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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No 1545-0052

Inte	rnal	nen Rev	t of the Treasury venue Service		Information about For	m 990-l	PF and its separate	instructions	is at www.lrs	gov/form990	pf.	Open to Public	nspection
Fo	rca	ler;	dar year 2015	or tax yea	r beginning JUL	1,	2015	, and e	nding	JUN 30	2016		
N	ame	of	foundation							A Employer i	dentification	number	
1	RA	Y	FOUNDA	TION	. INC.					81-02	288819		
_	_				if mail is not delivered to street	address)		Room/suite	B Telephone			
	10	0	AVIATI	ON D	RIVE SOUTH				203		649-	5733	
_		_			untry, and ZIP or foreign p	ostal co	ode			_		ending, check here	ightharpoons
			LES, FL		104							-	
						D 1. Foreign (organizations	, check here	ightharpoons				
					Final return		Amended return			1 2 -			
_					Address change		Name change			2. Foreign or check here	ganizations med and attach cor	eting the 85% test, mputation	
H_	Ch	eck	type of organiz	ration:	X Section 501(c)(3) ex	empt p	rivate foundation			E If private fo	undation stat	us was terminate	d
L		Se	ction 4947(a)(1) nonexen	npt charitable trust	Other to	axable private found	ation		under section	on 507(b)(1)	(A), check here	
1	Fair	ma	irket value of al	assets at	end of year J Account	ng metl	hod: 🗶 Cash	Accr	ual	F If the found	ation is in a 6	60-month termina	ation
			Part II, col. (c),	line 16)		her (sp				under secti	on 507(b)(1)	(B), check here	
_	\$				4,975. (Part I, colu	mn (d)	must be on cash	basis)					
LP.	ar	<u>t </u>	of ame The total of ame	ounts in coli	nd Expenses umns (b), (c), and (d) may not nts in column (a))	(a ex	i) Revenue and penses per books		vestment ome	(c) Adjus	ted net ne	(d) Disburser for charitable po (cash basis	urposes
		1	Contributions,	gifts, gran	its, etc., received	2	,966,560.			N/A	4		
		2			on is not required to attach Sch. B						******		
		3	Interest on saving cash investments	gs and temp s	oorary		1,982.		<u>1,982.</u>			STATEMEN	
	Ĺ	4	Dividends and	ınterest fr	om securities		639,458.	63	9,458.	ļ		STATEMEN	<u> TT 2</u>
		5a	Gross rents										
		Net rental income or (loss)											
9	ש	6a	Net gain or (loss) Gross sales price		assets not on line 10		<u>62,873.</u>				_		
		b	assets on line 6a	- IUF AIII	<u>111,000.</u>	ļ	- 		0 050				
ć	וַמַ	7	Capital gain net i	•	· · · · · ·	<u> </u>		6	2,873.				
_		8	Net short-term	. •	un			-			_		
		9	Income modifi Gross sales less		1								
	'	_											
			Gross profit or		<u> </u>								
			Other income	(1035)			16,676.	1	6,676.		_	STATEMEN	<u>un 3</u>
	Ι.	2	Total. Add line	es 1 throug	nh 11	3	,687,549.		0,989.			<u> </u>	<u> </u>
		3			rectors, trustees, etc	Ť	0.	, ,	0.				0.
			Other employe										
	1		Pension plans		· · · · · ·		 -		····		-		
Ş	2 1		Legal fees										
Š	<u> </u>		Accounting fee	es	STMT-4	3	2,845.		0.				0.
, 1	ś		Other professi		S.C. S.	16:7							
9	<u> </u>	7	Interest	_/	5 July 3		\						· —
Š	ថ្នី 1	8	Taxes	/ /	⟨SŢMŤ 5/ ⟨	1	19,410.		0.				0.
dministrativo Evapores	₫ 1	9	Depreciation a	nd depleți	STMT-4 2016 STMT 5		·						
	[2	0	Оссирапсу	'	[8] (CO)					ļ			

185

22,440 3,600,000.

65,109

3,622,440

0.

0

N/A

720,989

SCANNED NOV 2 1 2016

b Net investment income (if negative, enter -0-)

26 Total expenses and disbursements. Add lines 24 and 25

27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements

C Adjusted net income (if negative, enter -0-) 523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2015)

3,600,000.

3,600,000.

0.

For	m 99	0-PF(2015) RAY FOUNDATION, INC.	81-0288819 Page 2			
٦	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of		
드	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
		Cash - non-interest-bearing				
		Savings and temporary cash investments	1,929,918.	2,043,202.	2,043,202.	
	3	Accounts receivable				
		Less: allowance for doubtful accounts	-			
	4	Pledges receivable ►				
	_ ا	Grants receivable				
	1]	Receivables due from officers, directors, trustees, and other				
	6	disqualified persons				
	7	Other notes and loans receivable				
	′	Less: allowance for doubtful accounts				
S	R	Inventories for sale or use			_	
Assets	1 -		4,960.	5,760.	5,760.	
As	l	Investments - U.S. and state government obligations		- / · · · · ·		
		Investments - corporate stock STMT 8	9,504,675.	9,456,548.	23,036,013.	
	_	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment: basis ► 15,414.				
		Less accumulated depreciation STMT 9 ▶ 15,414.				
		Other assets (describe)				
	16	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item I)	11,439,553.	11,505,510.	<u>25,084,975.</u>	
	1	Accounts payable and accrued expenses		848.		
	18	Grants payable				
ies	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		·		
Lia	21	Mortgages and other notes payable				
	22	Other liabilities (describe)				
	22	Total liabilities (add lines 17 through 22)	0.	848.		
_	23	Foundations that follow SFAS 117, check here		- 0101		
		and complete lines 24 through 26 and lines 30 and 31	i			
es	24	Unrestricted				
Fund Balances	25	Temporarily restricted				
Bal	1	Permanently restricted				
Б		Foundations that do not follow SFAS 117, check here				
Ī		and complete lines 27 through 31.				
s or	27	Capital stock, trust principal, or current funds	11,439,553.	11,504,662.		
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.		
Ret	30	Total net assets or fund balances	11,439,553.	11,504,662.		
			_ 1			
_	31	Total liabilities and net assets/fund balances	11,439,553.	11,505,510.		
P	art	III Analysis of Changes in Net Assets or Fund B	alances			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30	_		
		st agree with end-of-year figure reported on prior year's return)		1	11,439,553.	
2		r amount from Part I, line 27a		2	65,109.	
3		r increases not included in line 2 (itemize)		3	0.	
4		lines 1, 2, and 3		4	11,504,662.	
		eases not included in line 2 (itemize)	<u> </u>	5	0.	
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	11,504,662.	
					Form 990-PF (2015)	

3,600,000.

8

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	n 990-PF (2015) RAY FOUNDATION, INC. art VI Excise Tax Based on Investment Income (Section 4940(a),	4940(b), 4940(e), or	81-028 1948 - see	8819 instru	ctio	<u>Page 4</u> ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N	/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary	y-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🛣	and enter 1%	1		<u>7,2</u>	<u> 10.</u>
	of Part I, line 27b .					
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Pai	rt I, line 12, col. (b). 💚				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others et	nter -0-) .	2			<u>0.</u>
3	Add lines 1 and 2		3		7,2	<u> 10.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others e	enter -0-)	4			<u> 0 </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		7,2	<u> 10.</u>
6	Credits/Payments:	1				
a	a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a	5,760.	<u>.</u>			
b	Exempt foreign organizations - tax withheld at source 6b		<u> </u>			
C	c Tax paid with application for extension of time to file (Form 8868)		_			
d	d Backup withholding erroneously withheld . 6d		_			
7	Total credits and payments. Add lines 6a through 6d		7		<u>5,7</u>	<u>60.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8_			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9		1,4	50.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax	Refunded >	11			
Pa	art VII-A Statements Regarding Activities					
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation of	or did it participate or interven	e ın		Yes	No
	any political campaign?			1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (se	e instructions for the definition	n)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	ies of any materials publish	ed or		1	
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0.	•		Ì	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure ta					
	managers. ▶ \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2_		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum	nent, articles of incorporation,	or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					l
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directively.	tions that conflict with the star	e law			ļ
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	Part II. col (c), and Part X	V	7	X	
		(-),				
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)	•		}		l
	CO,FL			-		
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	v General (or designate)		•		
_	of each state as required by General Instruction G? If "No," attach explanation			8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4	1942(1)(3) or 4942(1)(5) for cal	endar		- - -	_
-	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," comple	*** *		9]	Х
10				10		X

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s X No	İ	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,		}	
any voter registration drive?	• • •	☐ Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio		·•			Į
4945(d)(4)(A)? (see instructions)		□ v _e	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adjustional nurnoses or				
the prevention of cruelty to children or animals?	or concational purposes, or		s X No		
	day tha awar-turaa daaa-bad		ו מאובבם אי	- 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	•	и педимионь	NT / 3		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					Į.
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?		I∕A ∐ Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u></u>	\	1	1
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust		nagers, Highly		· · · · · ·	
Paid Employees, and Contractors	,	J , J - 3	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou	int, other wances
JAMES C. RAY	PRESIDENT/DIF		Сотронации		
100 AVIATION DRIVE SOUTH, #203		Toron			
NAPLES, FL 34104	1.00	0.	0.		0.
	TREASURER/DIF		- 0.		
	TKEASUKEK/DIF	CTOR			
5951 S. MIDDLEFIELD ROAD, #105	4 00				•
LITTLETON, CO 80123	1.00	0.	0.		<u> </u>
CHARLES J. AHEARN	SECRETARY/DIF	ECTOR			
100 AVIATION DRIVE SOUTH, #203		_	_		_
NAPLES, FL 34104	1.00	0.	0.		<u> </u>
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		,	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(-) Companyon	(d) Contributions to employee benefit plans	(e) E	xpense int, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allov	wances
NONE					
		1	 -		
				1	
		 			
		 		 	
	<u> </u>	 		 	
	<u> </u>		<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000		,, -,-			0

1.0

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Part VIII . Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
1 N/A	il lilles Tallo 2.	Amount
1 A/ A		
2		
All abban are some related and a section of		
All other program-related investments. See instructions. 3		
Total Add lines 1 through 3	▶	Λ

	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	- O I	c see instructions)
_	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		s, see instructions)
١,	A common and the four moveled value of according	1a	21,593,275.
3	Average of monthly cash balances	1b	1,861,850.
	For any distriction of all other seconds	1c	1,001,000.
C		1d	23,455,125.
d	Reduction claimed for blockage or other factors reported on lines 1a and	-10	23,433,123.
e			
2	1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	23,455,125.
3 4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	351,827.
4 5	· · · · · · · · · · · · · · · · · · ·	5	23,103,298.
5 6	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	6	1,155,165.
_	Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and		
L <u>T</u> .	Part XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and foreign organizations check here and do not complete this part.)	o certain	•
1	Minimum investment return from Part X, line 6	1	1,155,165.
2a			
Ь	Income tax for 2015. (This does not include the tax from Part VI.)		
C		2c	7,210.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,147,955.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,147,955.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,147,955.
_	Part XII Qualifying Distributions (see instructions)		=1==:12553
_			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		2 (00 000
a	. , , , , , , , , , , , , , , , , , , ,	1a	3,600,000.
	,	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	· · · · · · · · · · · · · · · · · · ·	3a	
þ	· , , , , , , , , , , , , , , , , , , ,	<u>3b</u>	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,600,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	7,210.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,592,790.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies f	for the section

Form **990-PF** (2015)

Part XIII 'Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7	į			1,147,955.
2 Undistributed income, if any, as of the end of 2015			-	
a Enter amount for 2014 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 736, 208.	}			
b From 2011				
c From 2012				
d From 2013 670,754.				
e From 2014 3, 231, 249.				
f Total of lines 3a through e	4,638,211.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 3,600,000.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				1,147,955.
e Remaining amount distributed out of corpus	2,452,045.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	7 000 256			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,090,256.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	,	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	į	0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.	1		0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2016	Ì		1	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			į	•
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	i		,
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	736,208.			
9 Excess distributions carryover to 2016.				;
Subtract lines 7 and 8 from line 6a	6,354,048.		ļ	1 (
0 Analysis of line 9:			; a 12	-
a Excess from 2011]	Ą
b Excess from 2012			ļ	X
c Excess from 2013 670,754.			,	
d Excess from 2014 3, 231, 249.		į	, ,	
e Excess from 2015 2,452,045.			٠,	
				Form 000 DE (0045)

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Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of		, , ,			
foundation, and the ruling is effective for	•	· ·	· ▶└┌╌		
b Check box to indicate whether the foun		ng foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2014	Prior 3 years	(4) 0010	(a) Tatal
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed			<u> </u>	 	
b 85% of line 2a		ļ — — — — —		 	- -
c Qualifying distributions from Part XII,					
line 4 for each year listed		<u> </u>		<u> </u>	
d Amounts included in line 2c not		ļ.		1	
used directly for active conduct of			1		1
exempt activities	<u> </u>	 			
e Qualifying distributions made directly					
for active conduct of exempt activities.		1			1
Subtract line 2d from line 2c		<u></u>			
3 Complete 3a, b, or c for the					1
alternative test relied upon: a "Assets" alternative test - enter:		\			
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year				-	
listed					
c "Support" alternative test - enter:				1	
(1) Total support other than gross			ļ		
investment income (interest,					
dividends, rents, payments on		Į	\	1	
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt			į		
organizations as provided in section 4942(j)(3)(B)(iii)				İ	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during				40,	
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh		than 2% of the total cont	ributions received by the	foundation before the clos	e of any tay
year (but only if they have contributed i			inductions received by the	Touridation botor o the cloc	o or any tax
JAMES C. RAY					
b List any managers of the foundation wh	no own 10% or more of th	e stock of a corporation (or an equally large porti	on of the ownership of a pa	artnership or
other entity) of which the foundation ha			(· · · · · · · · · · · · · · · · · · ·		,
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan	Scholarship, etc., Pr	ograms		
Check here 🕨 🔲 if the foundation (not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber or e-mail address of	the person to whom appli	cations should be addre	ssed:	
JAMES C. RAY, (239)6					
100 AVIATION DRIVE SOUTH, SUITE 203, NAPLES, FL 34104					
b The form in which applications should be submitted and information and materials they should include:					
SEE ATTACHED STATEMENT 8					
c Any submission deadlines:					
SEE ATTACHED STATEME		 	 		
d Any restrictions or limitations on award		al areas, charitable fields,	kinds of institutions, or	other factors:	
SEE ATTACHED STATEMENT 8					

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ALZHEIMER'S SUPPORT NETWORK NONE PUBLIC CHARITY OPERATING BUDGET 660 TAMIAMI TRAIL N SUPPORT NAPLES FL 34102 50,000. UND CENTER FOR INNOVATION NONE PUBLIC CHARITY INTERN SUPPORT 4200 JAMES RAY DRIVE GRAND FORKS ND 58203 50,000. HILLSDALE COLLEGE NONE PUBLIC CHARITY SCHOLARSHIP SUPPORT 33 E COLLEGE ST HILLSDALE MI 49242 100,000. NAPLES ART ASSOCIATION NONE PUBLIC CHARITY COLLEGE SCHOLARSHIP 585 PARK STREET PROGRAM NAPLES FL 34102 10,000. SOUTHEASTERN GUIDE DOGS NONE PUBLIC CHARITY PURCHASE OF TRANSPORT 4210 77TH STREET EAST VANS PALMETTO FL 34221 360 000 SEE CONTINUATION SHEET(S) Total ▶ 3a 3,600,000. b Approved for future payment NONE Total **▶** 3b

ter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
Orogram convince revenue.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
Program service revenue:	code		1000		
a	_		+-+-		· — — · · · · · ·
b	— 				
	- 		- - -		
O	_				
e	_				
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	1.982.	
Dividends and interest from securities			14	1,982.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income			14	16,676.	
Gain or (loss) from sales of assets other					
than inventory			_ 18	62,873.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	ļ <u> </u>				<u> </u>
Other revenue:					
a	_				
b	_				
C	_				
d	_				
e	_				
Subtotal. Add columns (b), (d), and (e)	L		0	720,989.	
Total. Add line 12, columns (b), (d), and (e)				13	720,98
<u>ee worksheet in line 13 instructions to verify calculations</u>	3.)				
Part XVI-B Relationship of Activitie	s to the Accom	plishment of	Exempt Pu	ırposes	
. N. Carlos balanchas and advantage about		(-) -(D+)0	// 44 . 6 . 4 . 4		labat at
ine No. Explain below how each activity for which the foundation's exempt purposes (other t				importantly to the accomp	lisnment of
the foundation's exempt purposes (other t	nan by providing funds	Tor such purposes)	·		
					
					

orm 990-PF	(2015) RAY F	OUNDATION	, INC.			81-028			ge 13
Part XVI	I Information Re Exempt Organ		fers To an	d Transactions	and Relation	ships With Nonch	aritable		
1 Did the	organization directly or indir	ectly engage in any o	f the following	with any other organizati	on described in se	ction 501(c) of		Yes	No
the Cod	e (other than section 501(c)	(3) organizations) or	in section 527,	relating to political orgai	nizations?				
a Transfe	rs from the reporting founda	ation to a noncharitab	le exempt orga	nization of:					
(1) Cas	sh						1a(1)		_X_
(2) Oth	er assets						1a(2)		<u> </u>
b Other tr	ansactions:								
(1) Sal	es of assets to a noncharita	ble exempt organizati	on .				1b(1)		<u>X</u>
(2) Pui	rchases of assets from a no	ncharitable exempt or	ganization				1b(2)		<u> </u>
(3) Rei	ntal of facilities, equipment,	or other assets					1b(3)		<u> X</u>
(4) Rei	mbursement arrangements						1b(4)		X
(5) Loa	ans or loan guarantees						1b(5)		<u> </u>
(6) Per	formance of services or me	mbership or fundrais	ing solicitations	3			1b(6)		<u> </u>
c Sharing	of facilities, equipment, ma	ılıng lısts, other asset	s, or paid empl	oyees			1c		_X
	nswer to any of the above is							ets,	
	ces given by the reporting fo			less than fair market val	ue in any transacti	on or sharing arrangement,	, show in		
column	(d) the value of the goods,				1				
(a) Line no	(b) Amount involved	(c) Name of		xempt organization	(d) Descript	ion of transfers, transactions, an	d sharing arra	angeme	nts
			N/A						
					<u> </u>				
									
									
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
									
									
						· ···-			
			.	····		· we			

	·					-			
	oundation directly or indirec	•			ızatıons described		Yes	v] No
	on 501(c) of the Code (other		(3)) oi ili secuo	11 327 f			169	لم	טוו ר
<u>D</u> II 165,	complete the following sch (a) Name of org			(b) Type of organization		(c) Description of relation	iship		
	N/A	· · · · · · · · · · · · · · · · · · ·		(-))			<u> </u>		
			-						
				-					
_									
				•					
	der penalties of perjury, I declare					N N N N N N N N N N N N N N N N N N N	ay the IRS d		
Sign L	belief, it is true, correct, and cor	npiete Declaration of pre	parer (other than t	14 Now 16	\sim	s م	eturn with the hown below		
Here	J'Umes C	1 Ray		1 1 1400-10		rueal	X Yes		No
S	ignature of officer or trustee		$\overline{}$	Date	Trtle	L			
	Print/Type preparer's na	ame	Preparer's sug	nature	Date	Check X If PTIN	ļ		
		(1	1//	<i>^ }</i> /	1.//.	self- employed			
Paid	JEFFERY J		X/4/37	4 Just	11/10/16		01203		
Prepare Use Only	,	FERY J TE	MPXS/C	PA ()	′ /	Firm's EIN ► 84-0	09722	71	
	Firm's address ▶ 59	51 S MIDD	LEFIELD	RD #105					
			CO 8012			Phone no. (303)	798-	399	1

Phone no. (303)798-3991 Form **990-PF** (2015)

Grants and Contributions Paid During the Yo	ear (Cominuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTIDUTION	
OUTHEASTERN GUIDE DOGS	NONE	DIDLIC CUARTEY	CONSTRUCTION OF NEW	
210 77TH STREET EAST	NONE	PUBLIC CHARITI	KENNEL FACILITY	
ALMETTO FL 34221		1	REMINED PACIFIES	3,000,0
	· · · · · · · · · · · · · · · ·			3,000,0
HE HERITAGE FOUNDATION	NONE	PUBLIC CHARITY	INTERNSHIPS	
14 MASSACHUSETTS AVE NE				20.0
ASHINGTON, DC 20002				30,0
	<u> </u>			
		1		
				
	··			
		 		
	I			

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.ls.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	AY FOUNDATION, INC.	81-0288819					
Organization type (check o							
Filers of:	Filers of: Section:						
Form 990 or 990-EZ							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions					
General Rule							
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor.						
Special Rules							
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from					
year, total contribu	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educations to children or animals. Complete Parts I, II, and III	•					
year, contributions is checked, enter l purpose. Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a secularized for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,					
-	hat is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

RAY F	OUNDATION, INC.		0288819
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES C RAY 100 AVIATION DRIVE SOUTH, STE 203 NAPLES, FL 34104	\$2,966,560. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

RAY FOUNDATION, INC.

81-0288819

art II Nor	ncash Property (see instructions). Use duplicate copies of F	art II if additional space is needed.	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- _			
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)			
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(see instructions)	Date received
_			
		\$	990, 990-EZ, or 990-PF)

Name of org	anization		Employer identification number
DAV EC	OUNDATION, INC.		91 0200010
Part III	Exclusively religious, charitable, etc., conf	ributions to organizations described	81-0288819 in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	COIUMNS (a) INFOUGN (e) and INC TOILOW is, charitable, etc., contributions of \$1,000 or	VING IINE ENTRY. For organizations less for the year (Enter this info once) \$
(a) Na I	Use duplicate copies of Part III if addition	al space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
			_
<u> </u>		(e) Transfer of gift	
1		(o) Transier or gire	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
1			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
ŀ		(e) Transfer of gift	
		(5)	
1	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
,			
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
1			
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
}	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVIN	IGS AND	TEMPOR	ARY C	CASH I	NVESTMEN	ITS S'	TATEMENT	1
SOURCE					(B) (C) ADJUSTED NET INCOME 1,982. 1,982. ROM SECURITIES STATEMENT 2 (A) (B) (C) REVENUE NET INVEST- ADJUSTED NET INCOME 639,458. 639,458. 639,458. 639,458. STATEMENT 3 (C) ADJUSTED NET INCOME NET INCOME 639,458. 639,458. (B) (C) ADJUSTED NET INCOME 16,676. 16,676. 16,676. 16,676.				
TEMPORARY CASH INVE	STMENTS		1,9	82.		1,982	- -		
TOTAL TO PART I, LI	NE 3		1,9	82.		1,982	- -		
FORM 990-PF	DIVIDENDS	AND IN	TEREST	FROM	1 SECU	RITIES	S'	TATEMENT	2
SOURCE	GROSS AMOUNT	CAPI GAI DIVID	NS	REV	ENUE	NET IN	WEST-	ADJUST	
CAPITAL STOCK	639,458.		0.	63	39,458	639	,458.		
TO PART I, LINE 4	639,458.	====	0.	63	39,458	639	,458.		
FORM 990-PF		OTHE	R INCO	ME	_=			TATEMENT	3
DESCRIPTION			RE	(A) VENUE BOOK		NET INVE		ADJUSTE	
MISCELLANEOUS				16,	676.	16,	676.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11		16,	676.	16,	676.		
FORM 990-PF		ACCOU	NTING :	FEES			S'	TATEMENT	4
DESCRIPTION	-	(A) EXPENSE PER BOO		r inv	EST-	ADJUS	TED	CHARITA	
TAX RETURN PREPARAT	ION	2,8	45.	<u> </u>	0.				0.
TO FORM 990-PF, PG	1, LN 16B	2,8	45.	-	0.				0.

FORM 990-PF	TAX	ES	S	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
EXCISE TAX ON INVESTMENT INCOME FOREIGN TAX PAID	5,760. 13,650.	0.		0.
TO FORM 990-PF, PG 1, LN 18	19,410.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	FATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	185.	0.		0.
TO FORM 990-PF, PG 1, LN 23	185.	0.		0.

PART XV, LINES 2B, 2C, 2D

2B - THE FOUNDATION RECOMMENDS THAT AN APPLICANT INITIALLY SEND A BRIEF LETTER, NOT TO EXCEED TWO PAGES, SUMMARIZING THE GRANT REQUEST CONCEPT. THE FOUNDATION WILL UTILIZE THIS LETTER IN AN INITIAL SCREENING PROCESS. THE LETTER SHOULD CONTAIN THE FOLLOWING:

- 1. THE EXACT NAME OF THE APPLICANT AS RECOGNIZED BY THE INTERNAL REVENUE SERVICE.
- 2. THE APPLICANT'S ADDRESS AND TELEPHONE NUMBER.
- 3. DATE OF THE APPLICATION.
- 4. NATURE, HISTORY AND PURPOSE OF APPLICANT'S ORGANIZATION.
- 5. APPLICANT'S TAX EXEMPT STATUS INCLUDE A COPY OF IRS DETERMINATION LETTER CONFIRMING STATUS.
- 6. BRIEF GENERAL DESCRIPTION OF THE APPLICANT'S NEED OR

PROBLEM TO BE ADDRESSED.

- 7. BRIEF PRELIMINARY BUDGET FOR THE PROJECT, INCLUDING THE AMOUNT TO BE REQUESTED FROM THE FOUNDATION, AND PROPOSED SOURCES AND AMOUNTS OF OTHER FUNDING.
- 8. PLANS FOR COOPERATION WITH OTHER INSTITUTIONS AND ORGANIZATIONS, IF ANY.
- 9. SIGNATURE AND TITLE OF APPLICANTS'S PROJECT DIRECTOR AND CHIEF ADMINISTRATIVE OFFICER (PRESIDENT, EXECUTIVE DIRECTOR OR OTHER) INDICATING ORGANIZATIONAL APPROVAL OF REQUEST.
- 2C THE FOUNDATION HAS NO SUBMISSION DEADLINES. REQUESTS WILL BE CONSIDERED BY THE FOUNDATION AS RECEIVED AND PRESENTED TO THE FOUNDATION BOARD FOR ITS CONSIDERATION AT A REGULARLY SCHEDULED OR SPECIAL MEETING, AS APPROPRIATE.
- 2D THE RAY FOUNDATION CONSIDERS A NUMBER OF PARAMETERS IN ITS GRANTMAKING ACTIVITIES. IT IS NOT PRACTICAL TO DETAIL ALL OF THESE CONSIDERATIONS; HOWEVER, THE FOLLOWING CONDITIONS DO APPLY TO ALL APPLICANTS:
- 1. APPLICANT ORGANIZATIONS MUST BE CLASSIFIED 501(C)(3) BY THE INTERNAL REVENUE SERVICE.
- 2. THE FOUNDATION WISHES TO ENCOURAGE CREATIVITY, RESPONSIBILITY, AND SELF-RELIANCE ON THE PART OF THE GRANT RECIPIENTS.
- 3. THE FOUNDATION HAS A PARTICULAR INTEREST IN AVIATION AND THE DEVELOPMENT OF STRATEGIES AND PROGRAMS WHICH ADDRESS THE INVOLVEMENT AND EDUCATION OF CHILDREN AND YOUNG ADULTS IN AVIATION AND FLIGHT.
- 4. THE FOUNDATION DOES NOT LIMIT APPLICANTS TO A PARTICULAR GEOGRAPHIC AREA.
- 5. THE FOUNDATION BOARD OF DIRECTORS MEETS AS NEEDED THROUGHOUT THE YEAR AS WELL AS IN OCTOBER OR NOVEMBER FOR THEIR ANNUAL MEETING. APPLICATIONS ARE CONSIDERED AS THEY ARE RECEIVED.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
4000 SHS BRISTOL MYERS SQUIBB		99,660.	294,200.
19875 SHS A T & T INC		54,355.	858,799.
10000 SHS CHEVRON CORP		114,612.	1,048,300.
10800 SHS J P MORGAN CHASE		276,475.	671,112.
8000 SHS EXXON MOBIL CORP		27,944.	749,920.
13800 SHS GENERAL ELECTRIC		133,076.	434,424.
10000 SHS GLAXOSMITHKLINE PLC	7.4mo7.4	77,163.	433,400.
13260 SHS HEALTH CARE PROP. INV	ESTORS	150,500.	469,139.
15000 SHS NESTLE (ADR)		77,162.	1,159,650.
15000 SHS NORTHWEST NATURAL GAS 21000 SHS ORACLE CORP		255,437.	972,300.
7000 SHS DAYCHEX INC		270,200.	859,530. 416,500.
24617 SHS PFIZER INC		204,885. 469,744.	866,765.
23691 SHS U S BANCORP		296,394.	955,458.
6356 SHS WASHINGTON FEDERAL		26,597.	154,197.
7000 SHS UNITED TECH CORP		275,779.	717,850.
4000 SHS CARDINAL HEALTH INC		163,294.	312,040.
5000 SHS AMERICAN EXPRESS		258,500.	303,800.
11716 SHS BANK OF AMERICA		559,170.	155,471.
8000 SHS JOHNSON & JOHNSON		492,000.	970,400.
12000 SHS MERCK & CO		411,840.	691,320.
10000 SHS DANAHER CORP		386,369.	1,010,000.
17000 SHS LOWES COMPANIES		519,379.	1,345,890.
10000 SHS MEDTRONIC INC		544,589.	867,700.
3700 SHS OSHKOSH CORP		150,244.	176,527.
20900 SHS ISHARES S&P 500 INDEX		1,286,530.	1,990,725.
2500 SHS ISHARES EMERG MKTS		107,336.	85,900.
3200 SHS ISHARES MSCI EAFE INDE	X	228,841.	178,624.
8400 SHS JABIL CIRCUIT INC		150,612.	155,148.
5400 SHS O'REILLY AUTOMOTIVE		151,869.	1,463,940.
4200 SHS WALGREEN COMPANY		152,071.	349,734.
500 SHS APPLE INC		97,310.	334,600.
2000 SHS CATERPILLAR INC		106,927.	151,620.
4000 SHS KRAFT FOODS INC		181,682.	353,920.
5000 SHS INTEL CORP		94,202.	164,000.
10000 SHS FORD MOTOR		99,707. 109,289.	125,700.
4000 SHS PEABODY ENERGY		88,823.	36 4. 96,200.
2000 SHS TOTAL S.A. 8000 SHS YAHOO INC		95,763.	300,480.
8000 SHS MONDELEZ INTL		188,332.	364,080.
155 SHS BECTON DICKINSON		21,886.	26,286.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	9,456,548.	23,036,013.

FORM 990-PF DEPRECIATION OF ASSE	rs not held for	INVESTMENT	STATEMENT 9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER AND PERIFERALS CARPET	10,814.	10,814.	0.
TOTAL TO FM 990-PF, PART II, LN 14	15,414.	15,414.	0.

2015 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

							 		_			
Current Year Deduction	0	0	0							_		
Current Sec 179			0									
Accumulated Depreciation	10,814.	4,600.	15,414.									
Basis For Depreciation	10,814.	4,600.	15,414.		,- ,	-						_
Reduction In Basis		_	0	-								
Bus % Excl			.,			 			-	_		
Unadjusted Cost Or Basis	10,814.	4,600.	15,414.				-					
S O	16	16				 -					-	
Life	5.00	5.00					 				_	
Method						 	 	 				
Date Acquired	092004SL	102504SL				 	 	 				
Description	COMPUTER AND 1PERIFERALS	2CARPET * TOWNST. 990-DF PG 1	9									
Asset No	H -	7 1										

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction