive										ridual 🕠 📜
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 taryear.  (A)  (B)  (C)  Compensation  Mame and business address  Description of services  Compensation	Section							-				
(A) Name and business address  None  (B) Description of services  Compensation		Complete this table for your five highest compensation from the organization. Re	compensa port compe	ted in	idep ion f	oend for t	dent	cont	ract dar	tors that receiv year ending wi	ed more than th or within the	\$100,000 of e organization's tax
		(A)	dress								services	
		NONE					•		-			
									$\perp$			

Рап	VIII	Check if Schedule O		spansa ar note ta	any line in this	Part VIII		
		Check ii Schedule O	Contains a res	sporise of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
la la	b	Membership dues .		0				
S, G	С	Fundraising events .	1c	0				,
ar Sit	d	Related organizations	<u>1d</u>					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (con-		118,983				
is S	f	All other contributions, gi		111 0 0 0				
혈美		and similar amounts not incl				}		
털털	g	Noncash contributions includ			.12 662			
	<u>h</u>	Total. Add lines 1a-1	<u> </u>	Business Code	132,983	_ <del></del>		-
2								
eve	2a	NOYE		1				
Program Service Revenue	b							
	C .						<del></del>	
	d							
	e	All other program sen	vice revenue		<del></del>		<del></del>	
rog	f g	Total. Add lines 2a-2			0			
	3	Investment income						
		and other similar amo			51	0	0	
	4	Income from investmen			0	U	U	7
	5	Royalties	•	•	0	0	0	D
			(ı) Real	(II) Personal				
	6a	Gross rents	6	0	1			
	ь	Less rental expenses	0	0	]			
	С	Rental income or (loss)	0	0				
	d	Net rental income or	(loss)					
	7a	Gross amount from sales of	(i) Securities					
		assets other than inventory	0	P	]			
	Ь	Less. cost or other basis and sales expenses	0	n				-
	С	Gain or (loss)	1	0				ļ <u>.</u>
	d	Net gain or (loss) .		<u> •                              </u>	0	0	0	0
Other Revenue	8a	Gross income from fu events (not including \$ of contributions report See Part IV, line 18 . Less: direct expense	ed on line 1c).	а				
0	C	Net income or (loss)		<u> </u>	0		0	0
		Gross income from g						
	Ь	Less. direct expense	s	b 0	1			
	C	NI . 1		ctivities >	Ø	O	0	0
		Gross sales of in	nventory, less					**
	Ь	Less: cost of goods	sold	b <i>U</i>	7			
	C	Net income or (loss)		ventory >	Ø	0	Ø	0
		Miscellaneous		Business Code				
	11a	NONE		. 0				
	b	•••••		0				
	С			0				
	d	All other revenue		0	0	0	0	D
	e				<i>D</i>			12
	12	Total revenue. See	instructions.	<u> ▶</u>	133,034	<u> </u>	0	Form <b>990</b> (2015)
					-			Form 990 (2015)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		ne in this Part IX	<u> </u>	
o not o, 9b,	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	92, 764	92,764		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3, 499	3,499	. 45	Marian Land
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o	0	5	
4	Benefits paid to or for members	0	0	- 1 (jb	* * * * * * * * * * * * * * * * * * *
5	Compensation of current officers, directors, trustees, and key employees	25, 273	0	25,213	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	o	0
7	Other salaries and wages	0	0	0	<i>b</i>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	6	D
9	Other employee benefits	639	0	639	v
10	Payroll taxes	4,213	0	4,213	0
11	Fees for services (non-employees).		,	&	ø
а	Management	0	0	p	0
b	Legal		0		2
G	Accounting	425	v v	425	0
d e	Lobbying	v v			0
f	Investment management fees	0	v	0	0
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	v	v	0
12	Advertising and promotion	997	0_	997	0
13	Office expenses	418	6	418	0
14	Information technology	2080	0	2080	0
15	Royalties	0	0		0
16	Occupancy	0	0	602	
17	Travel	602		402	0
18	for any federal, state, or local public officials	o	0	υ	0
19	Conferences, conventions, and meetings .	147	0	147	U
20	Interest	6	0	0	0
21	Payments to affiliates	D	0	b	0
22	Depreciation, depletion, and amortization .	Ø	0	v	0
23	Insurance	744	6	274	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	,			£ , , ,
	(A) amount, list line 24e expenses on Schedule O.)	206	, , , , , , , , , , , , , , , , , , ,	206	0
a	POSTAL	200	0	200	0
b c	PM~N~L DV∈S	592	0	592	Ø
d	M) C C C L A N E M S	816	v	816	0
e	All other expenses	Ø	10	O	D
25	Total functional expenses. Add lines 1 through 24e	133, 815	96,263	37,552	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 9,748 Savings and temporary cash investments . . . . . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets D Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less, accumulated depreciation . . . . Investments—publicly traded securities . . . . . . Ø Investments - other securities, See Part IV, line 11 . . . . Investments—program-related. See Part IV, line 11 . . . . . 9,748 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . U Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . Secured mortgages and notes payable to unrelated third parties . . . D Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . . . . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Temporarily restricted net assets . . . . . . O Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . . Ø Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances . . . . . . Form 990 (2015)

Accounting method used to prepare the Form 990.  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis  Consolidated basis  Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  2a	Par	XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 (-75/) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 (9, 74 9) 5 Net unrealized gains (losses) on investments 5 0 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  11 Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both:    Separate basis   Consolidated basis   Both consolidated and separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis   Both consolidated and separate basis   Were the organization's financial statements audited by an independent accountant?   If the organization of institution of its financial statements for the year were audited on a separate basis. Consolidated basis   Both consolidated and separate basis   Consolidated   Condition   Condition   Condition   Co		Check if Schedule O contains a response or note to any line in this Part XI						
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Net unrealized gains (losses) on investments  Net unrealized gains (losses) on investments  Denated services and use of facilities  Investment expenses  Prior penod adjustments  Prior penod adjustments  Net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990. Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basi	1	Total revenue (must equal Part VIII, column (A), line 12)	1	133	,0	34		
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	-					
Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  11 Accounting method used to prepare the Form 990. Scash   Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  17 Separate basis  18 Were the organization's financial statements audited by an independent accountant?  19 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:  10 Separate basis   Consolidated basis   Both consolidated and separate basis    20 If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?    10 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 Single Audit Act and OMB Circular A-133?  25 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	3		3					
6 Donated services and use of facilities 6 6 0 7 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 11  1 Accounting method used to prepare the Form 990. Scash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 15 ("Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both conso	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,				
7 Investment expenses 7	5							
8 Prior period adjustments	6	Donated services and use of facilities	6					
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7					
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990. Scash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 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 If "Yes," did the organization audits, explain why in Schedule O and describe any steps taken to undergo such audits.	8							
33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990. SCash			9					
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Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990. SCash			10					
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Description of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  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 Single Audit Act and OMB Circular A-133?		·	olled 0	1 2.	•			
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the Single Audit Act and OMB Circular A-133?			prant ii					
the Single Audit Act and OMB Circular A-133?	32		forth II	,				
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.	Va			l l		メ		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	b							
					~/	4		
FOILI <b>330</b> (20				Forr	n <b>9</b> 90	(2015)		

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

# **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.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name	of the organization	COUNTY	NZYS	COUNCIL,	INC-		Employer identification	
Par	t I Reason for	Public Chari	ty Status (Al	l organizations m	ust comple	te this p	art.) See instructio	ns.
The c 1 2	organization is not a particular in a church, conveius A school describ	ntion of church	es, o <mark>r associa</mark>	tion of churches de	scribed ın <b>se</b>	ection 17	0(b)(1)(A)(i).	
3 4	A medical resear	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5	section 170(b)(1	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.)						
6 7	An organization described in sec	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  n organization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	A community tru							
9	receipts from ac support from gr acquired by the	ctivities related ross investmer organization af	to its exemp at income and ter June 30, 19	t functions—subject d unrelated busine 975. See <b>section 5</b> 0	t to certain ss taxable i 09(a)(2). (Coi	exception ncome (la mplete Pa		than 331/3% of its
10 11	one or more pub the box in lines 1	organized and o dicly supported 1a through 11d	perated exclu- organizations that describes	sively for the benefit described in <b>sectio</b> s the type of suppor	t of, to perfor n 509(a)(1) o ting organiza	m the fun or section tion and c	ictions of, or to carry i <b>509(a)(2).</b> See <b>secti</b> complete lines 11e, 1	on 509(a)(3). Check 1f, and 11g.
а	the supported	organization(s)	the power to				ed organization(s), ty e directors or trustee	
Ь	control or man	nagement of the	supporting o		n the same p		pported organizatior hat control or manag	
C	its supported	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.						
d	that is not fund	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.						
e	functionally in	tegrated, or Typ	e III non-func	tionally integrated s			t it is a Type I, Type I n.	
f	Provide the follow	ing information	about the su				· · · · · · ·	[ 0 ]
	(i) Name of supported o	rganization	(ii) EIN	(iii) Type of organiza (described on lines above (see instruction	1–9 listed in yo	organization our governing oment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)	NONE							
(B)								
(C)								
(D)								
(E)								
Tota	al							

supported organization

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2014 (f) Total Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (c) 2013 (e) 2015 Gifts, grants, contributions. membership fees received. (Do not 575,527 132, 383 103, 272 116, 503 123/835 98,524 include any "unusual grants.") . . . revenues levied 2 for the organization's benefit and either paid 0 0 Ø to or expended on its behalf The value of services or facilities furnished by a governmental unit to the 27,000 4,000 4,101 6.000 4,000 organization without charge. 602,527 Total. Add lines 1 through 3. . . . 109,272 104,534 129,835 135, 4 5 The portion of total contributions by person each (other than governmental unit or publicly 6 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 602,527 Public support. Subtract line 5 from line 4. " By " - 1 " - 1 " Section B. Total Support (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendar year (or fiscal year beginning in) ▶ 602,527 Amounts from line 4 119,272 122,903 129,835 135,983 7 104.534 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 247 80 28 51 49 39 Net income from unrelated business 9 activities, whether or not the business 0 0 U 0 0 is regularly carried on Other income. Do not include gain or 10 0 0 ð loss from the sale of capital assets D 0 (Explain in Part VI.) 602,77 Y 11 **Total support.** Add lines 7 through 10 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) . . . . 95. 5 % 14 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . % 15 331/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this **B** 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

MA

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees		-				
	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	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	1					
	organization's benefit and either paid		i				
	to or expended on its behalf .						<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to the			]			
_	organization without charge		<u> </u>	·		ļ	
6	<b>Total.</b> Add lines 1 through 5		<del> </del>			-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			1			
						-	
þ	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b				<del> </del>		
8	Public support. (Subtract line 7c from		1	1 <sub>1</sub> ×		To a Section	
	line 6.)			5 5 40 4 2	. t	1. C.	
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6			<u> </u>	<u> </u>	ļ	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties and income from similar sources .					<del>                                     </del>	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	·	ļ	<del> </del>				
C 11	Add lines 10a and 10b			<del> </del>	<del> </del>	1	-
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or		+		-	1	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						_
	and 12.)						
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he					<u> </u>	🕨 🔲
Sect	ion C. Computation of Public Suppo					1	
15	Public support percentage for 2015 (line						%
16	Public support percentage from 2014 Sc			<u> </u>		.   16	%
	ion D. Computation of Investment In			K 40	(F)	147	
17	Investment income percentage for 2015						<u>%</u>
18	Investment income percentage from 201	4 Schedule A	, raπ III, line 17			. [18]	% and line
19a	331/3% support tests – 2015. If the organ 17 is not more than 331/3%, check this box	and stop bor	on the organizet	ox on tine 14, 8	anu iiiie 10 is i a publick eur	morted organizat	70, and inte
ь	line 18 is not more than 331,3%, check this						
20	Private foundation. If the organization of						
20	ata raarraarran n no organization o			.,			

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

LOVACIL, INC MIS 52-1532573 TALBUT EXECUTIVE CIMMITTEE OF BOOND OF Pré- 5 VB MISSION FURM - REF Fram 990, PANT VI, SEC C, LINES WESSITE (WWW. TOLBOTANTS. OND) PHY GOVERNING BOCUTENTS 950) ANE DYE PUBLIC