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# Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2015

Open to Public Inspection

<u>A</u>	For the 2	015 calend	dar year, or tax year begin	ning $7/01$ ,	2015, and ending	g 6/3	30	<u>, 2016</u>	
В	Check if app	licable	С			-	D Employer	identification num	ber
	Address	s change	PASCO VOCATIONAL	BUILDING PROGRAMS			91-18	350077	
	Name o		C/O DANIEL L. BO			İ	E Telephone		
	$\vdash$	_	10110 CHAPEL HIL				F00 F	47 0544	
	Initial re		PASCO, WA 99301				509-5	<u> 547-0544</u>	
	Final retu	irn/terminated							
	Amende	ed return					G Gross rece	erpts \$ 3	308 <u>,</u> 653.
	Applica	ition pending	F Name and address of principa	l officer		H(a) Is this a	a group return f	or subordinates?	Yes X No
	_		SAME AS C ABOVE			H(b) Are all	subordinates in attach a list (s	cluded?	Yes No
ī	Tax-exem	nt status	X 501(c)(3) 501(c) (	) <b>◄</b> (insert no ) 4947(a	a)(1) or 527	II NO,	attach a list (s	ee instructions)	_
<u>.</u>	Website	<del></del>		) (moore no ) 10 // (		U(-) Croup (	avamatian aum		
_					<del></del> _		exemption num	<del></del>	
K		rganization	Corporation Trust	Association Other	L Year of formation	on 	IVI Sta	le of legal domicile	
Pa	rt I	Summar	У					<del></del>	
				ion or most significant activities					ŗ
a				PROVIDE HIGH SCHOOL					
Governance	<u>L</u> E	ARNING	EXPERIENCES. TH	IS INCLUDED CONSTRUC	CTION OF A	HOUSE	DURING	THE SCHOO	L
Ë	YE	AR.							
Š	2 Ch	eck this bo	ox ► If the organizatio	n discontinued its operations of	r disposed of mo	re than 2	5% of its ne	et assets	
	3 Nur	mber of vo	ting members of the gove	rning body (Part VI, line 1a)			- 1	3	19
~ઇ	4 Nur	mber of in	dependent voting member	s of the governing body (Part \	/I, line 1b)			4	19
<u>:</u>	5 Tot	al number	of individuals employed in	n calendar year 2015 (Part V, I	ine 2a)			5	0
E	6 Tot	al number	of volunteers (estimate if	necessary)				6	25
Activities &	7a Tot	al unrelate	ed business revenue from	Part VIII, column (C), line 12				7a	0.
_	<b>b</b> Net	t unrelated	business taxable income	from Form 990-T, line 34				7b	0.
						Р	rior Year	Curre	nt Year
	8 Cor	ntributions	and grants (Part VIII, line	1h)					
ne	1		rice revenue (Part VIII, line						5,000.
en G			ncome (Part VIII, column (			-	2	5.	59.
Revenue				nes 5, 6d, 8c, 9c, 10c, and 11e	)		-16		12,473.
_				(must equal Part VIII, column			-14		17,532.
			imilar amounts paid (Part		(/ (/, 11110 12)	<del>- </del>			
?						-	5,75	<u> </u>	10,000.
)	1	•	to or for members (Part I.					1	
ć "n	15 Sal	laries, othe	er compensation, employe	e benefits (Part IX, column (A)	, lines 5-10)				
Expenses	<b>16a</b> Pro	ofessional	fundraising fees (Part IX,	column (A), line 11e)					
<u> </u>	h Tot	al fundrais	sing expenses (Part IX, co	lumn (Resigne 25)					
鮤	1 2 0		• •				1 40		1 705
	17 Otr	ner expens	ses (Part IX, column (A), II	nes 11a-11d, R空色EVE equal PartiX, cotumn-(A), line 8 from 图 12 FB 多多2011	$\mathbf{Q}_{\mathbf{Q}}$		1,42		1,795.
	<b>18</b> Tot	tal expens	es Add lines 13-17 (must	equal Part IX, column (A), line	<sup>-25)</sup> 7,70		7,17		11,795.
	<b>19</b> Re	venue less	s expenses Subtract line 1	8 from High 12-EB 9 9 9115	, 197		-7,31		<u>5,737.</u>
19 0				3 2 2017	181	Beginnir	ng of Current		of Year
Net Asset Fund Balar	<b>20</b> Tot	tal assets	(Part X, line 16)	OCCU			275,90	1.	336,676.
\$ 5 0	<b>21</b> Tot	tal liabilitie	es (Part X, line 26)	OGDEN, U	r		113,87	3.	168,911.
25	22 Ne	t assets or	r fund balances Subtract I	ine 21 from line 20	٠ا		162,02	8	167,765.
D	<del></del>						102/02		10171001
		Signatur				4b - b 4 - 6 -		and baline is in a suite	
Und	er penalties ( iplete Declar	of perjury, I di ration of prepa	eclare that I have examined this ret arer (other than officer) is based on	turn, including accompanying schedules a all information of which preparer has an	y knowledge	the best of h	ny knowledge a	ind belief, it is true,	correct, and
	<u> </u>	1	A chiller				7 14	17	
		Signati	of officer			Da	ate J.		
Sig	gn	Signate						l	
He	ere	DAN				PRES.	IDENT		<del></del>
		Type or	r print name and title						
		Print/Type p	preparer's name	Preparer's signature	Date	/	Check	ıf PTIN	
Pa	id	DANIE	L L BOYD	adult aton	V 2/14	4/17	self-employed	P00742	874
	eparer	Firm's name		<u> </u>					
	se Only	Firm's addr		HILL BLVD			Firm's EIN	91-12568	93
-		Timin's audi				<u>.</u>	Phone no		-0544
	W 100	d	PASCO, WA 99		nc)		Transition 110	X Yes	
				r shown above? (see instructio			1005		
BA	A For Pa	iperwork F	Reduction Act Notice, see	tne separate instructions.	TEE	EA0113L 10/	12/15	yor	m <b>990</b> (2015)

Form	990 (	(2015)	PASCO VOCATIONAL BUILDING PROGRAMS	91-1	8500	77	F	Page 2
Par	t III		ement of Program Service Accomplishments					
	·		k if Schedule O contains a response or note to any line in this Part III					_ U
1	_		ribe the organization's mission					
	THE	PURI	POSE OF PASCO VOCATIONAL BUILDING PROGRAMS IS TO PROV	/IDE_HIGH_S	CHOO	r SI	<u>JDE</u>	ITS
			ALITY BUILDING LEARNING EXPERIENCES. THIS INCLUDED CO	<u>ONSTRUCTION</u>	OF_	A HO	JSE_	
	חַטַּגּי	TING _	THE SCHOOL YEAR.					
2	Did the	e organ	nization undertake any significant program services during the year which were not listed o	n the erior			<del></del>	
_			990-EZ?	if the prior		Voc	X	Na
			cribe these new services on Schedule O	•	L	Yes	Δ	No
3		•	anization cease conducting, or make significant changes in how it conducts, any pro-	gram services?	П	Yes	X	No
			cribe these changes on Schedule O.	j. a	Ш		(A)	
4	Descr	be the	e organization's program service accomplishments for each of its three largest progr	am services, as r	neasur	ed bv	exper	ses.
	Section	on 501(	e organization's program service accomplishments for each of its three largest progr (c)(3) and 501(c)(4) organizations are required to report the amount of grants and a e, if any, for each program service reported	llocations to othe	rs, the	total e	xpens	ses,
	anu n	evenue	e, if any, for each program service reported					
4 -	(Code		) (Expenses \$ 10,000. including grants of \$		ė			
4 8	•			(Revenue				
			IDE HIGH SCHOOL STUDENTS WITH QUALITY BUILDING LEARN: D CONSTRUCTION OF A HOUSE DURING THE SCHOOL YEAR.	ING EXPERTE	NCF2	T	HIS_	
	INC.	רסחפו	D_CONSTRUCTION_OF_A_HOUSE_DURING_THE_SCHOOL_YEAR					
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			·	·				
41	(Code	· ·	) (Expenses \$ including grants of \$	) (Revenue	Ś			
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4 (	c (Code	∍.	) (Expenses \$	) (Revenue	\$			)
	•			<u> </u>	· —			—′
							· – –	
							· <del>-</del>	
							- <b>-</b> -	
							- <del>-</del> -	
4	d Other	r progra	am services (Describe in Schedule O )			-	-	_
		enses		enue \$			)	
4	<b>e</b> Total	progra	am service expenses ► 10,000.					
BAA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		TEEA0102L 10/12/15			For	m <b>990</b>	(2015)

			_res_	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		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		<u>x</u>
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		Х
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_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
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
0	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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		X
t	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		<u>x</u> _
C	But the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	_	Х
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	-	X
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
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		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
ı	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		Х
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		х
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		х
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		х
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		х
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		x

Form 990 (2015) PASCO VOCATIONAL BUILDING PROGRAMS

Part IV | Checklist of Required Schedules (continued)

		•		Yes	No
	20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
,		If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
	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	х	
	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	:	x
	24 a	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		x
	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
		Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	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		X
	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		Х
	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		Х
	а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
		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		Х
		Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
	31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L .	31		Х
	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		х
	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		Х
		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		х
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		_
	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
		Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
-		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	X	(00:=
	BAA		Form	1 <b>990</b> 1	(2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance	30011		age 5
Check if Schedule O contains a response or note to any line in this Part V			
Check it Schedule & Contains a response of note to any line in this Part V		T	لليہ
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		Yes	No
	<u> </u>		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b	0		1 1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
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	0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2t	,	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		$T^{-}$	1
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	1	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 t	<del></del>	
4 a 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)?	4 a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶	1 46	<del>'</del>	<del>                                     </del>
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E.		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a	-	X
· · · · · · · · · · · · · · · · · · ·	5 t		
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? .	50	<del>-</del>	<u> </u>
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on 6 a	1	х
b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 61	5	
7 Organizations that may receive deductible contributions under section 170(c).		T	
a 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?	7:		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71		<del> </del>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.	<del></del>	┼
Form 8282?	7 (		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d		1	1
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 70	В	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	f T	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		_	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79	1	_
Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	71	h	<del>                                     </del>
organization have excess business holdings at any time during the year?	8		┼'
	•	<del> </del>	<del>                                     </del>
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9:		-
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	<u> </u>	
10 Section 501(c)(7) organizations. Enter:	ļ		
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11 Section 501(c)(12) organizations. Enter:	}		1 1
a Gross income from members or shareholders		1	
b Gross income from other sources (Do not net amounts due or paid to other sources 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?	12	a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	. 13	а	
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 13c	<del></del>	_	+
14a Did the organization receive any payments for indoor tanning services during the tax year?  . If INCO I has it filled a Form 700 to report these payments? If 'Mo I provide an explanation in Schodule O.	14		<del>  ^</del>
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14	D	. 1.

Form 990 (2015) PASCO VOCATIONAL BUILDING PROGRAMS 91-1850077 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a 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 if the governing body delegated broad 1a 19 authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 19 1 b 2 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? X 2 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х **7** b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a **b** Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? X 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c 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 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15 a Х X **b** Other officers or key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

PASCO, WA 99301 509-547-0544

State the name, address, and telephone number of the person who possesses the organization's books and records

DANIEL L. BOYD 10110 CHAPEL HILL BLVD

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

				(C)	)					
(A) Name and Title	(B) Average hours per	than	one both dire	(do n box, an o	ot che unles officer	eck mo ss pers r and a ee)	on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DAN F. HULTGRENN	2									
PRESIDENT	0	<u> </u>		Х	<u>L</u> .			0.	0.	0.
(2) CARL LETH	2									
VICE PRESIDENT	0	X		X	<u>_</u>			0.	0.	0.
(3) DANIEL L. BOYD	2	ļ								
SEC/TREASURER	0	X		Х			L.	0.	0.	0.
(4) ERICK SIMMONS		ļ	1 1		Í	'	1			
BOARD MEMBER	0	X			<u>L</u>	<u> </u>		0.	0.	0.
(5) SUSAN THORSEN	1	ļ			ŀ	1				
BOARD MEMBER	0	X			<b> </b>		<u> </u>	0.	0.	0.
_(6)_ GLENDA_CLOUD			)	ļ	)	}	,	ļ		_
BOARD MEMBER	0	X	-	Ļ	<u> </u>	↓	<u> </u>	0.	0.	0.
O VICKI MONTEAGUDO		1	١.	ŀ	1	1	ł		_	_
BOARD MEMBER	0	X	$\sqcup$	<u> </u>	<u> </u>	<del> </del>	<u> </u>	0.	0.	0.
(8) J B ARBOGAST					1		1		_	_
BOARD MEMBER	0	X	1	_	ــ	ـ	Ь.	0.	0.	0.
(9) JOHN P. MERK		1			ŀ				]	
BOARD MEMBER	0	X	igwdown	<b>_</b>	<b> </b>	—	-	0.	0.	0.
(10) JOHN ROBERTS		↓		ļ	1	1	1			1
BOARD MEMBER	0	X	┼	┞	┼	<del> </del> -	⊢	0.	0.	0.
(11) KALEB HARVEY		1					-			
BOARD MEMRE	0	X	┼	-	+-	-	┾	0.	0.	0.
(12) RAUL SITAL		<b>\</b> .,					1			
BOARD MEMBER	0	X	⊬	$\vdash$	+-	+-	┿	0.	0.	0.
(13) RYAN BRAULT		,	]			1				
BOARD MEMBER		X	+-	+-	+-		├-	0.	0.	0.
(14) JOHN WALLWORK					1					
BOARD MEMBER	0	X	<u> </u>	۷_	⊥_		Ц.	0.	0.	0.

Part VII   Section A. Officers, Directors, Tr	(B)	\ey	EII	1 <u>111</u> (0		es,	and	i nignesi Com	ipensated Emp	loyees (continued)
(A) Name and title	Average hours per week	box	unle er ar	Pos check ess pe	sition more erson direct	than is both or/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) CORY LEE BOARD MEMBER	1	x						0.	0.	0.
(16) KEN SPENCER	1_1_									
BOARD MEMBER	0_	X		ļ	ļ	<u> </u>		0.	0.	0.
17) BRIAN LEAVITT	<u>1</u>				]					
BOARD MEMBER	0	X	_	<u> </u>	├	-		0.	0.	0.
18) JOHN UMBARGER	$\frac{1}{1} - \frac{1}{2} - \frac{1}{2}$			ŀ	}	}		0		
BOARD MEMBER  19) AMY PHILLIPS	1 0	X			├	├	-	0.	0.	0.
BOARD MEMBER	┤╴╬╶	X				1		0.	0.	О.
20)		^				<del>                                     </del>			<u>.                                    </u>	0.
21)		-			-		-			
(22)	<del> </del>	-	-	-	-					
(23)	<del> </del>	-		-		-				
(24)	<del> </del> -	-	-	-			-			
(25)	<del> </del>	-				<del>                                     </del>				
1 b Sub-total	<del></del>	<b>_</b>		1		<del></del>	<b></b>	0.	0.	0
c Total from continuation sheets to Part VII, Sec	tion A						<b>•</b>	0.	0.	0
d Total (add lines 1b and 1c)							<b>&gt;</b>	0.	0.	0
2 Total number of individuals (including but not limite from the organization ► 0	d to those	listed	abo	ve)	who	rece	ived	more than \$100,00	00 of reportable com	pensation
3 Did the organization list any former officer, dire	octor or tri	ıstaa	ke	v er	mnle	WAA	or l	highest compens	ated employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for so  4 For any individual listed on line 1a, is the sum	ich individi	ual	٠					•	•	3 X
the organization and related organizations great such individual	ter than \$	150,0	000?	' If '	Yes.	' con	ple	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accifor services rendered to the organization? If 'Y	ue compe es,' comple	nsatı ete S	on f Che	rom dule	any J f	unror su	elate ch p	ed organization of person .	r ındıvıdual —.··	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compe	neated in	lenc	nder	at c	ontr.	actor	e th	at received more	than \$100 000 of	<del> </del>
complete this table for your live highest compe compensation from the organization Report compe	ensation for	the	cale	ndar	yea	r end	ling	with or within the o	rganization's tax yea	ar.
(A) Name and business ac	Idress				-			Description	of services	(C) Compensation
				_						
2 Total number of independent contractors (including		nited	to th	nose	liste	ed ab	ove)	who received mor	e than	
\$100,000 of compensation from the organization	on ► 0			DI 10						Form 990 (201

		Check if Schedule O cor	ntains a resi	oonse or note to any	line in this Part VI	11		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts		Federated campaigns.	. 1a					
irar		Membership dues	1 b					
S, C		Fundraising events	1 c					
Gift lar		Related organizations .	1 d					į
ıs, imi	е	Government grants (contributions)	1 e					į
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grant similar amounts not included above	ts, and re 1 f					
ntri d O	g	Noncash contributions included in I	lines 1a-1f \$					j
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>					
Program Service Revenue	_			Business Code				}
₹	_	122 2 20112012 201	<u>AGENCIES</u>	<u> </u>	5,000.			5,000.
e B	b							
Σįς	ب 2							
တ္တ	u							
Jran	f	All other program service r	evenue					
ě		Total. Add lines 2a-2f		. •	5,000.			
_	3	Investment income (includ	ına dıvıdena	ls. interest and	3,000.			
		other similar amounts)		•	59.			59.
	4	Income from investment of	f tax-exemp	t bond proceeds 🕨				
	5	Royalties						<u> </u>
	٥.	Canan ranta	(i) Real	(II) Personal		- و		, ,
		Gross rents .  Less rental expenses		_	,			
		Rental income or (loss)		<del></del>			2	
		Net rental income or (loss)	<del></del>	<b>•</b>				
		· —	(i) Securities	(II) Other				
	/ a	Gross amount from sales of assets other than inventory					<i>I</i> =	
	Ь	Less: cost or other basis and sales expenses			·			
	С	Gain or (loss)						
	d	Net gain or (loss)	•	. •				
nue.	8 a	Gross income from fundra- (not including , \$	ising events			,		
Other Revenu		of contributions reported o	n line 1c).					
ď		See Part IV, line 18		a				
重	1			b				
ಕ	1	Net income or (loss) from	_	events .				
	9 a	Gross income from gaming See Part IV, line 19	g activities	a	"		•	-
	ı	Less: direct expenses	•	b			·	
	C	Net income or (loss) from	gaming act	vities •				
	10 a	Gross sales of inventory, I and allowances	ess returns			:		
				a 303,594.				
		Less: cost of goods sold		b 291,121.	10 470			10 175
	<u>c</u>	Net income or (loss) from  Miscellaneous Revenue	Sales of inv	Business Code	12,473.			12,473.
	11 a			20311033 0000				<del> </del>
	b							<del> </del>
	ء ا	·						
	d	All other revenue						
	e	Total. Add lines 11a-11d		•				
	12	Total revenue. See instruc	ctions .	<b>_</b>	17,532.	0.	0.	17,532.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (D) Do not include amounts reported on lines Total expenses Management and Program service Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22. 10,000 10,000 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 0 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 0 0 0 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) èmployer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal **c** Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion 13 Office expenses Information technology 14 15 Royalties Occupancy. 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 23 556 556 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.) a BANK CHARGES & LOAN FEES 1,093 1,093 b MAINTENANCE \_ 136 136 • LICENSES & PERMITS 10 10 e All other expenses 11,795 10,000 25 Total functional expenses. Add lines 1 through 24e 1,795. 0. 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) End of year (A) Beginning of year Cash - non-interest-bearing 11,898 18,655. 2 Savings and temporary cash investments 4,872. 2 4,193. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 259,131 8 313,828. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D. 10a b Less: accumulated depreciation 10 b Investments - publicly traded securities. 11 Investments - other securities. See Part IV, line 11 12 13 Investments -- program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 275,901 16 336,676 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 81,832 131,470. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 32,041 25 37,441. Total liabilities. Add lines 17 through 25 113,873 26 168,911 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 162,028 27 167,765. Temporarily restricted net assets 28 Permanently restricted net assets 29 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 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

336,676. Form 990 (2015)

167,765.

33

34

162,028

275,901

Form	1990 (2015) PASCO VOCATIONAL BUILDING PROGRAMS	<u> </u>		Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•••			
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1	7,5	<u>32.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,79	95.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,73	<u>37.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	16	2,02	<u> 28.</u>
5	Net unrealized gains (losses) on investments .	5			
6	Donated services and use of facilities .	. 6			
7	Investment expenses .	. 7			
8	Prior period adjustments	8			
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	16	7,7	65.
Pa	t XII   Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				res	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			-	: 1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		,	`, ,	-
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	1	<u>X</u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both	viewed on a		- 1	
	Separate basis Consolidated basis Both consolidated and separate basis				
	Were the organization's financial statements audited by an independent accountant?	•	2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a statement basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	eparate	. : .	,	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.		`	•	
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3 b		
BA	1		Form	990 (	(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.

► 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

Department of the Treasury Internal Revenue Service Name of the organization

PASCO VOCATIONAL BUILDING PROGRAMS C/O DANIEL L. BOYD, SEC-TREAS

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

91-1850077

Part	1'-	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this	part.) See instruct	ions.
		nization is not a private found						
1	$\Box$	A church, convention of churche	es, or association of c	hurches described in <b>secti</b>	on 170(b	)(1)(A)(i)	).	
2	П	A school described in section 1	<b>70(b)(1)(A)(ii).</b> (Attach	Schedule E (Form 990 or	990-EZ).	.)		
3	П	A hospital or a cooperative hi	ospital service organ	nization described in <b>sec</b>	tion 170	(b)(1)(A)	(iii).	
4	П	A medical research organizat	on operated in conj	unction with a hospital d	escribed	in sect	ion 170(b)(1)(A)(iii) Er	iter the hospital's
		name, city, and state:						
5		An organization operated for the 170(b)(1)(A)(iv). (Complete F	e benefit of a college Part II.)	or university owned or ope	rated by	a govern	nmental unit described in	section
6		A federal, state, or local gove	ernment or governm	ental unit described in <b>s</b> e	ection 1	70(b)(1)	(A)(v).	
7		An organization that normally re in section 170(b)(1)(A)(vi). (0	Complete Part II)	-		ental unit	or from the general pub	lic described
8	$\sqcup$	A community trust described	ın section 170(b)(1)	(A)(vi). (Complete Part II	)			
9	X	An organization that normally refrom activities related to its exe investment income and unrel June 30, 1975 See section 5	mpt functions — subje ated business taxab	ect to certain exceptions, a le income (less section 5	ınd (2) nı	o more tl	nan 33-1/3% of its suppo	rt from aross
10	11	An organization organized ar	nd operated exclusiv	ely to test for public safe	ty. See	section	509(a)(4).	
11		An organization organized an or more publicly supported or lines 11a through 11d that de	rganizations describ	ed in <b>section 509(a)(1)</b> o	r sectio	n 509(a)	(2). See section 509(a)	t the purposes of one (3). Check the box in
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise	ed, or controlled by its sup	ported o	rganizati	on(s), typically by giving	the supported n <b>You must</b>
b		Type II. A supporting organiz management of the supporting must complete Part IV, Section 11.	ation supervised or organization vested ii ons A and C.	n the same persons that co	ontrol or	manage	the supported organization	on(s). <b>You</b>
C		Type III functionally integrated. organization(s) (see instruction	A supporting organiza	ation operated in connection	with, ar	d functio	nally integrated with, its s	supported
	$\overline{\Box}$	Type III non-functionally integr						
d	L_	functionally integrated The constructions) You must com	organization general plete Part IV, Sectio	ly must satisfy a distribution of the control of th	tion requ	urement	t and an attentiveness	requirement (see
е		Check this box if the organization	ation received a writ	tten determination from t	he IRS			
	_	integrated, or Type III non-fu		l supporting organization				
		iter the number of supported			•	•	• •	
g	۲r	ovide the following information		ed organization(s).			<del></del>	
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(IV) I: organizat In your g docur	ion listed l overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
	•							
(A)								
/D\								
(B)				<del> </del>		-		
(C)					-			
(D)								
(E)								
			The second					
Tota	1		14, 200	ATTENTO (2015年) 2000 (1915年)	10 5 3 3	15	1	1

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

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

<u>Sect</u>	tion A. Public Support	<del>-</del>				···	
Caler begir	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 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						
_	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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						
Sec	tion B. Total Support						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	<b>(e)</b> 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 activ	vities, etc. (see in	structions)		• •	12	
13	First five years. If the Form 990 is organization, check this box and	stop here		hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	<b>•</b> []
	tion C. Computation of Pu				<u> </u>	- 1 22	<del></del>
	Public support percentage for 26 Public support percentage from	•	•	ine 11, column (t)	).	. 15	
	,, ,					L	<del></del>
16 a	a 33-1/3% support test — 2015. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported	e box on line 13, a organization	and line 14 is 33-1	1/3% or more, cn	eck this box
ł	33-1/3% support test – 2014. If and stop here. The organization	the organization of qualifies as a pi	did not check a b iblicly supported	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or more	e, check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	s box and stop he	e <b>re.</b> Explain in Pa	art VI how
	or more, and if the organization organization meets the 'facts-ar	meets the 'facts nd-circumstances'	and-circumstance test. The organiz	es' test, check thi zation qualifies as	s box and <b>stop he</b> a publicly suppor	e <b>re.</b> Explain in Parted organization	art VI how the
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17	a, or 17b, check t	his box and see	nstructions
BAA					S	hedule A (Form	990 or 990-FZ) 2015

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.)

	ion A. Public Support						
Calend	ar year (or fiscal year beginning in) 🟲	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
	Gifts, grants, contributions and membership fees						
	received (Do not include any 'unusual grants')	83,372.		i		l	02 272
	Gross receipts from admis-	03,312.					83,372.
	sions, merchandise sold or				1		
	services performed, or facilities furnished in any activity that is				ł		
	related to the organization's			257 222			
	tax-exempt purpose Gross receipts from activities	18,914.	459,540.	267,033.	279,713.	308,594.	1,333,794.
	that are not an unrelated trade or business under section 513.			}			0.
-	Tax revenues levied for the organization's benefit and either paid to or expended on						
E	its behalf. The value of services or						0.
_	facilities furnished by a			[		1	
	governmental unit to the organization without charge			1		j	0.
	Total. Add lines 1 through 5	102,286.	459,540.	267,033.	279,713.	308,594.	1,417,166.
7 a	Amounts included on lines 1.	102,200.	433,340.	201,033.	213,113.	300,334.	1,417,100.
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0
	Amounts included on lines 2						0.
_	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	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	<b>Public support.</b> (Subtract line 7c from line 6)				- F		1,417,166.
Sec	tion B. Total Support	<del>_</del>				<del></del>	
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6	102,286.	459,540.	267,033.	279,713.	308,594.	1,417,166.
10 a	Gross income from interest, dividends, payments received on securities loans,	1					
	rents, royalties and income from					١ .	
	similar sources Unrelated business taxable	14.	25.	6.	25.	59.	129.
D	income (less section 511						
	taxes) from businesses						
_	acquired after June 30, 1975		i				
	Add lines 10a and 10h	11	25		25	5.0	0.
11	Add lines 10a and 10b  Net income from unrelated business	14.	25.	6.	25.	59.	0. 129.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is	14.	25.	6.	25.	59.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include	14.	25.	6.	25.	59.	0. 129. 0.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of	14.	25.	6.	25.	59.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of	14.	394.	54.	25.	59.	
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) SEE PART VI Total support. (Add lines 9, 10c, 11, and 12.)	102,300.	394. 459,959.	54. 267,093.	279,738.	308,653.	448. 1,417,743.
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) SEE PART VI Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and	102, 300. Is for the organiza	394. 459, 959. ation's first, secon	54. 267,093.	279,738.	308,653.	448. 1,417,743.
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) SEE PART VI Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	102, 300 is for the organiza stop here blic Support P	394. 459, 959. ation's first, secon	54. 267,093. ad, third, fourth, o	279, 738 . r fifth tax year as	308, 653. a section 501 (c)	0. 448. 1,417,743. 3) ►
12 13 14 Sec 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) SEE PART VI  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	102, 300. Is for the organization here blic Support P 015 (line 8, column	394. 459, 959. ation's first, secon ercentage n (f) divided by lir	54. 267,093. ad, third, fourth, o	279, 738 . r fifth tax year as	308, 653. a section 501(c)(	0. 448. 1,417,743. (3) 99.96 %
12 13 14 Sec 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) SEE PART VI  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from	102,300. Is for the organization stop here Dis Support P Dis (line 8, column 2014 Schedule A,	394. 459, 959. ation's first, secon ercentage n (f) divided by lir Part III, line 15	54. 267, 093. nd, third, fourth, one 13, column (f))	279, 738 . r fifth tax year as	308, 653. a section 501 (c)	0. 448. 1,417,743. 3) ►
12 13 14 Sec 15 16 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) SEE PART VI.  Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of PuPublic support percentage from tion D. Computation of Inventor Incomputation Incom	102, 300. Is for the organization to the organization to the stop here  blic Support P 015 (line 8, column 2014 Schedule A, yestment Incor	394. 459, 959. ation's first, secon ercentage n (f) divided by lir Part III, line 15 ne Percentage	54. 267,093. nd, third, fourth, o	279, 738. r fifth tax year as	308, 653. a section 501(c)(	0. 448. 1,417,743. 3) ► □  99.96 %  99.95 %
12 13 14 Sec 15 16 Sec 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) SEE PART VI  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from tion D. Computation of Investment income percentage	102, 300 Is for the organized stop here blic Support P 015 (line 8, column 2014 Schedule A, restment Incorr	394. 459, 959. ation's first, secondercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided	54. 267,093. ad, third, fourth, one 13, column (f)) ad by line 13, column	279, 738. r fifth tax year as	308, 653. a section 501(c)(	0.  448.  1,417,743.  3)  99.96 %  99.95 %  0.01 %
12 13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) SEE PART VI  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from Investment income percentage Investment income percentage	102, 300. Is for the organization here blic Support P 015 (line 8, column 2014 Schedule A, restment Incort for 2015 (line 10c, from 2014 Schedu	394. 459, 959. ation's first, seconercentage (f) divided by lir Part III, line 15 ne Percentage column (f) divide le A, Part III, line	54. 267, 093. ad, third, fourth, one 13, column (f)) ad by line 13, column 17	279, 738. In fifth tax year as	308, 653. a section 501(c)(	0.  448.  1,417,743.  3)  99.96 %  99.95 %  0.01 %  0.01 %
12 13 14 Sec 15 16 Sec 17 18 19 2	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) SEE PART VI. Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage investment income percentage in 33-1/3% support tests — 2015. It is not more than 33-1/3%, check	102, 300. Is for the organization the stop here  blic Support P  015 (line 8, column 2014 Schedule A, restment Incor for 2015 (line 10c, from 2014 Schedule f the organization k this box and stop stop stop the organization k this box and stop stop stop stop the organization k this box and stop stop stop stop stop stop stop stop	394. 459, 959. ation's first, secon ercentage n (f) divided by lir Part III, line 15 ne Percentage column (f) divide le A, Part III, line did not check the phere. The organ	267, 093.  267, 093.  d, third, fourth, one 13, column (f))  d by line 13, column 17  box on line 14, anization qualifies	279, 738.  In fifth tax year as the second s	308, 653. a section 501(c)(	0.  448.  1,417,743.  3)
12 13 14 Sec 15 16 Sec 17 18 19 a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) SEE PART VI Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of PuPublic support percentage for 20 Public support percentage from tho D. Computation of Investment income percentage Investment income percentage 133-1/3% support tests — 2015.	102, 300. Is for the organization that organization the state of the organization that of the organization to the organization the organizatio	394. 459, 959. ation's first, secon ercentage (f) divided by lir Part III, line 15 ne Percentage column (f) divide le A, Part III, line did not check the p here. The organ did not check a b and stop here. Th	267, 093.  267, 093.  d, third, fourth, one 13, column (f))  d by line 13, column 17  box on line 14, and a lization qualifies a location qualifies are organization qualifies are organization qualifies.	279, 738.  In fifth tax year as a min (f))  In and line 15 is more as a publicly suppline 19a, and line lalifies as a public.	308, 653. a section 501 (c)(  15 16  17 18 re than 33-1/3%, ported organization 16 is more than 3dy supported organization cly supported organization 16 is more than 3dy supported organization 16 i	0.  448.  1,417,743.  3)  99.96 %  99.95 %  0.01 %  and line 17 n . ► X  33-1/3%, and anization  □

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.)

	tion A. All Supporting Organizations	Т	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	$r \rightarrow 1$	Tes	NO
•	If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section			
2	509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was	<b></b>		
	describéd ın séction 509(a)(1) or (2)	2		<del> </del> -
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	<u></u>		<u> </u>
	and (c) below .	3a		<del></del> -
!	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	٠	· .	
	made the determination .	3b		<u> </u>
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	·		<u> </u>
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		<b> </b> ,
4	a 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	- 1		
	organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	<del></del>	
	Did the assessment and foreign consisted assessment at the Line and Line an			
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that		<del></del>	
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		ļ. —
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)		,	-
	and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and ElŃ numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the	١٠٠,	ì	, 1
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
	amendment to the organizing document)	Ja		A
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	,	37
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
6			~ ·	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		
	the filling organization's supported organizations. In Test, provide detail in Fart VI	<u> </u>		+
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	-		
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'		· *	Ī
Ī	complete Part I of Schedule L (Form 990 or 990-EZ)	8		<del> </del>
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons	ļ		
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b>	9a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the			<del> </del>
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		<del> </del>
	c 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	-	
10	a 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,'			1
	answer 10b below	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine		<u> </u>	
	whether the organization had excess business holdings.)	10Ь	i	1

Pa	rt IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11b		
	ction B. Type I Supporting Organizations	11c		
	ction B. Type I Supporting Organizations	· I	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
-			Yes	No
	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		
Sec	ction 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	-1-4	
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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		,
Sec	ction 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 instructions):			
	The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).		
_				
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of			+
	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		-	
	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>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

20, 1970. See instructions A through E  (A) Prior Year  (A) Prior Year	(B) Current Year (optional)  (B) Current Year (optional)
(A) Prior Year	
	i .
<del>-</del>	
	Current Year
, , , , , , , , , , , , , , , , , , ,	
-	
,	
Type III supporting ord	ganization
-	

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat		7 uge 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations		
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
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 which the organization <b>Part VI)</b> See instructions	on is responsive (provide o	details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		· · · · · · · · · · · · · · · · · · ·	<del></del>
Sec	tion 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		1 - 1 3 - 1 3 PM		1. 数三字 (被引送者)
		1, 21, 21, 21, 21, 21, 21, 21, 21, 21, 2	The state of the s	<u>据这些类似的</u> 不适为
	1. 医水质性性原则 自然 医自由性 學學 医医院性炎	1977年 清美 原作品	"是我们""是是	"说,我们一个人可以
	The second secon	The same of the same of	The second of the second of	The same of the sa
	From 2013 .	1、大大大学、大生にはまた	The state of the	
	From 2014 .	The state of the state of		
	f Total of lines 3a through e		and a rich	
9	Applied to underdistributions of prior years	<b>建设工作等是一种的</b>		1.425 · 185 · 186
	Applied to 2015 distributable amount	· 图像 多种	2. 全国的人类的产品	
	i Carryover from 2010 not applied (see instructions)		"是我是我的	12724, 12.124
	j Remainder Subtract lines 3g, 3h, and 3i from 3f			的是自然的
4	Distributions for 2015 from Section D, line 7:			
	Applied to underdistributions of prior years .	以及文件设施工。於120gg		
	Applied to 2015 distributable amount	MANAGE TO SERVE	11. 18. 19.	
	Remainder Subtract lines 4a and 4b from 4	1 351 - 45.	The second of th	- The state of the
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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8	Breakdown of line 7:	The state of the state of	The state of the s	4
		· 原建造品的		· 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
			《新史楼》 這	· · · · · · · · · · · · · · · · · · ·
	Excess from 2013 .	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the state of	ではたような 各職
	d Excess from 2014	に発売される事業		Property Con
	e Excess from 2015 .	1	The same of the same one	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

PASCO VOCATIONAL BUILDING PROGRAMS

91-1850077

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.)

#### **PART III, LINE 12 - OTHER INCOME**

NATURE AND SOURCE	2015	2014	2013	2012	2011
MISCELLANEOUS INCOME			\$ 54.	\$ 394.	
TOTAL	\$ 0.	\$ 0.	\$ 54.	\$ 394.	\$ 0.

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

m990. Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

PASCO VOCATIONAL BUILDING PROGRAMS

	C/O DANIEL L. BOYD, SEC-TR	EAS	91-1850077
Par	Organizations Maintaining Done	or Advised Funds or Other Simila	r Funds or Accounts.
	Complete if the organization ans	wered 'Yes' on Form 990, Part IV,	line 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year .		
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held e organization's exclusive legal control?	d in donor advised funds
6	Did the organization inform all grantees, done for charitable purposes and not for the benefit impermissible private benefit?.	ors, and donor advisors in writing that graint of the donor or donor advisor, or for any .	nt funds can be used only other purpose conferring
Par		swered 'Yes' on Form 990, Part IV	, line 7.
	Purpose(s) of conservation easements held be	_ <del></del>	,
-	Preservation of land for public use (e.g.,		ation of a historically important land area
	Protection of natural habitat	<b>L_</b>	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in t	the form of a conservation easement on the
	last day of the tax year	4	
			Held at the End of the Tax
	Total number of conservation easements		2 a
	Total acreage restricted by conservation ease		. 2b
•	: Number of conservation easements on a cert	tified historic structure included in (a)	2 c
•	Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and not on a	a historic 2 d
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguished, or terminate	ed by the organization during the
4	Number of states where property subject to cons	servation easement is located >	
5	Does the organization have a written policy rand enforcement of the conservation easement		on, handling of violations, . Yes
6	Staff and volunteer hours devoted to monitoring,	, inspecting, handling of violations, and enforce	cing conservation easements during the year
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement $$	s of section 170(h)(4)(B)(i) Yes
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements.	ts conservation easements in its revenue and e to the organization's financial statements	d expense statement, and balance sheet, and s that describes the organization's accountin
Pa	rt III Organizations Maintaining Coll Complete if the organization an	ections of Art, Historical Treasure swered 'Yes' on Form 990, Part IV	es, or Other Similar Assets. /, line 8.
1	a If the organization elected, as permitted und art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its fin	held for public exhibition, education, or resea	rch in furtherance of public service, provide,
	b If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items:	ler SFAS 116 (ASC 958), to report in its re for public exhibition, education, or research i	evenue statement and balance sheet works on furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VII	II, line 1	►\$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art amounts required to be reported under SFA	, historical treasures, or other similar assets f S 116 (ASC 958) relating to these items:	for financial gain, provide the following
	a Revenue included on Form 990, Part VIII, III		<b>►</b> \$

**b** Assets included in Form 990, Part X

**>**\$

•										
Schedule D (Form 990) 2015 PASCO Part III Organizations Maintain						Other 9	91-1850 Similar Assa			Page 2
<del></del>			<del></del>		<del></del>			<u>`</u> _		<i>-u)</i>
3 . Using the organization's acquisition, items (check all that apply):	accession, an	ia otner re	ecords, check ar	ly of the	iollowing that are	e a signini	ant use of its o	collection	1	
a Public exhibition			d Loan o	r exchar	nge programs					
<b>b</b> Scholarly research			e Other							
c Preservation for future genera	tions		_		<u> </u>					
4 Provide a description of the organiza Part XIII	tion's collection	ons and e	xplain how they	further th	ne organization's	exempt p	urpose in			
5 During the year, did the organizati to be sold to raise funds rather that	on solicit or an to be main	receive d	onations of art s part of the o	, historio rganizati	cal treasures, or on's collection?	r other sii	milar assets	Yes	_ [	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangem mount on	<b>ents.</b> C Form 9	omplete if t 90, Part X,	he orga Iine 21	anızatıon ans	wered	'Yes' on Fo	rm 990	), Part	īV,
1 a Is the organization an agent, trust	ee, custodiar	n or other	rıntermediary	for contr	ibutions or othe	er assets	not included r			
on Form 990, Part X? <b>b</b> If 'Yes,' explain the arrangement i	n Part XIII aı	nd compl	ete the follows	ng table:			l	Yes		No
								Amount		
<b>c</b> Beginning balance .		•				1 c				
<b>d</b> Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance .						1 f				
2a Did the organization include an an	nount on For	m 990, P	art X, line 21,	for escre	ow or custodial	account	iability?	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII (	Check he	re if the explar	ation ha	s been provide	d on Parl	XIII			]
Part V Endowment Funds. Co	mplete if t	the orga	anization an	swered	'Yes' on Fo	<u>rm 990</u>	, Part IV, lir	ne 10.		
	(a) Current	year	(b) Prior year	·	(c) Two years back	(d)	Three years back	(e) F	our years	back
1 a Beginning of year balance.							<del> </del>			
<b>b</b> Contributions .	·				<del></del>			<del></del>		
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance			<del></del>							
2 Provide the estimated percentage	of the curre	nt year e	nd balance (lır	e 1g, co	lumn (a)) held	as.				
a Board designated or quasi-endowme	ent ►		ક્ષ							
<b>b</b> Permanent endowment ►	8		<del></del>							
c Temporarily restricted endowmen	t ►		8							
The percentages on lines 2a, 2b, an	d 2c should e	qual 100%	6.							
3 a Are there endowment funds not in the organization by:	ie possession	of the org	ganization that a	are held a	and administered	for the			Yes	No
<ul><li>(i) unrelated organizations</li></ul>			•	•	•	•		3a(i)		ļ
(ii) related organizations						•	•	3a(ii)		
<b>b</b> If 'Yes' on line 3a(ii), are the related	-							3b		
4 Describe in Part XIII the intended	uses of the	organiza	tion's endowm	ent fund	s					
Part VI Land, Buildings, and I	Equipment	t.						<del></del>		
Complete if the organi	zation ans	wered '	'Yes' on For	m 990,	Part IV, line	e 11a. S	See Form 99	90, Pai	rt X, li	ne 10
Description of property		(a) Cost	or other basis restment)		cost or other sis (other)		ccumulated preciation	(d)	Book va	alue
1 a Land		<u> </u>				·	<del></del>			

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment .				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.;

Schedule **D** (Form 990) 2015

Page 3

Complete if the organization answered		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
1) Financial derivatives	<del></del>	
2) Closely-held equity interests .		
3) Other		
A)	<del></del>	
B)		
C)		
(D)		
(E)		
(F)		
(G)		
(H)	<u></u>	
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		<b>《公司》(《公司》)</b>
Part VIII Investments — Program Related.	N/ 1 = 00	N/A
		0, Part IV, line 11c. See Form 990, Part X, line
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market val
(1)		
(2)		
(3)	· · · · · · · · · · · · · · · · · · ·	
(4)		
(5)		
(6)		
(7)		
(0)		
(8)		
		7888
(8) (9) (10)		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets.	N/1	A
(9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX:  Complete if the organization answered	l 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line
(9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets.  Complete if the organization answered  (a) Des	N/I 'Yes' on Form 99 scription	A
(9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered  (a) Dec	l 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets. Complete if the organization answered (a) Dec. (1) (2)	l 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part X: Other Assets. Complete if the organization answered (1) (2) (3)	l 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part X Other Assets. Complete if the organization answered (1) (2) (3) (4)	l 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets. Complete if the organization answered (a) Deserting (1) (2) (3) (4) (5)	l 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	l 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets. Complete if the organization answered (a) Deserging (3) (4) (5) (6) (7)	l 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) Deserging (3) (4) (5) (6) (7) (8)	l 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	l 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets. Complete if the organization answered (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	l 'Yes' on Form 99 scription	A 0, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets.  Complete if the organization answered  (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	l 'Yes' on Form 99 scription	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets.  Complete if the organization answered  (a) December (b) (b) (c) (c) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	I 'Yes' on Form 99 scription  B) line 15.)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets. Complete if the organization answered (a) Decentify (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	I 'Yes' on Form 99 scription  B) line 15.)	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part X Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes	B) line 15.) Torm 990, Part IV, line	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part X Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT	B) line 15.) form 990, Part IV, line (b) Book value	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets.  Complete if the organization answered  (a) Description of liability  (1)  Part X Other Assets.  Complete if the organization answered  (a) Description of liability  (1) Federal income taxes	B) line 15.) form 990, Part IV, line (b) Book value	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X: Other Assets.  Complete if the organization answered  (a) Description of liability (1) Federal income taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT (3) SCHOLARSHIPS PAYABLE (4)	B) line 15.) form 990, Part IV, line (b) Book value	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets.  Complete if the organization answered  (a) Description of liability (1) Federal income taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT (3) SCHOLARSHIPS PAYABLE (4) (5)	B) line 15.) form 990, Part IV, line (b) Book value	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part X Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT (3) SCHOLARSHIPS PAYABLE (4) (5) (6) (7)	B) line 15.) form 990, Part IV, line (b) Book value	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT (3) SCHOLARSHIPS PAYABLE (4) (5)	B) line 15.) form 990, Part IV, line (b) Book value	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT (3) SCHOLARSHIPS PAYABLE (4) (5) (6) (7) (8)	B) line 15.) form 990, Part IV, line (b) Book value	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered  (a) Description of liability (1) Federal income taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT (3) SCHOLARSHIPS PAYABLE (4) (5) (6) (7) (8) (9) (10)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal succome taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT (3) SCHOLARSHIPS PAYABLE (4) (5) (6) (7) (8) (9)	B) line 15.) form 990, Part IV, line (b) Book value	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered  (a) Description of liability (1) Federal income taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT (3) SCHOLARSHIPS PAYABLE (4) (5) (6) (7) (8) (9) (10)	B) line 15.) form 990, Part IV, line (b) Book value	A 10, Part IV, line 11d. See Form 990, Part X, line (b) Book value (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered  (a) Description of liability (1) Federal income taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT (3) SCHOLARSHIPS PAYABLE (4) (5) (6) (7) (8) (9) (10)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal succome taxes (2) AMOUNT DUE-PASCO SCHOOL DISTRICT (3) SCHOLARSHIPS PAYABLE (4) (5) (6) (7) (8) (9)	B) line 15.) form 990, Part IV, line (b) Book value	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value

Schedule D (Form 990) 2015 PASCO VOCATIONAL BUILDING PROGRAMS		91-1850077	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statemen Complete if the organization answered 'Yes' on Form 990, F	ts With Reven		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains (losses) on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants .	2 c	183	
d Other (Describe in Part XIII) .	2 d	ر در ا	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	51,5	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b	<u> </u>	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, F			
Total expenses and losses per audited financial statements		1	

# 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1:

3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII)
c Add lines 4a and 4b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

BAA

Schedule **D** (Form 990) 2015

# SCHEDULE 1 (Form 990)

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2015

OMB No 1545-0047

PASCO VOCATIONAL BUILDING PROGRAMS Department of the Treasury Internal Revenue Service Name of the organization

Ratural General Information on Grants and Assistance

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 91-1850077

% X

Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Parily Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1							
(3)							
(4)							
( <u>s</u> )					-		
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<u>@</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government of	organizations listed	in the line 1 table			<b>A</b>	0
	ions listed in the line	e 1 table .	_			<b>A</b>	0
- 1				11111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cchodule	Crhodula 1 /Form 0001 (2015)

Schedule I (Form 990) (2015)

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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(f) Description of non-cash assistance Schedule I (Form 990) (2015) PASCO VOCATIONAL BUILDING PROGRAMS

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 10,000. (c) Amount of cash grant 15 (b) Number of recipients (a) Type of grant or assistance 1 SCHOLARSHIPS S m 4 9 ~

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

#### **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.

► 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.

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PASCO VOCATIONAL BUILDING PROGRAMS C/O DANIEL L. BOYD, SEC-TREAS

Employer identification number

91-1850077

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE PRESIDENT REVIEWS THE 990 PRIOR TO ITS MAILING.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE PUBLICLY AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADDRESS OF RECORD.