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DLN: 93493195001107

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 <u>www IRS gov/foim990</u>

OMB No 1545-0047

Open to Public Inspection

		ie 2015 ca applicable	C Name of organization		g 09-01-2015 , and ending 08-31-	-2016		D Emplo	yer i	dentification number
ГА	ddres	s change	ASAE Foundation					52-1	3004	-85
		change	Doing business as							
	nitial r inal	eturn						E Teleph	ono ni	ımhor
		unated	Number and street (o 1575 I STREET	rPO box if m	ail is not delivered to street address) Roor	n/suite	9			
		ed return			(202)	(202) 326-9550				
Ap	plicat	ion pending	City or town, state or WASHINGTON, DC 20		G Gross	receip	ts \$ 17,619,011			
			F Name and addre	ss of princip	al officer		H(a) Is th	us a grour	retu	rn for
			JOHN H GRAHAM 1575 I STREET	IV				rdinates?		⊤ Yes √
			WASHINGTON, DO	20005			Nо н(ь) Are	all subord	ınate	s
I Ta	ax-ex	empt status	√ 501(c)(3)	501(c)() ◀ (i	nsert no) 4947(a)(1) or 527		inclu	ıded?		Tes No
J W	/ebsi	te:► WV	VW asaecenter ORG				If "N H(c) Gro			st (see instructions)
K For	m of	organizatior	n √ Corporation	ust Associa	tion			ormation 19		M State of legal domicile DC
Pa	Ш		nmary		or most significant activities					
Governance		CONDUC EXISTIN	CTING RESEARCH IN G AND NEW PROFES	N AREAS TH SSIONALS V	FOCUSED ON ADVANCING KNO AT NO ONE ASSOCIATION CAN VHO WILL LEAD THE PROFESSIO BECOME MORE INNOVATIVE	IUND	ERTAKE O	NITSOV	VN,C	EVELOPING
	2	Check tl	his box ▶ ┌ if the org	janızatıon dı	scontinued its operations or dispos	ed of	more than	25% of its	s net	assets
Activities &	۱,	Number	of voting members of			з	10			
Ĕ	 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 								4	10
\ct									5	0
•	6 Total number of volunteers (estimate if necessary)								6	1,463
	7a Total unrelated business revenue from Part VI			rt VIII, column (C), line 12				7a	-14,338	
	b	Net unrel	ated business taxabl	d business taxable income from Form 990-T, line 34					7b	-14,588
							Pri	or Year		Current Year
_	8	Contr	ributions and grants (Part VIII, lır	ne 1 h)			1,026,	525	3,976,563
ēnuōvē	 9 Program service revenue (Part VIII, III 10 Investment income (Part VIII, column 11 Other revenue (Part VIII, column (A), 12 Total revenue—add lines 8 through 11 12) 			Part VIII, III	ne 2 g)			40,	300	84,908
					•		2,770,		2,012,535	
α				• • •				-28,	914	243,697
				through 11	(must equal Part VIII, column (A)	, iine		3,808,	677	6,317,703
	13	Grant	s and similar amount	s paid (Part	IX, column (A), lines 1-3)			53,100		41,300
	14	Benef	fits paid to or for mem	nbers (Part I		0	0			
SC.	15	Saları 5–10		ion, employe	e benefits (Part IX, column (A), lin	es			0	
Expenses	16		•	es (Part IX,	column (A), line 11e)				0	
хbе	Ь		undraising expenses (Part	•	• • •					
ш	17		- ' '		ines 11a-11d, 11f-24e)			2,322,	932	2,658,426
	18	Total	expenses Add lines	13-17 (mus	st equal Part IX, column (A), line 2	5)		2,376,	.032	2,699,726
	19	Revei	nue less expenses S	ubtract line	18 from line 12			1,432,	645	3,617,977
Net Assets or Fund Balances							Beginning	of Current	Year	End of Year
set	20	Total	assets (Part X, line 1	16)				25,249,	212	27,416,484
A As	21		,	•				7,963,	-	6,666,879
ξĒ	22				line 21 from line 20	•		17,285,	802	20,749,605
Unde my k	nowl	nalties of edge and			mined this return, including accomplete Declaration of preparer (other					
		***	** *				2	017-07-14		
Sigi	n	Sign	ature of officer					ate		
Her			N H GRAHAM IV PRESIDEI	NT/CEO						
			e or print name and title	·						
ъ.	_1		Prınt/Type preparer's nam Deborah G Kosnett	е	Preparer's signature Deborah G Kosnett	Dat	Ch	eck If	PTIN POO:	N 290720
Pai		H	Firm's name	d Tryon	I			f-employed m's EIN 🟲 5	<u> </u> 2-185	5942
Pre	•	rer H	Firm's address ► 2021 L S		400			one no (202		
Use	U	ılıy	Washing	ton, DC 20036	5					

. √Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

Forn	n 990 (2015)					Page 2							
Pai	t IIII Statem	nent of Program Serv	ice Accomp	lishments									
				any line in this Part	III								
1	Briefly describe	e the organization's mission											
area and	s that no one ass	ociation can undertake on i ociation community, the Fo	ts own and help	oing associations beco	nagement and leadership by colome more innovative. With the high agenda that supports the kno	elp of ASAE members							
2	the prior Form 9	ation undertake any signific 990 or 990-EZ? be these new services on S		,		⊤Yes √No							
3	Did the organiza	Did the organization cease conducting, or make significant changes in how it conducts, any program											
		be these changes on Sched				Yes √ No							
4	expenses Sect) organizations	are required to repor	ree largest program services, as t the amount of grants and alloc								
4a	(Code) (Expenses \$	1,561,320	ıncludıng grants of \$	41,300) (Revenue \$	84,908)							
	See Additional Da					· ·							
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)							
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)							
	-												

Other program services (Describe in Schedule O) 4d including grants of \$ (Expenses \$) (Revenue \$ Total program service expenses ▶ 1,561,320

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🛸	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11 d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	<u> </u>
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

orm	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
Ь	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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	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	Yes	

Part V	Statements	Regarding	Other I	IRS Filinas	and Tax	Compliance

		Check if Schedule O contains a response or note to any line in this Part V			<u>. [</u>
1.	Entor	the number reported in Pay 2 of Form 1006 Enter 0 if not applicable 1		Yes	No
		the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1 the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
			\dashv		
C		e organization comply with backup withholding rules for reportable payments to vendors and reportable g (gambling) winnings to prize winners?	1 c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	0		
b	If at le	east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3а	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	over, a	y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial nt)?	4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (3)			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			
6 a		the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions?	5c 6a		No
b	If"Ye	s," did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	6b		
7		izations that may receive deductible contributions under section 170(c).			
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and es provided to the payor?	7a	Yes	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required trm 8282?	о 7с		No
d	If"Ye:	s," indicate the number of Forms 8282 filed during the year	4		
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Dıd th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
_	requir		s 7g		
	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time the year?	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0		on 501(c)(7) organizations. Enter			
		tion fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club			
1		on 501(c)(12) organizations. Enter			
а	Gross	ıncome from members or shareholders			
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)			
2a	Sectio	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lieu of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the			
3	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		organization licensed to issue qualified health plans in more than one state? Note. See the instructions for onal information the organization must report on Schedule O	13a		
b	Enter	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans			
С	Enter	the amount of reserves on hand	7		
4a	Did th	e organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If"Ye:	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 10						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10						
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?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No			
6	Did the organization have members or stockholders?	6		No			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
	Each committee with authority to act on behalf of the governing body?	8b	Yes				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		No			
50	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		ıe Codi				
<u>, c</u>	ction b. Foncies (11113 Section b requests information about policies not required by the Internal K		Yes	No			
a	Did the organization have local chapters, branches, or affiliates?	10a		No			
	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					
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
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	Yes				
}	Did the organization have a written whistleblower policy?	13	Yes				
	Did the organization have a written document retention and destruction policy?	14	Yes				
5	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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
	Other officers or key employees of the organization	15b		No			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
ia	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure						
7	List the States with which a copy of this Form 990 is required to be filed▶						
В	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.						
9	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year						
n	State the name, address, and telephone number of the person who possesses the organization's books and record-						

►heidi ellis robey 1575 I Street NW Washington, DC 20005 (202) 626-2723

Part VII

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

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

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

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

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

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

(A) Name and Title	hours per week (list any hours for related more than one box, unless person is both an officer and a director/trustee)			an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization			
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
(1) Scott D Wiley FASAE CAE	1 00									
chair	2 00	×		Х				0	0	0
(2) Matthew R Shay CAE Secretary-Treasurer	1 00	х		×				0	0	0
(3) Abe Eshkenazı cpa CAE	1 00	х						0	0	0
ımmedIATE PAST CHAIR	2 00	_ ^						0	Ü	<u> </u>
(4) Patricia V Blake FASAE CAE	1 00	x						0	0	0
(5) Stephen J Caldeira	1 00	х						0	0	0
Board Member	2 00									
(6) Gregory J Fine CAE board member	1 00 2 00	x						0	0	0
(7) David Gammel CAE Board Member	1 00	х						0	0	0
(8) Sal Martino CAE board member	1 00	х						0	0	0
(9) Dawn M Sweeney board member	1 00	x						0	0	0
(10) Mark Vaughan	1 00	x						0	0	0
board member	2 00	^						0	· ·	
(11) JOHN GRAHAM IV President & CEO, ASAE	1 00 36 50			x				0	1,077,713	323,188
(12) HEIDI ROBEY	2 80									-
VP of Finance & CFO, ASAE	34 70			X				16,545	209,060	32,147
(13) SUSAN ROBERTSON President, ASAE Foundation	15 00			x				201,352	302,030	81,997
(14) ROBERT SKELTON	22 50 2 50				Х			15,913	222,779	52,512
Chief Administrative Officer, ASAE	35 00							,-		
										Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (list any hours for related organizations	unle:	ore t ss pe	than erso icer tor/l	not one n is and trus	tee)	an	Repo compo froi organ (W- 2	ortable ensation the hization /1099-	(E) Reporta compensa from rela organizat (W- 2/10 MISC	ation ted ions 99-	Estin amou oth comper from	
		below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		,		,	and re organiz	elated
	REGINALD HENRY	3 50				×				21,780	2	11,575		41,724
	Information Officer, ASAE JOHN ROBERT EDWARD LEE IV	34 00 1 80			-									
						×				9,906	2	02,373		25,058
	Marketing & Comm Officer, ASAE SHARON MOSS	35 70 33 80			 									
Chief	Research Officer, asae	3 70				×				154,220		17,135		29,059
(18)	AMY LEDOUX	2 30												
	, Meetings & Expositions, ASAE	35 20					X			10,826	1	59,612		21,837
	STEPHEN PEELER	37 50					х			138,885		0		25,049
VP, D	evelopment, ASAE foundation	0 00					<u> </u>			130,003				
. ,	PAMELA TROOP	1 50					×			4,847	1	16,332		32,296
	cor, Meetings Oper & Special Events KEITH SKILLMAN	36 00 9 30			-									
							×			27,802	;	84,909		38,187
VP, Publishing, ASAE (22) SOURI JAHANMIR		28 20 3 00			1									
	tor, Rev & Collections, ASAE	34 50					×			9,005	1	03,558		14,503
					Ļ									
1b c d	Sub-Total Total from continuation sheets to Part VII Total (add lines 1b and 1c)	•			•			6:	11,081		2,717,076			717,557
2	Total number of individuals (including but n	ot limited to tho	se list	ed a	bove	e) w	ho re	ceiv	ed more	than		1		
	\$100,000 of reportable compensation from	n the organizatio	n ► 3											
													Yes	No
3	Did the organization list any former officer, on line 1a? <i>If "Yes," complete Schedule J for</i>							ghes •	st comp	ensated • • •	employee • •	3		No
4	For any individual listed on line 1a, is the s organization and related organizations grea			f "Ye:	s," c	omp					n the			
	ındıvıdual		•		•			•				4	Yes	
5	Did any person listed on line 1a receive or services rendered to the organization? If "Y								ganızat • •	on or ind	ividual for	5		No
Se	ection B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inde	pende	nt co	ontra	cto	rs tha	at re	ceived	more thai	n \$100,000	of of		
	compensation from the organization Repor	t compensation	for the	cale	enda	r y e	aren	dıng	with or			ion's t		
	(A) Name and busine	ess address								(E Description			(C Comper	
Rockl	oridge Associates Inc								Researe	ch Consultir	ng			116,944
	O-G Colvin Run Road Falls, VA 22066													
									+			+		
	Total number of independent contractors (inc	cluding but not !:	muted	to +4	2050	lic+	-ad a-	101/2) who r	calved ~	ore than	+		
	\$100,000 of compensation from the organiz	•	miceu	co ti	.036	113	.cu al	. U V C	, will 10	.cerveu II	iore triali			

Part V	/++1	Statement o	f Revenue					
		Check If Sched	ule O contains a respor	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s ည	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ies 1b					
25 E	c	Fundraising eve	ents 1c	277,253				
ts. r A	d	Related organiz		3,169,950				
ું કુ		Government grant						
tributions, Gifts, Grants Other Similar Amounts	е	_				ļ		
er.	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	529,360				
편 등	g		ons included in lines			İ		
Cont and		1a-1f \$ Total. Add lines	c 1a_1f		3,976,563			
<u>ة ت</u>	∟"	Total. Add lines	5 1d-11	· · · •	3,370,303			
i	_			Business Code				
Program Service Revenue	2a .	PROFESSIONAL DE	VELOPMENT	900099	79,908	79,908		
숂	b	Sponsorships		900099	5,000			5,000
¥C.	С							
₹	d		,					
an	e	• 11						
ıßo.	f	All other progra	am service revenue					
<u>&</u>	g	Total. Add lines	s 2a-2f		84,908			
	3		ome (including dividend		1,099,076			1,099,076
	4		ar amounts) stment of tax-exempt bond ;	F				
	5	Royalties			1,287			1,287
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental						
	-	expenses Rental income						
	C	or (loss)						
	d	Net rental inco		· · · · ▶				
	7a	Gross amount	(ı) Securities	(II) O ther				
	′"	from sales of assets other	11,167,066	751,440				
		than inventory						
	ь	Less cost or		_				
		other basis and sales expenses	11,005,047	0				
	C	Gain or (loss)	162,019	751,440				
	d	= '	ss)		913,459			913,459
Other Revenue	8a	Ψ	luding 1,253 s reported on line 1c)					
<u>.</u>			а	435,452				
Ě	b		penses b	296,261				
5	C		(loss) from fundraising (events >	139,191			139,191
	9a		rom gaming activities ne 19 a					
	ı		penses b					
	°	Net income or ((loss) from gaming activ	vities				
	10a	Gross sales of						
		returns and allo	owances . a					
	Ь	less costofa	oods sold b					
			(loss) from sales of inve	entory ▶				
		Miscellaneou		Business Code				
	11a	PASSTHROUG INCOME	H PARTNERSHIP	900099	103,219		-14,338	117,557
	b							
	C	All other reven						
	d e	Total. Add lines	l	•				
				-	103,219			
	12	Total revenue.	See Instructions	ы	I			

101111 330 (2013)	Page 10
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	

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	41,300	41,300		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting				
d e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	102,582	64,812	27 770	
	Other (If line 11q amount exceeds 10% of line 25, column (A)	102,382	04,812	37,770	
g	amount, list line 11g expenses on Schedule O)	397,521	393,780		3,741
12	Advertising and promotion	74,542	16,670		57,872
13	Office expenses	41,094	6,856	2,360	31,878
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	68,328	20,645		47,683
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	75,305	23,736	2,962	48,607
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Overhead Allocation	871,201	469,130	171,742	230,329
b	Personnel Salary Alloca	859,607	433,280	206,634	219,693
С	Personnel Benefit Alloc	136,144	71,948	34,288	29,908
d	TEMP AGENCY FEES	12,000	12,000		
е	All other expenses	20,102	7,163	824	12,115
25	Total functional expenses. Add lines 1 through 24e	2,699,726	1,561,320	456,580	681,826
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	tΧ	Check if Schedule O contains a response or note to any line in this Part X			_
		Check it schedule o contains a response of note to any fine in this raft X	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	1,212,835	2	382,461
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	144,725	4	137,503
	5	Loans and other receivables from current and former officers, directors, trustees key employees, and highest compensated employees. Complete Part II of Schedule L	,	5	
Assets	6	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 Par II of Schedule L	t	6	
\$8	7	Notes and loans receivable, net		7	
Ø		Inventories for sale or use			
	8		40.500	8	14.040
	9	Prepaid expenses and deferred charges	18,566	9	14,216
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 265,36	_		
	b	Less accumulated depreciation 10b 265,36	3 0	10 c	0
	11	Investments—publicly traded securities	23,873,086	11	26,882,304
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	25,249,212	16	27,416,484
	17	Accounts payable and accrued expenses	87,395	17	206,301
	18	Grants payable		18	
	19	Deferred revenue	8,250	19	15,885
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
_iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.</u>		persons Complete Part II of Schedule L		22	
E:	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			7,867,765	25	6,444,693
	26	Total liabilities. Add lines 17 through 25	7,963,410	26	6,666,879
ses		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright \checkmark and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	17,182,381	27	20,589,818
Ba	28	Temporarily restricted net assets	103,421	28	159,787
Þ	29	Permanently restricted net assets	,	29	<u>'</u>
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balance		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
55	31	Paid-in or capital surplus, or land, building or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	17,285,802	33	20,749,605
_	34	Total liabilities and net assets/fund balances	25,249,212	34	27,416,484

Form	990 (2015)			ı	Page 12		
Par	t XI Reconcilliation 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		6.3	317,703		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> </u>		
3	Revenue less expenses Subtract line 2 from line 1				599,726		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3 3,0			517,977		
		4 17,285,			285,802		
5	Net unrealized gains (losses) on investments	5			-50,955		
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)						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9	9 -103,2				
	column (B))						
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	٦				
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate					
	Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2 c	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Additional Data

Software ID: Software Version:

EIN: 52-1300485

Name: ASAE Foundation

Form 990, Part III, Line 4a

4a

(Code) (Expenses \$ 1,561,320 including grants of \$ 41,300) (Revenue \$ 84,908)

Research - The Foundation's Research Department advances knowledge in non-profit management by providing resources that will help leaders focus on critical factors to enhance their organizations. The Foundation implements and facilitates the application of research findings by executives and boards through rigorously designed secondary, qualitative and quantitative methods. Thought provoking research has been produced on membership, volunteerism, fundraising, and the economy.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493195001107

52-1300485

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

ASAE Foundation

Part I

2 3

Name of the organization

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Open to Public Inspection **Employer identification number**

OMB No 1545-0047

Tota	I									
				I	I	1				
					Yes	No				
1- 9 above (see instructions))		3554	-							
Nam	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines	(iv) Is the orga listed in your docum	inization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)		
g		Provide the following i	nformation abo	out the supported orga	inization(s)					
f	Ente	r the number of support	ed organizatio	ns			<u></u>			
е		integrated, or Type III					is a Type I, Type II, T	ype III functionally		
	_	(see instructions) You	u must comple	te Part IV, Sections A	and D, and Pa	rt V.	rement and an attentive			
d	Г		ally integrated	d. A supporting organi	zation operated	d in connectio	n with its supported org			
c	Г	must complete Part IN Type III functionally i	/, Sections A a integrated. A	and C. supporting organizatio	n operated in c	connection wit	h, and functionally integ	, ,		
b	Γ		organization s	upervised or controlle	d in connectio		oorted organization(s), b manage the supported			
a	Г	Type I. A supporting o supported organization	rganization op n(s) the power	perated, supervised, or to regularly appoint o	controlled by r elect a major	its supported	d complete lines 11e, 1 organization(s), typical ctors or trustees of the s	ly by giving the		
11		one or more publicly s	upported orga	nızatıons described in	section 509(a	i)(1) or sectio	nctions of, or to carry o n 509(a)(2) See sectio	n 509(a)(3). Check		
10	_		t income and i e 30,1975 S	unrelated business tax ee section 509(a)(2).	xable income ((Complete Par	less section 5 t III)	, and (2) no more than 3 11 tax) from businesse on 509(a)(4).			
9	Ė						tributions, membership			
8	г	described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
7	~					rom a governn	nental unit or from the g	eneral public		
6	_	170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
		An organization opera			iversity owned	or operated b	y a governmentar unit u	escribed in section		

supported organization

instructions

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.) Section A. Public Support Calendar vear (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 670,629 567,805 797,320 3,976,563 7,038,842 1,026,525 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 670,629 567,805 797,320 1,026,525 3,976,563 7,038,842 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 3,362,936 on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 3,675,906 from line 4 Section B. Total Support Calendar year **(b)**2012 (a)2011 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ Amounts from line 4 670,629 567,805 797,320 1,026,525 3,976,563 7,038,842 Gross income from interest, dividends, payments received on 687,449 996,498 747,775 1,569,201 1,100,363 5,101,286 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of 117,557 117,557 capital assets (Explain in Part VI) 11 Total support. Add lines 7 12,257,685 through 10 Gross receipts from related activities, etc. (see instructions) 12 2.007.919 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 29 990 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 40 810 % 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶□ b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ▶ 🗸 box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6)							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18		
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	lline 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	33 1/3% support tests—2014. If the							•
	18 is not more than 33 1/3%, check	-						
20	Private foundation. If the organization		-	· ·		•	_	▶ □

Part IV Supporting Organizations

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

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

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Par	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) to operated, supervised or controlled the supporting organization			
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of 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 per that controlled or managed the supported organization(s)			
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prictax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies the organization's governing documents in effect on the date of notification, to the extent not previously provided.	of		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 to organization determined that these activities constituted substantially all of its activities			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? <i>Provide details in Part VI</i>	es of 3a		
ь	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of ear of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

. С	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 See inst	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete :	Sections	A through E	Г
				(B) C
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Coultry C. Dist III, table Annual	T		
	Section C - Distributable Amount			Current Year
	A djusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- structions)	ıntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	auıred)		
6 Other distributions (describe in Part VI) See instru	. ,		
<u> </u>	30013		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
c Excess from 2013			
d From 2014			
e From 2015			

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).

Facts And Circumstances Test

Return Reference Explanation Schedule A, Part II, Line 10, Explanation of Other Income

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE D

(Form 990)

Treasury

Department of the

DLN: 93493195001107

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

Open to Public Inspection

Interr	al Revenue Service	·				
	me of the organization E Foundation				oyer identification 300485	number
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or ed "Yes" on Form 99	Other Similar F			
		(a) Donor advised fur	ds	(b)	Funds and other ac	counts
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 donor a funds are the organization's property, subject to t			nor advis	_	Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or o	lonor advisor, or for a	iny other	<u> </u>	Yes □ N o
Pa	rt III Conservation Easements. Comple	ete if the organizatio	n answered "Yes" (on Form	າ 990, Part IV, lii	ne 7.
1	Purpose(s) of conservation easements held by th	= :	ll that apply)			
	Preservation of land for public use (e.g., recreeducation)	eation or	Preservation of a	an histori	ıcally ımportant lar	nd area
	Protection of natural habitat				d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserv	ation contribution in	the form	of a conservation	
					Held at the End	of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme			2b		
С.	Number of conservation easements on a certified		, ,	2c		
d	Number of conservation easements included in (o historic structure listed in the National Register		•	2d		
3	Number of conservation easements modified, traitax year ▶	isterred, released, extil	iguis nea, or terminat	ea by the	e organization durir	ig the
4	,	owiation and amont is la	antad 🏲			
5	Number of states where property subject to conso Does the organization have a written policy regar		·	dling of		
,	violations, and enforcement of the conservation e Staff and volunteer hours devoted to monitoring,	asements it holds?		J	☐ Yes	∏ No
6	year	ms pecting, nanding of	violations, and emore	ing cons	ervation easement	.s during the
7	A mount of expenses incurred in monitoring, inspe ▶ \$	ecting, handling of viola	tions, and enforcing c	onserva	tion easements du	ring the year
8	Does each conservation easement reported on lin (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy th	e requirements of se	ction 17	0(h)(4) Yes	□ No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the o				S
Par	Organizations Maintaining Collect Complete if the organization answere			or Oth	er Similar Ass	ets.
1 a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public of	exhibition, education,	or resea	arch in furtherance	
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public e	•			
(i) Revenue included on Form 990, Part VIII, line 1	L		> \$		
(i	i) Assets included in Form 990, Part X			> \$		_
2	If the organization received or held works of art, he following amounts required to be reported under S			or financ		
а	Revenue included on Form 990. Part VIII. line 1				▶ \$	

b Assets included in Form 990, Part X

Part	***	Organizations Maintaining (continued)	Collections of Art	, Historica	al Trea	sures,	or Oth	er Similar	Asse	ts	
3		y the organization's acquisition, acc ction items (check all that apply)	ession, and other recor	ds, check an	y of the f	ollowing	that are	a significant u	se of	ıts	
а		Public exhibition		d ┌	Loan or e	exchange	progran	ms			
b		Scholarly research		e	Other						
c		Preservation for future generations									
4	Provi Part)	de a description of the organization KIII	's collections and expla	ın how they f	urther th	e organız	ation's e	exempt purpos	e in		
5		g the year, did the organization sol is to be sold to raise funds rather th							es	☐ No	1
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		orm 990, P	art IV, l	ıne 9, o	r repor	ted an amou	ınt oı	n Forn	n 990,
1 a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other interme	diary for cor	tribution	s or othe	rassets	s not	es	┌ No	,
b	If'	'Yes," explain the arrangement in P	art XIII and complete t	he following	table			A	moun	t	
c	Ве	ginning balance					1 c				
d	Αd	ditions during the year					1d				
е	Dis	stributions during the year					1e				
f	En	dıng balance					1f				
2a	Did th	ne organization include an amount o	on Form 990, Part X, line	e 21, for esc	row or cu	stodial a	ccount I	liability? Y	es	☐ No	•
								·		·	
b	If"Y∈	es," explain the arrangement in Par									Ш
Pai	rt V	Endowment Funds. Comple									
4	D		(a)Current year ((b) Prior year 12,948,87		wo years b 11,182	- + · · ·	Three years back 10,347,099			ars back 0,029,070
1a	_	nning of year balance	27,249	12,940,0	3	11,102	,301	10,547,033	_	10	5,029,070
b	Conti	ributions 	27,243								
c	Net II Iosse	nvestment earnings, gains, and is	833,620	-414,59)4	2,279	,635	1,404,827	,		850,284
d		ts or scholarships									
e	Othe	r expenditures for facilities programs	657,539	438,14	10	513	.263	569,425	5		532,255
f	• Admi	nistrative expenses					_		+		
g		of year balance	12,299,469	12,096,13	19	12,948	.873	11,182,501	-	10	0,347,099
2	Provi	، de the estimated percentage of the	current year end balanc	e (line 1g, c	olumn (a)) held as	 }				
а	Board	I designated or quasi-endowment ▶	. 100 000 %		•						
b	Perm	anent endowment ▶ 0 %									
c	Temp	orarily restricted endowment > percentages on lines 2a, 2b, and 2c	0 % should equal 100%								
За		here endowment funds not in the po lization by	ssession of the organiza	ation that are	held and	d adminis	stered fo	or the		Yes	No
	(i) un	related organizations				-		[3	Ba(i)		No
	• •	elated organizations				•		[3	a(ii)		No
		es" on 3a(ii), are the related organiz							3b		
4 De la	t VI	ribe in Part XIII the intended uses Land, Buildings, and Equip		dowment fun	15						
FOI	CAT	Complete if the organization		rm 990, Pa	rt IV, lır	ne 11a.9	See For	m 990, Part	X, lır	ne 10.	
		Description of property		Cost or	other basis stment)	Cost or o	b) ther basis her)	Accumula	ed		ok value
1a	Land			.		1	•				
	Buildin										
c	Leasel	nold improvements									
d	Equipn	nent					265,363	26	5,363		0

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

	(Form 990) 2015			Page 3
Part VII	Investments—Other Securities. C	omplete if the org	anızatıon answered 'Ye	es' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or catego	гу	(b)Book value	(c)Method of valuation
	(including name of security)	•		Cost or end-of-year market value
	al derivatives -held equity interests			
(3)Other	-nera equity interests			
	nn (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 9	90. Part IV. line 11c.c.	on Form 000 Book V line 12
	(a) Description of investment		(b) Book value	(c) Method of valuation
	(a) Description of investment		(b) Book Value	Cost or end-of-year market value
				+
	mn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX		<u>tion answered 'Yes' o</u> scription	n Form 990, Part IV, line	(b) Book value
	(a) Des	сприоп		(b) Book value
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line	e 15)		•
Part X	Other Liabilities. Complete if the or	ganization answer	ed 'Yes' on Form 990,	Part IV, line 11e or 11f.
	See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book valu	ıe	
Fodoralung	omo tavos			
Federal inc	one taxes			
due to affili	ates	6,444	,693	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	▶ 6,444	,693	
	for uncertain tax positions. In Part XIII. prov			's financial statements that reports the

	and by (commission) and commission a		rage 1
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Retu	r n
1	Total revenue, gains, and other support per audited financial statements	1	6,459,790
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -50,95	5	
b	Donated services and use of facilities	1	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d		-50,955
3	Subtract line 2e from line 1	3	6,510,745
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b -193,04	2	
c	Add lines 4a and 4b	4c	-193,042
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,317,703
Part	Reconciliation of Expenses per Audited Financial Statements With Expens	es per Rei	urn.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1 1	
1	Total expenses and losses per audited financial statements	1	2,995,987
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments	_	
c	Other losses	_	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	296,261
3	Subtract line 2e from line 1	3	2,699,726
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII)............. <mark>4b</mark>		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,699,726
Dow	• VIII Cumplemental Information		
	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and : V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part		ny additional
	rmation	to provide di	ry daditional
	Return Reference Explanation		
See A	dditional Data Table		

Page 5	chedule D (Form 990) 2015		
	ormation <i>(continued)</i>	Part XIII Supplemental Informa	
	Explanation	Return Reference	
	I.		

Additional Data

Software ID: Software Version:

EIN: 52-1300485

Name: ASAE Foundation

Supplemental Information

Return Reference

Explanation

Part V, Line 4

This is a board-designated fund, the corpus of which is to remain intact, and the investme nt income used for research benefiting the association community. The guidelines for the spending of Endowment funds in support of research in any budget year shall be recommended by the Investment Advisor and presented to the Investment Subcommittee for discussion base don portfolio returns as of December 31st for the three years prior to the upcoming budge tyear. The recommendation will be made prior to preparation of the budget, which will be proposed based on the anticipated program of work for the upcoming year and the recommended dispending guidance. The board will approve the spending guidance and budget together as part of the annual budget approval process. It is anticipated that the annual recommendation in would fall in the range of 3-6%, with an expectation of 4-4.5%

Supplemental Information					
Return Reference	Explanation				
Part XI, Line 4b - Other Adjustments	PASS-THROUGH INCOME FROM K-1S 103,219 special event expense -296,261				

•

Supplemental Information				
Return Reference	Explanation			
Part XII, Line 2d - Other Adjustments	special event expense 296,261			

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DLN: 93493195001107

OMB No 1545-0047

2015

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

Open to Public Inspection

Employer identification number

ASA	AE Foundation							
_							52-1300485	
Pa		ctivities.Comple ers are not requir			ation answered "Yes' his part.	' on Form	1 990, Part IV	/, line 17.
1	Indicate whether the orga	anızatıon raısed fund	ds throug	n any of th	ne following activities C	heck all ti	hat apply	
а	Mail solicitations				e Solicitation of r	on-goverr	nment grants	
b	☐ Internet and email so	olicitations			f Solicitation of g	jovernmen	t grants	
c	Phone solicitations				g Special fundrais	sıng event	S	
d	In-person solicitatio	ns						
2a	Did the organization have or key employees listed i services?	e a written or oral ag n Form 990, Part V	reement II) or ent	with any ii ity in coni	ndıvıdual (ıncludıng offic nection with professiona	ers, direc al fundraisi		es No
b	If "Yes," list the ten high to be compensated at le	nest paid individuals ast \$5,000 by the o	or entiti rganizati	es (fundra on	isers) pursuant to agre	ements un	der which the f	undraiser is
	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to stained by) ser listed in sol (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tot	al			>				
3	List all states in which the registration or licensing	organization is regis	stered or	licensed t	to solicit contributions (or has bee	n notified it is e	exempt from

Cat No 50083H

Part Fundraising Event

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	receipts greater than \$5,000	(a)Event #1	(b) Event #2	(c)O ther events	(d)		
		The Classic (event type)	Annual Mtg Golf Tournament (event type)	(total number)	Total events (add col (a) through col (c))		
Reversie	1 Gross receipts	371,550 170,825	117,515	223,640	712,705		
	3 Gross income (line 1 minus			·			
	line 2)	200,725	102,888	131,839	435,452		
	4 Cash prizes						
	5 Noncash prizes		10,044	11,384	21,428		
ses	6 Rent/facility costs		10,412	33,211	43,623		
Expenses	7 Food and beverages 8 Entertainment		5,251	48,694	53,945		
ភ ក	9 Other direct expenses	13,050	58,918	1,400	1,400		
Direct	10 Direct expense summary Add lines	,	·		296,261		
	11 Net income summary Subtract line 1				139,191		
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on		
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))		
<u></u>	1 Gross revenue						
Expenses	2 Cash prizes						
	3 Noncash prizes						
Direct	4 Rent/facility costs						
<u> </u>	5 Other direct expenses						
	6 Volunteer labor	☐ Yes% ☐ No		☐ Yes% ☐ No			
	7 Direct expense summary Add lines 2 through 5 in column (d)						
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)				
9 a	Enter the state(s) in which the organiza Is the organization licensed to conduct				Yes No		
b	If "No," explain						
10a	Were any of the organization's gaming l	censes revoked, susper	nded or terminated during	the tax year?	Yes No		
b	If "Yes," explain						

Sche	dule G (Form 990 or 990-EZ) 2	015		Page		
11	Does the organization conduct	gaming activities with nonmem	bers?	∀ es N o		
12	Is the organization a grantor, b	peneficiary or trustee of a trust o	or a member of a partnership or other	entity entity		
	formed to administer charitable	e gamıng?		Yes No		
13	Indicate the percentage of gam	ning activity conducted in				
а	The organization's facility			13a %		
b	An outside facility			13b %		
14	Enter the name and address of	the person who prepares the or	ganızatıon's gamıng/specıal events b	books and records		
	Name ▶					
	Address ►					
15a			hom the organization receives gami			
	revenue?			Yes No		
b	If "Yes," enter the amount of g	aming revenue received by the	organization 🕨 \$	and the		
	amount of gaming revenue reta	nined by the third party $ hildsymbol{ hinspace}$ \$				
c	If "Yes," enter name and addre	ess of the third party				
	Name ▶					
	Address ▶					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation	n ▶ \$				
	Description of services provide	ed				
	Director/officer	Employee	☐ Independent contracto	r		
17	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license	e?		⊤Yes		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent					
		pt activities during the tax year	· =			
Par		10b, 15b, 15c, 16, and 17b,	anations required by Part I, line as applicable. Also complete th			
		(5555557.				

efile GRAPHIC print - DO NOT PROCESS DLN: 93493195001107 As Filed Data -OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number ASAE Foundation 52-1300485 General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 52-1300485

Name: ASAE Foundation

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAFSA Association of International Educators 1307 New York Ave NW 8th Floor Washington, DC 20005	13-1878953	501(c)(3)	10,000				Program Support
Organ Donation & Transplantation Alliance 8500 Leesburg Pike Suite 300 Vienna,VA 22182	56-2605747	501(c)(3)	10,000				Program Support
Sports Turf Managers Association 805 New Hampshire Ave Suite E Lawrence, KS 66044	74-2398195	501(c)(6)	10,000				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section (d) A mount of cash organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Program Support

501(c)(3) 10.000 The Endocrine Society 73-0531256

2055 L Street NW Suite 600 Washington, DC 20036

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DLN: 93493195001107

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

2015

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization ASAE Foundation 52-1300485 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes 40 Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Yes Any related organization? 5b Yes If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Yes Any related organization? 6b Yes If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

Νo

Selledales (Form 550) 2015					r age 🕳			
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.							
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·				
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in						
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported						
		Base Bonus & incentive	Bonus & incentive Other reportable	Bonus & incentive Other reportable	Bonus & incentive Other reportable	Other reportable	Other reportable	Other reportable	Other reportable C	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990						

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Part I. Line 3 THE FOUNDATION'S CEO IS ALSO CEO OF, AND AN EMPLOYEE OF, THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, A RELATED SECTION 501(C)(6) ORGANIZATION ACCORDINGLY, HIS COMPENSATION, WHILE DETERMINED BY ASAE, TAKES INTO ACCOUNT BOTH ASAE AND THE FOUNDATION'S MISSIONS AND GOALS THE ASAE & THE FOUNDATION COMPENSATION PROGRAM IS TARGETED TO PROVIDE COMPETITIVE TOTAL COMPENSATION LEVELS (INCLUDING BOTH ANNUAL CASH COMPENSATION AND SUPPLEMENTAL BENEFITS) FOR HIGHLY COMPETITIVE PERFORMANCE COMPENSATION IS BENCHMARKED AGAINST DATA DEVELOPED BY INDEPENDENT CONSULTANTS USING SURVEYS COMPRISED OF ORGANIZATIONS WITH SIMILAR INDIVIDUAL MEMBERSHIP AND GENERAL NON-PROFIT ORGANIZATIONS, BOTH REGIONAL AND NATIONAL THESE ORGANIZATIONS ARE SIMILAR TO ASAE & THE FOUNDATION IN MAGNITUDE, COMPLEXITY, AND SCOPE OF RESPONSIBILITY, AND THEY ARE REPRESENTATIVE OF THE VARIOUS MARKETS IN WHICH ASAE & THE ${\sf FOUNDATION}$ COMPETE FOR TALENT TOTAL CASH COMPENSATION IS TARGETED AT THE COMPETITIVE RANGE OF 85% - 115% OF THE 75TH PERCENTILE OF DEVELOPED MARKET RATES, DEPENDING ON TENURE AND EXPERIENCE OF THE CEO CONSISTENT WITH THIS STRATEGY, THE FOLLOWING PRINCIPLES PROVIDE A FRAMEWORK FOR ASAE & THE FOUNDATION'S EXECUTIVE COMPENSATION PROGRAM -- TOTAL ANNUAL CASH COMPENSATION (CONSISTING OF BASE PAY AND A VARIABLE, AT-RISK INCENTIVE) IS POSITIONED AT 85% -115% OF THE 75TH PERCENTILE OF DEVELOPED MARKET RATES, -- THE MIX OF TOTAL COMPENSATION ELEMENTS WILL REFLECT COMPETITIVE MARKET REQUIREMENTS AND STRATEGIC BUSINESS NEEDS, -- COMPENSATION IS LINKED TO BOTH QUALITATIVE AND

BEHAVIORAL EXPECTATIONS, AND KEY OPERATIONAL AND STRATEGIC METRICS, AND -- COMPENSATION WILL BE DIFFERENTIATED ON THE FOLLOWING BASIS BASE PAY - ON RELATIVE RESPONSIBILITY, ANNUAL INCENTIVES - ON PERFORMANCE, AND SUPPLEMENTAL BENEFITS - ON LONG-TERM PERFORMANCE BASE PAY -- DETERMINED BY INDIVIDUAL PERFORMANCE AND COMPARISONS TO SIMILAR POSITIONS IN INDIVIDUAL MEMBERSHIP AND GENERAL NON-PROFIT ORGANIZATIONS PAY IS ESTABLISHED BASED ON JOB

PRACTICE AND VARIOUS OTHER QUALITATIVE AND QUANTITATIVE PERFORMANCE FACTORS JOHN GRAHAM IV, SERP CONTRIBUTION \$250,000 (VIA RELATED ORGANIZATION ASAE)

Part I, Line 4b Part I. Line 5 THE FOUNDATION'S CEO IS ALSO CEO OF THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, A RELATED SECTION 501(C)(6) ORGANIZATION THE CEO'S COMPENSATION, ACCORDINGLY, IS DETERMINED THROUGH A PROCESS CONDUCTED BY ASAE THAT PROCESS AS MERELY ONE FACTOR WITH REGARD TO OVERALL PERFORMANCE Part I, Line 6

EARNINGS ARE UTILIZED AS MERELY ONE FACTOR WITH REGARD TO OVERALL PERFORMANCE

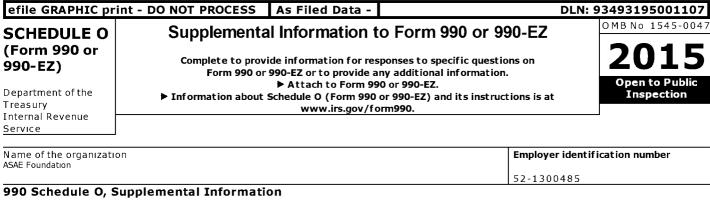
IS AS FOLLOWS THE CEO'S ANNUAL INCENTIVE AMOUNT IS DETERMINED BASED ON THE MARKET PRACTICES OF THE COMPARABLE GROUP AS DESCRIBED IN THE ANSWER (ON ASAE'S FORM 990) TO PART VI, QUESTION 15 THE ANNUAL INCENTIVE AWARD IS BASED ON THE ACHIEVEMENT OF PREDETERMINED FINANCIAL, STRATEGIC, BUSINESS, AND INDIVIDUAL GOALS OF BOTH ASAE AND THE FOUNDATION THE PRIMARY QUANTITATIVE FACTORS REVIEWED BY THE BOARD OF DIRECTORS INCLUDE AS FINANCIAL MEASURES NET INCOME, REVENUE, TOTAL MEMBERSHIP, AND ACHIEVEMENT OF OTHER BOARD PRIORITIES AS DEFINED EACH YEAR BY THE BOARD OF DIRECTORS ANNUAL INCENTIVE PAY IS NOT DETERMINED AS A SPECIFIC PERCENTAGE OF REVENUES, RATHER, REVENUES ARE UTILIZED THE FOUNDATION'S CEO IS ALSO CEO OF THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, A RELATED SECTION 501(C)(6) ORGANIZATION THE CEO'S CONTINGENT COMPENSATION, ACCORDINGLY, IS DETERMINED THROUGH A PROCESS CONDUCTED BY ASAE ITHAT PROCESS IS AS FOLLOWS. THE CEO'S TARGET ANNUAL INCENTIVE AMOUNT IS DETERMINED BASED ON THE MARKET PRACTICES OF THE COMPARABLE GROUP AS DESCRIBED IN THE ANSWER (ON ASAE'S FORM 990) TO PART VI, QUESTION 15 THE ANNUAL INCENTIVE AWARD IS BASED ON THE ACHIEVEMENT OF PREDETERMINED FINANCIAL, STRATEGIC, BUSINESS, AND INDIVIDUAL GOALS OF BOTH ASAE AND THE FOUNDATION THE PRIMARY QUANTITATIVE FACTORS REVIEWED BY THE BOARD OF DIRECTORS INCLUDE AS FINANCIAL

RESPONSIBILITY, LEVEL OF EXPERIENCE, INDIVIDUAL CONTRIBUTION TO THE BUSINESS, ANALYSES OF COMPETITIVE INDUSTRY

Software ID: **Software Version:**

> **EIN:** 52-1300485 Name: ASAE Foundation

Form 990, Schedule J,	Part	II - Officers, Direc	tors, Trustees, Ke	ey Employees, an	d Highest Compen	sated Employees	5	
(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	I	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
			(ii) Bonus & Incentive compensation	(iii) O ther reportable compensation	compensation	belletits	(6)(1) (6)	reported as deferred on prior Form 990
1JOHN GRAHAM IV President & CEO, ASAE	(1)	0	0	0	0	0	0	0
,	(11)	732,347	171,020	174,346	272,213			0
1HEIDI ROBEY	(1)	12,950	2 202	4 202	2 2 4 0	61,967	1,411,893	
VP of Finance & CFO, ASAE	` '		2,393	1,202	2,210	611	19,366	
	(11)	163,640	30,237	15,183	27,926	- 7,718	- 244,704	0
2 SUSAN ROBERTSON President, ASAE Foundation	(1)	151,040	40,660	9,652	17,293	16,917	235,562	0
	(11)	226,561	60,990	14,479	25,939	25,376	353,345	0
3ROBERT SKELTON Chief Administrative Officer,	(1)	13,463	1,970	480	2,239	1,837	19,989	0
ASAE	(11)	188,478	27,580	6,721	31,340			0
4REGINALD HENRY		10.272				25,716		
Chief Information Officer,	(1)	19,272	2,322	186	2,479	2,861	27,120	0
ASAE	(11)	187,211	22,558	1,806	24,077	- 27,797	_ 263,449	0
JOHN ROBERT EDWARD LEE 5IV	(1)	8,728	1,072	106	1,132	359		0
Chief Marketing & Comm Officer, ASAE	(11)	178,296	21,908	2,169	23,115	7,325	232,813	0
6 SHARON MOSS Chief Research Officer, asae	(1)	122,817	16,668	14,735	18,383	14,863	187,466	0
	(11)	13,646	1,852	1,637	2,043	1,651	20,829	0
7AMY LEDOUX Sr VP, Meetings &	(1)	9,581	1,117	128	1,289	347	12,462	0
Expositions, ASAE	(11)	150,109	17,503	2,000	20,195	- - 5,439	195,246	0
8STEPHEN PEELER VP, Development, ASAE	(1)	132,119	5,010	1,756	17,499	10,928	167,312	0
foundation	(11)	0	0	0	0			0
9PAMELA TROOP Director, Meetings Oper &	(1)	4,587	219	41	627	1,054	6,528	0
Special Ev	(11)	110,097	5,251	984	15,060		-	0
10KEITH SKILLMAN VP, Publishing, ASAE	(1)	26,486	1,186	130	3,667	25,297 8,594	156,689 40,063	0
vi , rublishing, ASAE	(11)	80,889	3,624	396	11,200			0
						26,246	122,355	



Return Reference	Explanation
,	ASAE has an executive committee, which consists of the officers of ASAE and the Chairman of ASAE Business Services, lnc. It may act in the place of the board of directors when authority is designated by the board or in emergency matters where
line 1	executive committee action is temporary and subject to ratification by the board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Foundation directors other than ex-officio Directors are nominated by the Leadership Committee of the American Society of Association Executives (ASAE) and elected by the Board of Directors of ASAE

Return Reference	Explanation
· ·	The approval of the American Society of Association Executives (ASAE) Board of Directors is required, should The Foundation wish to separate from ASAE or take major steps toward such separation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The 990 returns are prepared by the 3rd party preparer working with the CFO and Director of Finance. Once the CFO is comfortable with the completeness and accuracy of the document, it is provided to the CEO for review, and is uploaded into a secure restricted software application that is used to distribute board materials for a period of not less than 5 days prior to filing. Board members are notified that this document is available, for how long and when the return will be filed. The return will be filed as presented if no further adjustments are warranted. The board will receive notification of any additional changes prior to filing. The return is then signed by the CEO and filed appropriately.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Each Board Member and Executive Staff Member is required to annually complete and submit a Disclosure Form detailing any such 'other interests'. The individual also must update the Disclosure Form if any material changes or additions to the submitted information arise of uring the course of the year. A checklist is maintained and follow up is done until all forms are returned. Once all forms are received, the CEO reviews the disclosures. Any affirm ative response deemed unusual or which may appear to constitute an actual, potential or apparent conflict of interest is referred to the Audit committee for determination. The Audit Committee may seek the guidance of counsel and make such determination without the presence of the individual whose involvement in such transaction or relationship is under consideration. The Audit Committee may conclude that this determination should be made by the full Board of Directors of ASAE, The Foundation, or ABSI, and the matter shall be referred to the appropriate Board (with or without a recommendation from the Audit Committee) for it is consideration, deliberation and resolution, with the assistance of legal counsel and without the presence of the individual whose involvement in such transaction or relationship is under consideration. The appropriate Board shall have final authority over the resolution of all conflict of interest matters involving the members of such Board. If the Audit Committee believes that a particular relationship or transaction may represent an actual, potential or apparent conflict of interest, it shall first request additional information from the individual in question detailing the nature of the relationship or transaction. When evaluating whether a particular transaction or relationship constitutes an actual, potential or apparent conflict of interest, the Audit Committee shall consider the following (non-exhaustive) factorsAbusing one's role for personal or third-party gain or pleasure (including, but not limited to, the solicitation or accepta

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	tential or apparent conflict as unlikely to affect the individual's ability to act in the best interests of the organization, (2) Determine that the individual should be recused from all deliberations and decision-making related to the particular transaction which gives rise to the actual, potential or apparent conflict. This resolution should apply particul arry when the transaction or relationship is one that presents a conflict only with respect to one or two discrete programs or activities. For example, if an individual Board member ralso works for a company that produces an educational program that competes with one or two discrete programs of ASAE. The Foundation, or ABSI, the Audit Committee or relevant Bo ard may determine that the Board member should be recused from all deliberations and voting related to such program(s) (both at the outset and on an ongoing basis), but that the Bo ard member need not resign his/her seat on the Board. (3) Determine that the individual must resign from his/her service to ASAE, The Foundation, or ABSI because the actual, potential or apparent conflict is so pervasive that the individual would seldom, if ever, likely be able to act in the best interests of the organization. For example, if an individual B oard member also works for a company that produces educational programs that compete with most of the educational programs of The Foundation, the Audit Committee or Foundation Board may determine that the individual should resign from the Foundation Board. (4) The special procedure below is applicable to all instances in which a individual for the individual's family) seeks to provide goods or services to ASAE, The Foundation, or ABSI as a paid vendor, or seeks to receive a significant grant or contract from one of the three organizations. This procedure shall not apply to pre-existing relationships with individuals that previously have been disclose to the applicable Chairman in advance of any related action to be taken by the Board his/her intent to seek to provide goo

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c	pation of the individual) that the transaction is fair and in the best interests of ASAE, The Foundation, or ABSI based on all of the facts and circumstances, and such determination (including the fact that it was made in the absence of the individual) shall be documented as part of the relevant meeting minutes (all competing bids received shall be retained as well), and (e) If selected, the individual may not participate in any process by which his/her performance as a vendor / grant or contract recipient is evaluated

Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15a	The Foundation is staffed by ASAE employees ASAE's compensation policy is defined in its board policy manual, and consists of the following. President & CEO Performance Evaluation and Compensation. This responsibility is vested with the ASAE Board of Directors. The ASA E Board of Directors is charged with ensuring that the annual evaluation is conducted and compensation established. A Compensation Committee consisting of the immediate Past Chairm an of the Board, Chairman of the Board, the secretary/treasurer, and Chairman-Elect will recommend compensation levels to the ASAE Board of Directors. In addition, the President and CEO's annual objectives are approved by the ASAE Board of Directors. It is these agreed upon objectives that are used to evaluate performance each year CEO Compensation Philosophy. The compensation package, view ed as a whole, should promote performance-based results. I inked to the achievement of ASAE & The Foundation's mission and strategic goals. The compensation program should encourage an entrepreneurial and member service environment in coll aboration with the volunteer leadership to determine, guide, and oversee the execution of ASAE & The Foundation's strategic goals and mission. Given the unique set of skills needed to accomplish the mission and goals set forth above, the total compensation direct and indirect should be targeted above the market median, yet be demonstrably reasonable re lative to the total compensation offered by organizations comparable to ASAE & The Foundation The compensation philosophy should be reviewed periodically to ensure that it continues to be aligned with ASAEs strategic direction and financial limits and continues to be both reasonable and compensation Practices. The ASAE & The Foundation compensation program is targeted to provide competitive total compensation Practices. The ASAE & The Foundation compensation and supplemental benefits) for highly competitive total compensation is benchmarked against data developed by independent consultants usi

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	to both qualitative and behavioral expectations, and key operational and strategic metrics, and Compensation will be differentiated on the following basis base pay - on relative responsibility, annual incentives - on performance, and supplemental benefits - on long-term performance Base pay determined by individual performance and comparisons to similar positions in individual membership and general non-profit organizations. Pay is established based on job responsibility, level of experience, individual contribution to the bus iness, analyses of competitive industry practice and various other qualitative and quantit ative performance factors. Annual incentive the target annual incentive amount is deter mined based on the market practices of the comparator group as described above. The annual incentive award is based on the achievement of predetermined financial, strategic, business, and individual goals. The primary quantitative factors reviewed by the Board of Director ors include as financial measures net income, revenue, total membership and achievement of other Board priorities as defined each year by the Board of Directors. Among the qualitative factors evaluated by the Board of Directors are progress in the achievement of the organization's short-term and long-term business goals, member satisfaction, and the effective management of ASAE & The Foundation and its human resources. Supplemental Benefits Un der the Supplemental Benefits Pan, the Board of Directors grants deferred salary and supplemental income arrangements, benefits and perquisites subject to individual long-term per formance. These awards and supplemental benefits are provided in line with competitive practices of the comparator group. The objectives for these awards are to closely align execu tive interests with the longer-term interests of stakeholders and to retain the skills critical to the future success of ASAE & The Foundation

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	zational needs Each grade has a minimum, which is the lowest recommended salary to be offered to an individual who meets the minimum qualifications of the position, a midpoint, representing the salary at which a fully qualified and experienced staff member who satisfactorily performs all the specifications of a position is paid within the marketplace, and a maximum, which is the upper limit of the salary range. A third party is engaged periodically to review the compensation package of the Executive Staff and/or full staff relative to base compensation, bonus and incentive programs comparative to market Salary Budget and Guidelines - ASAEs annual salary budget is developed annually in order to allocate moines needed to maintain staff member salaries at competitive levels, subject to budgetary limitations. An annual merit pool is developed and approved as part of the budget cycle. The Chief Administrative Officer is responsible for the administration of the program, and all increases are subject to the approval of the CEO.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Some governing documents are available on the wiebsite - Foundation Bylaw's, Strategic Framework - what wie do and our promise, Code of Conduct and Board Contact information. The Conflict of Interest Policy is currently not posted, but provided as a sample document upon request. Public inspection copies of the 990 are provided upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	RESEARCH Program service expenses 128,562 Management and general expenses 0 Fundraising expenses 0 Total expenses 128,562 PEER REVIEW Program service expenses 47,212 Management and general expenses 0 Fundraising expenses 0 Total expenses 47,212 GOVERNANCE Program service expenses 29,750 Management and general expenses 0 Fundraising expenses 0 Total expenses 29,750 MEMBERSHIP Program service expenses 23,000 Management and general expenses 0 Fundraising expenses 0 Total expenses 23,000 KNOWLEDGE MANAGEMENT Program service expenses 30,756 Management and general expenses 0 Fundraising expenses 0 Total expenses 30,756 OTHER PROFESSIONAL FEES Program service expenses 134,500 Management and general expenses 0 Fundraising expenses 3,741 Total expenses 138,241

990 Schedule O, Supplemental Information

Evaluation

Return Reference	Explanation	
Form 990, Part	PASS-THROUGH INCOME FROM K-1S -103,219	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2C	The audit oversight process has remained unchanged from the prior year

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related Or

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

DLN: 93493195001107OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990)

► Attach to Form 990.

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

ASAE Foundation				52-13004	185			
Part I Identification of Disregarded Entities Comple	te if the organization a	answered "Yes" or	n Form 990, Pa	-				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	С	(f) Direct controlling entity		
The stiffication of Polated Tay Everyth Occasion	This are Complete if the		awarad Wasii	000 Pa	and TV /	line 24 hospitas iti	had on	
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	r ations Complete if th ne tax year.	e organization ans	swerea "Yes"	on Form 990, Pa	art IV, I	line 34 because it	nad one	2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction Public charity (if section 501		(f) Direct controlling entity	Section (13) co	g) n 512(b) ontrolled tity?
							Yes	No
(1)AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES 1575 I ST NW WASHINGTON, DC 20005	membership organization and voice of the association profession	DC	501(c)(6)					No
53-0026940								
							\bot	
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							+	_
							+	

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal domicile (state or foreign	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	alloca) ortionate ations?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	aging tner?	(k) Percentage ownership
							Yes	No		Yes	No	1		
(1) 1575 EYE STREET ASSOCIATES LP 1575 EYE STREET NW WASHINGTON, DC 20005 52-1083648	RENTAL OF HEADQUARTERS BUILDING	DC	N/A									L		
(2) ASAE Real Estate LLC	Real Estate Broker	DC	N/A											
1575 EYE STREET NW WASHINGTON, DC 20005 46-1358619														
												i		
												l		
												l		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	l3) illed
				C				Yes	No
ASAE BUSINESS SERVICES (1)INC	insurance and other services	DC	N/A	lc					No
1575 eye street nw washington, DC 20005 52-1066386									
(2) ASAE INSURANCE COMPANY	INsurance and other services	DC	N/A	C					No
1575 eye street nw Washington, DC 20005 03-0335958									
							Cahadula D / Farm	000\ 3	

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

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
С	Gift, grant, or capital contribution from related organization(s)	1 c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g	Yes	
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1 s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

	, ,	•	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ASAE Business Services Inc	Q	47,947	overhead reimbursement
2)AM SOCIETY OF ASSN EXECUTIVES	Р	4,174,000	overhead reimbursement
3)Am SOCIETY OF ASSN EXECUTIVES	С	3,071,950	Contribution & Charitable Match
(4)am society of assn executives	G	751,440	3rd party valuation
(5)ASAE INSURANCE COMPANY	С	68,000	CONTRIBUTION

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

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

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

