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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or the	2015 calend	ar year, or tax year beginning July 1 , 20	15, and ending	Ju	ine 30	, 20	16
В	Check if ap	plicable	C Name of organization		D Emplo	yer identific	ation numbe	er
	Address c	hange	Backers of Lexington Debate, Inc.			81-067	2536	
	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Teleph	one number		
=	Initial retur		251 Waltham Street			781-674	1-9318	
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Grou	p Exemptio	n	
=	Amended Application		Lexington, MA 02421		Num	ber ▶		
		ing Method.	☐ Cash ☐ Accrual Other (specify) ►	Н	Check ▶	f the	organization	n is not
	Vebsite	_				to attach S		
J T	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3)	1) or 527	(Form 99	0, 990-EZ,	or 990-PF)	
_		organization		er				
L A	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if total	al assets		_	
(Pa	rt II, coli		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		I	\$		60427
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	ances (see the	instruc	tions for	Part I)	
		Check if	the organization used Schedule O to respond to any questi	on in this Part	۱ ,			. 🗸
	1					1		59432
	2				[2		
	3		ip dues and assessments		. [3		
	4	Investmen				4		23
	5a	Gross amo	ount from sale of assets other than inventory	5a	ì			
	b			5b				
	c		ss) from sale of assets other than inventory (Subtract line 5b from	m line 5a)		5c		
	6		nd fundraising events	•	1			
Revenue	a	_	ome from gaming (attach Schedule G if greater than					
		\$15,000)		6a		•		
	ь	Gross inco	ome from fundraising events (not including \$	of contributio	ns	i		
ě			raising events reported on line 1) (attach Schedule G if the					
_	1	sum of suc		6b				
	С	Less. direc	ct expenses from gaming and fundraising events .	6c				
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a	and 6b and su	btract			
		line 6c)				6d		
	7a	Gross sale	s of inventory, less returns and allowances	7a				
	ь			7b				
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8		nue (describe in Schedule O)		[8		973
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9		60427
	10	Grants an	d similar amounts paid (list in Schedule O)		[10		65279
	11	Benefits p	aid to or for members		[11		
ses	12	Salaries, c	ther compensation, and employee benefits		[12		
use	13	Profession	nal fees and other payments to independent contractors .		[13		
Expen	14		y, rent, utilities, and maintenance		[14		
ũ	15	Printing, p	ublications, postage, and shipping		[15		255
	16		enses (describe in Schedule O)		[16		144
	17	Total exp	enses. Add lines 10 through 16	<u> </u>	. ▶	17		65678
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18		(5251)
set	19		s or fund balances at beginning of year (from line 27, column	(A)) (must agre	e with			
Net Assets		_	ar figure reported on prior year's return)			19		76736
<u>e</u>	20		nges in net assets or fund balances (explain in Schedule O).			20		
	21		s or fund balances at end of year Combine lines 18 through 20		. •	21_		71485
Fo	r Paper	work Reduc	tion Act Notice, see the separate instructions.	Cat No ROBERCE	EIVE) for	m 990-EZ	(2015)
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				4	A 204	RS-OSC		
				SEP S	26 201	0 W		ı
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			$ \mathcal{O} $	OGD	FN L	JT 1		C
			$oldsymbol{ u}$	1 000	<u></u>			

Par			·			
	Check if the organization used Schedule	O to respond to ar	y question in this		<u> </u>	<u> </u>
			<u> </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			76736		71485
23	Land and buildings				23 24	
24	Other assets (describe in Schedule O)			76736		74.405
25	Total assets				26	71485 0
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column			76736		71485
Par		plishments (see th	e instructions for F			7 1403
ı uı	Check if the organization used Schedule	O to respond to ar	nv auestion in this	Part III 🖂		Expenses
What	is the organization's primary exempt purpose?	To fund travel for Lex	kington High School	Debate team		quired for section (c)(3) and 501(c)(4)
	ribe the organization's program service accomplis	shments for each of	ts three largest p	rogram services.		inizations, optional for
as m	easured by expenses. In a clear and concise m	anner, describe the	services provided	I, the number of	othe	rs.)
perso	ons benefited, and other relevant information for ea	ch program title.				
28						
) If the annual to	to the state of th	uto obsolvbous		00-	
	10.00.00	includes foreign gra			28a	65279
29						
	(Grants \$) If this amount	includes foreign gra	ints. check here	· · · · > 🖺	29a	4
30	(Craine w	<u></u>	,			
		includes foreign gra	ints, check here .	▶ 🗌	30a	1
31	Other program services (describe in Schedule O)			1		:
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	65279
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				istru	ctions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	$\dot{\top}$	<u>·····</u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employed benefit plans, and		Estimated amount of other compensation
		devoted to position	(If not paid, enter -0-)			And Compondation
Betty	Gau				וי	
Presi			1		<u> </u>	
Kenr		10	(0	0
Treas	eth Lee	10				0
	eth Lee surer	10	C			0
Nive		10	C		0	
Secr	surer dita Mehra etary				0	0 0
Secr Sher	surer dita Mehra etary yl Kaczmarek	10	C		0	0
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Sher Sher Direct Robe	surer dita Mehra etary yl Kaczmarek etor ert Collins	10 5 2			0	0
Secre Sher Direct Robe Direct	surer dita Mehra etary yl Kaczmarek etor ert Collins	10	C		0	0
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Secret Sher Direct Robe Direct Lin J Direct	surer dita Mehra etary yl Kaczmarek etor ert Collins etor ensen	10 5 2			0	0
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Secretary Sherrored Robert Direct Lin J Direct Mattle Direct Control of the Contr	surer dita Mehra etary yl Kaczmarek ettor ert Collins ettor ensen ettor new Schnall ettor	10 5 2 2			0	0 0
Secretary Sher Direct Robe Direct Lin J Direct Mattl Direct Leey DIrect	surer dita Mehra etary yl Kaczmarek ettor ert Collins ettor ensen ettor new Schnall ettor	10 5 2 2 1			0	0 0 0 0
Secretary Sher Direct Robe Direct Lin J Direct Mattl Direct Leey DIrect	surer dita Mehra etary yl Kaczmarek etor ent Collins etor ensen etor new Schnall etor ing Wu etor	10 5 2 2 1			0	0 0 0 0
Secri Sher Direct Robe Direct Mattl Direct Noah Direct Noah	surer dita Mehra etary yl Kaczmarek etor ent Collins etor ensen etor ing Wu etor in Kaufman etor sha Reginald	10 5 2 2 1			0	0 0 0 0 0
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Secri Sher Direct Robe Direct Matti Direct Noah Direct Moni Direct Moni Direct	surer dita Mehra etary yl Kaczmarek etor ert Collins etor ensen etor new Schnall etor ing Wu etor in Kaufman etor isha Reginald etor	10 5 2 2 1			0	0 0 0 0 0

Part				-
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<u>v</u>	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	475		, 13
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a	* ***	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
þ	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0, section 4912 \blacktriangleright 0; section 4955 \blacktriangleright 0	14.0	6	e S
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	हैंड के	✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ► MA			
42a	The organization's books are in care of ▶ Kenneth Lee Telephone no. ▶	781-67	4-9318	В
	Located at ► 25 Butterfield Road, Lexington, MA ZIP + 4 ►	024	120	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			7.575
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a 45b		

							02	Yes	No
46	Did th	e organization engage, dırectly or in ididates for public office? If "Yes," o	idirectly, in political c	ampaign activities of	n behalt of c	or in opposi	tion		
		Section 501(c)(3) organizations		, raili	· · · ·		· 46	<u> </u>	
Part V	_ ,	All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	omplete th	e tables	for lin	ies
		50 and 51. Check if the organization used Sch	nedule O to respond	I to any question in	this Part VI				. n
		Official in the organization about our		- <u> </u>				Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Pan		section 501(h) election		during the	tax . 47	,	1
		organization a school as described in							
		e organization make any transfers to							+
b l	lf "Ye	s," was the related organization a se	ection 527 organization	on?			. 49		1
50	Comp	plete this table for the organization's	five highest comper	sated employees (ot	ther than off	icers, direc	tors, trus	tees a	nd key
	emplo	oyees) who each received more than	\$100,000 of compe	nsation from the orga	-1		e, enter "	None.	"
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit plans	h benefits, s to employee s, and deferred ensation	(e) Estima other co	ited amo	
					<u> </u>	····-			
					 		 		
									
				-					
51	\$100	olete this table for the organization 000 of compensation from the organization Name and business address of each independent of the control of the contro	inization. If there is no	ensated independen one, enter "None." (b) Type of se			h receive		e than
				-					
				_					
-									
				4					
						†			
		number of other independent contra			.▶		0		
		the organization complete Schedi	ule A? Note: All se			must attac	. —		
		oleted Schedule A	· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · · · ·	.► <u>√</u> Ye		No
Under pe true, corr	enalties ect, an	of perjury, I declare that I have examined this d complete. Declaration of preparer (other that	return, including accompai n officer) is based on all inf	nying schedules and stater ormation of which prepare	nents, and to the r has any know	ie best of my k ledge 	nowledge a	nd belie	f, it is
<u> </u>		MAMME				9/13	12016	2	
Sign	ĺ	Signature of officer			Da	ate			
Here		Kenneth Lee Type or print name and title		***					
	l_	Print/Type preparer's name	Preparer's signature		Date		3 , PTIN		
Paid		Trine type preparer a flame	1,000			Check L self-emple	ן זו ל		
Prepa Use C		Firm's name	ls		Fr	rm's ElN ▶			
	•	Firm's address ▶			PI	none no			
May th	e IRS	discuss this return with the prepare	r shown above? See	instructions	<u></u>	<u> </u>	► □ Ye		No
							Form 9	90-E	Z (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.

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

acl	kers of Lexington Debate, Inc.					81-067	2536	
	rt I Reason for Public Chari						ns.	
he	organization is not a private foundat							
1								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))						
3		pital service org	anızatıon described ir	section	170(b)(1)(A)(iii).		
4			njunction with a hosp	otal descr	nbed in s	ection 170(b)(1)(A)(iii). Enter the	
	hospital's name, city, and state							
5	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	 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 							
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II)				
9	An organization that normally r receipts from activities related support from gross investmen acquired by the organization af	to its exempt f it income and	functions-subject to unrelated business t	certain axable ir	exceptior acome (le	ns, and (2) no more ess section 511 ta:	than 331/3% of its	
10	An organization organized and	operated exclus	sively to test for public	safety S	See sect i	on 509(a)(4).		
11	An organization organized and cone or more publicly supported the box in lines 11a through 11d	organizations de	escribed in section 50	09(a)(1) o	section	509(a)(2). See secti	on 509(a)(3). Check	
;	a Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B							
	b Type II. A supporting organiz control or management of the organization(s) You must co	supporting org	anization vested in th					
	c Type III functionally integrated its supported organization(s)	t ed A supportin (see instructions	g organization operats) You must complete	ted in cor te Part IV	nection v , Sectio i	with, and functionally ns A, D, and E .	y integrated with,	
,	d Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ted The organia	zation generally must	satisfy a	distributi	on requirement and	ed organization(s) an attentiveness	
	e Check this box if the organizationally integrated, or Typ	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III	
	f Enter the number of supported o		.	J - 1.	,			
	g Provide the following information		orted organization(s).					
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the d listed in you docui	ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
A)								
B)								
C)								
D)								
E)								
							— —	

instructions

00000							гау	ge ≖
Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v		<u> </u>
	(Complete only if you checked th							ŗ
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	•	
Section	on A. Public Support	-		•				_
Calen	dar year (or fiscal year beginning in)	(a) 2011	(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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							
6	Public support. Subtract line 5 from line 4.							
	on B. Total Support	, -	<u>.</u>					
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				,			
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc	•	•	•	•	12		
13	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re	• •	id, third, fourth	i, or fifth tax y	ear as a secti	on 501(c)(3)	
14	Public support percentage for 2015 (line 6			11 0011000 (0)		144		
15 16a	Public support percentage from 2014 Sch 331/3% support test—2015. If the organic	nedule A, Part zation did not	II, line 14 check the box	on line 13, and	d line 14 is 33	14 15 1/3% or more,	check this	<u>%</u>
	box and stop here. The organization qua	•	• • •	•			>	
b	331/3% support test—2014. If the organ check this box and stop here. The organ					e 15 is 33⅓3%	or more,	
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-	and-circumsta	inces" test, chi	eck this box a	nd stop here.	Explain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization means and in Part VI how the organization meansupported organization.	tion meets the	e "facts-and-c	rcumstances"	test, check t	his box and s	top here	
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	d see	

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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees			$\overline{}$			
	received (Do not include any "unusual grants")	70175	72570	56230	63324	59432	321731
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	20278	12731	10715	0	0	43724
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 . Amounts included on lines 1, 2, and 3 received from disqualified persons .	90453	85301	66945	63324	59432	365455
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6)						365455
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	90453	85301	66945	63324	59432	365455
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53	34	23	23	23	156
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	53	34	23	23	23	156
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	90506	85335	66968	63347	59455	365611
14	First five years. If the Form 990 is for the organization, check this box and stop he	_	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor	t Percentag					
15	Public support percentage for 2015 (line 8			3, column (f))		15	99.96 %
16	Public support percentage from 2014 Sch					16	99.95 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2015 (y line 13, colun	nn (f))	17	0.04 %
18	Investment income percentage from 2014	1 Schedule A, I	Part III, line 17	•		18	0.04 %
19a	331/3% support tests – 2015. If the organ 17 is not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as a	a publicly supp	orted organizati	on 🕨 🖸
b	331/3% support tests – 2014. If the organization 18 is not more than 331/3%, check this	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di						

Part IV **Supporting Organizations**

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

Section A	۱. All	Supporting	Organizations
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ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3ь	_	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		ļ
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ь с 6	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	5b 5c		
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		i]

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
	the the constant of a state of a state of a state of the following percent?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
u	below, the governing body of a supported organization?	11a		ļ [']
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Section	on B. Type I Supporting Organizations		1	
	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ction	s)
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee ins	structi	ons)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		\vdash
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		 	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganı	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization.			instructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		7 1
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-ın	tegrated Type III support	ing organization (see
instructions)	•	_ ,, ,,	- 0 (

Part) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			· · · · · · · · · · · · · · · · · · ·
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount		(::\	/:::\
S	ection E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)		,	
3	Excess distributions carryover, if any, to 2015			<u> </u>
a				
b				
<u>c</u>	5 0040			
d	From 2013			
e	From 2014 .			
f	Total of lines 3a through e			
<u>9</u> h	Applied to underdistributions of prior years Applied to 2015 distributable amount			
<u>''</u>	Carryover from 2010 not applied (see instructions)			
_ <u>-</u> -	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section		,	
4	D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016 Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c	Excess from 2013 .			
d	Excess from 2014 .			
е	Excess from 2015 .	<u></u>	<u></u>	<u></u>
			Schodula	A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 8			
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization Backers of Lexington Debate, Inc.	81-0672536		
Business of Estangion Bosset, inc.	0.00.200		
Other Revenue, Line 8: Credit Card Rewards: \$973			
County Point Line 40, Toront Frances for Dahata Toronamenta 605 070			
Grants Paid, Line 10: Travel Expenses for Debate Tournaments: \$65,279			
Other Expenses, Line 16: Miscellaneous Taxes, Filing Fees and Permits: \$144			
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