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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 www irs.gov/form990

2015 Open to Public Inspection

OMB No 1545 0047

A	For the 2015	calendar year, or tax year beginning 10/01/15, and ending 09/30/16								
В	Check if applicable	C Name of organization	D Er	mployer identifica	tion number					
	Address change	FAIRVIEW FOUNDATION								
	Name change	Doing business as		6-3632 <u>0</u>	69					
	Initial return	Number and street (or P O box if mail is not delivered to street address) Room/s 210 VILLAGE DRIVE		elephone number 30-769-	6000					
	Final return/	City or town state or province country and ZIP or foreign postal code		30 703	0000					
	terminated	DOWNERS GROVE IL 60516	G G	ross receipts \$	53,176					
	Amended return	F Name and address of principal officer		ioss receipis a						
	Application pending		Is this a group retu	urn for subordinates	? Yes X No					
) Are all subordinat	tes included?	Yes No					
		WHEATON IL 60189	If "No ' attact	h a list (see instruc	tions)					
	Tax-exempt status	77								
J) Group exemption	number -						
ĸ	Form of organizatio		1.00		of legal domicile II					
F		ummary		•						
		escribe the organization's mission or most significant activities								
Φ	1	SCHEDULE O								
Š										
rua										
Š	2 Charles									
တိ	2 Check t	3	net assets	3 7						
≪ ಶ		of voting members of the governing body (Part VI, line 1a)								
Activities & Governance		of independent voting members of the governing body (Part VI, line 1b)		4 7						
Ę	5 Total nu	mber of individuals employed in calendar year 2015 (Part V, line 2a)	ļ	5 0						
Act	6 Total nu	mber of volunteers (estimate if necessary)	ļ	6 0	1.00					
	7a Total un	related business revenue from Part VIII, column (C), line 12	į	7a	0					
	b Net unre	elated business taxable income from Form 990-T, line 34	[7b	0					
Φ.			Prior Year		Current Year					
	8 Contribu	itions and grants (Part VIII, line 1h)	41,4	445	8,739					
Ž	9 Progran	n service revenue (Part VIII, line 2g)			0					
Revenue	1	ent income (Part VIII, column (A), lines 3, 4, and 7d)	-57,8	803	44,437					
ď	ŀ	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			, o					
•	1	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-16,3	358	53,176					
<u>; </u>	· · · · · · · · · · · · · · · · · · ·	and similar amounts paid (Part IX, column (A) lines 1-3)		500	3,983					
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0,755					
	15 Salaras	sther components a maleuse heapfit (Part IX, column (A), line (4)	42,5	584	40,159					
y Ses	15 Salaries	, other compensation, employee benefits (Part-IX, column (A), lines (\$) 10)		304	40,133					
xpenses	1	onal fundraising fees (Part IX, column (Å), line 11e) 9 2016 odraising expenses (Part IX, column (D) line 25)								
ĔŻ.		ndraising expenses (Part IX, column (D) time 25).		030	6 270					
, _		openses (Part IX, column (A), lines 11a-11d (B) (Park)		032	6,378					
Þ		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	48,1		50,520					
)	19 Revenu	e less expenses Subtract line 18 from line 12	-64,4		2,656					
5 6			ning of Current \		End of Year					
Sset	20 lotalas	sets (Part X, line 16)	1,100,5		833,883					
Net Assets or Fund Balances	21 Total lia	pilities (Part X, line 26)	230,8		-38,452					
		ets or fund balances Subtract line 21 from line 20	869,6	679	<u>872,335</u>					
<u>_P</u>	art II S	ignature Blocky								
		perjury. I declare that I have examined this return, including accompanying schedules and statements, and to		knowledge and t	pelief it is					
tru	ue, correct, and c	omplete Department of which preparer has any kno	wledge		1					
		- partito		[2//-	3/2016					
Sig	gn 📗	Signature of officer		Date	/					
He	re 📗	DAVID HALL PRESIDENT	${f T}$							
		Type or print name and title	-							
_	Print/Ty	pe preparer's name Preparer's signature	Date	Check if	PTIN					
Pai			11/29/16		P00250488					
Pre	narer	URICELL DERING COMPANY		3.0	3-3849301					
	Only Firms n	8180 S. CASS AVE.	Firm s 8	EIN 7 30	3013301					
	<i>'</i>	DADTEN II COECI EO12		630	-968-8897					
Mar	the IRS discus	ss this return with the preparer shown above? (see instructions)	Phone	no 030						
iviay	rais irvo uiscu:	o uno return with the preparer shown abover (see instructions)			X Yes No					

Form 990 (2015) FAIRVIEW FOUNDATION
Part 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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,	_		37
_	Part III	5		_ <u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		х
7	"Yes," complete Schedule D, Part I	_ 6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
U	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-	-	
J	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Ť		
••	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		l ,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more]	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		j ,	7.7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 -	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	 	
,,,	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	[x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	٠,٠	 -	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	٠.٠	 	
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 	 	<u> </u>
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	}	x
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		х
			m 99	0 (2015)

Form 990 (2015) FAIRVIEW FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ <u>x</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		_ <u>X</u> _
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 2º If "Yes," complete Schedule I, Parts I and III	22	i	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		j	
	employees? If "Yes," complete Schedule J	23	l	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	Ì		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1	}	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		ĺ	
	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			
		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ŀ	
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	<u> </u>	-	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ĺ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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.	ŀ		
	Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
			990	1.0046

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		j	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			Į	ĺ
	reportable gaming (gambling) winnings to prize winners?		1c	<u> </u>	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	- {	ł	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•	2b	<u> </u>	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- {	ļ	į
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.	nority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial	1		
_	account)?		4a	ļ	X
þ	If "Yes," enter the name of the foreign country		- [ĺ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acci	ounts	-	}	
_	(FBAR)		_		3,5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12	5b_	 	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	-	 -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			}	x
h	organization solicit any contributions that were not tax deductible as charitable contributions?		_6a	 	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	OI .	6b	1	1
7	Organizations that may receive deductible contributions under section 170(c).		100		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	de			
•	and services provided to the payor?	us	7a	1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		·	ľ	<u> </u>
	required to file Form 8282?		7c	ļ	ļ
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7a			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	act?	7e	}	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	i file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained to	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				1
a	Did the sponsoring organization make any taxable distributions under section 4966?		<u>9</u> a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	<u> </u>	ļ
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter				ĺ
а	Gross income from members or shareholders	11a		ļ	ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources				İ
	against amounts due or received from them)	[11b]		1	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1 1	12a		 -
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		42-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note. See the instructions for additional information the organization must report on Schedule O			1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	136			
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c	\dashv		
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	 	х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	1	†
	notice all explanation in concedir contraction in concedir co				

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 7 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a 11a 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 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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 Section C. Disclosure IL 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 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 State the name, address, and telephone number of the person who possesses the organization's books and records > 20 DAVID HALL 210 VILLAGE DRIVE

IL 60516

DOWNERS GROVE

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (E) (F) (B) (C) (D) Estimated Name and Title Average Position Reportable Reportable hours per (do not check more than one compensation compensation from amount of box unless person is both an from related other week compensation (list any officer and a director/trustee) the organizations (W-2/1099-MISC) from the hours for organization Highest nstitutional trustee (W-2/1099-MISC) organization related nployee lividual trustee director and related organizations employee below dotted organizations compensated (1) DOUGLAS WALTON 0.00 0.00 X 0 0 0 CHAIRMAN (2) RICHARD BLOOM 0.00 X 0 0 VICE-CHAIRMAN 0.00 0 (3) VICTOR BOTH 0.00 X 0 0 0.00 0 SECRETARY/TREASURER (4) GREGORY CARLSON 0.00 0 0 X TRUSTEE/DIRECTOR 0.00 0 (5) DEBRA FREDRICKS 0.00 0 0 0.00 X 0 TRUSTEE/DIRECTOR (6) RODNEY DAHLIN 0.00 TRUSTEE/DIRECTOR 0.00 X 0 0 0 (7) JAMES WHITMAN 0.00 X 0 0.00 0 TRUSTEE/DIRECTOR (8) DAVID HALL 20.00 0 0 0.00 X 40,159 PRESIDENT (9)(10)(11)

(A) Name and title		Average hours per (do not check more than one week (list any officer and a director/trustee hours for					s both	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Est amo o comp	(F) Estimated amount of other compensation from the		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099-MISC)	(44-271039-44130)	orga and	nization related sizations		
											_			
-														
1b c	Sub-total Total from continuation shee	ets to Part VII. S.	ectic	on A				>	40,159					
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (inc	cluding but not lim	iited	to th	ose	listed	d abo	ve)	40,159 who received more than \$1					
3	Did the organization list any for	mer officer, direc	ctor,					oloye	ee, or highest compensated	I		Yes	No X	
4	employee on line 1a? If "Yes," of For any individual listed on line organization and related organi individual	1a, is the sum of zations greater th	repo an \$	ortab 3150,	le co .0001	mpe If "'	ensati Yes,"	con	nplete Schedule J for such		4		x	
5 Secti	Did any person listed on line 1a for services rendered to the org on B. Independent Contractor	anization? If "Ye								dividual	5		х	
1	Complete this table for your five compensation from the organiz	e highest comper ation Report cor (A) business address	sate	d inc	lepe on fo	nder r the	nt con caler	trac ndar	year ending with or within t	n \$100,000 of the organization's tax year (B) tion of services		(C) Compens		
	Name and	Dusiness address			•				Descrip	iton of services		Compens	alion	
														
2	Total number of independent co	ontractors (includ	ıng b	out no	ot lim	uted	to th	ose	listed above) who					
DAA	received more than \$100,000 o	r compensation f	rom	the c	rgar	ıızatı	on 🕨			0		orm 95	0 (2015)	

Part VIII Statement of Revenue

		· Check	if Schedule	O contains	a response of	or note to any line i	n 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
ts ts	1a	Federated can	nnaigns	1a			revenue		312 314
Gran	h	Membership d	=	1b					
	٥	•				į			i
£\$	٦	Fundraising ev		1c					
ons, Gif Sımılar	u	Related organ		1d		1			ĺ
	e	Government grants	· ·	1e		ļ			
e E	,	All other contribution		1 1					†
ξĘ		and similar amounts	s not included above	_1f	8,739				ļ
d t	g		ns included in lines 1a-	1f \$		Ì			
<u>٥</u> ۾	h	Total. Add line	es 1a-1f		<u> </u>	8,739			
ηne					Busn. Code				
š	2a								
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	b								
	С								
	d								
	e					-			
ogu	f	All other progr	am service rever	nue				<u>-</u>	,
₫.	g	Total. Add line	es 2a-2f						
	3		come (including o	lividends, inte	rest,				1
		and other simi	_		>	44,437	44,437		1
	4	Income from ir	nvestment of tax-	exempt bond	proceeds >				
	5	Royalties		•	>				
		,	(i) Real		(ii) Personal				
	6a	Gross rents							
	b								
	C	_							1
	d				•]
		Gross amount from	(i) Securities		(II) Other				
		sales of assets	(1) 0000111103		(II) OLICE				,
	h	other than inventory							
	D	Less cost or other		1					}
	_	basis & sales exps		+					
		` ,	<u> </u>	1		Ì			}
	d	Net gain or (lo		. —	<u> </u>				
e	ва		om fundraising ever	is					ł
en		(not including \$		<u> </u>		\			
Se.			reported on line 1c)						1
Other Revenue		See Part IV, line		a				l	
th l		Less direct ex		b [(
			(loss) from fundi	~ ~~~			· · · · · · · · · · · · · · · · · · ·		
	9a		om gaming activities	s					[
		See Part IV, line	19	a]
		Less direct ex		b		Ì			
	С	Net income or	(loss) from gamı	ng activities					
	10a	Gross sales of	inventory, less	}		İ			
- 1		returns and all	owances	a					‡
	b	Less cost of g	oods sold	b					
[C	Net income or	(loss) from sales	of inventory					
			cellaneous Revenue		Busn Code				
ĺ	11a				T	<u> </u>			
į	b								
	С								
	d	All other reven	ue						
	е	Total. Add line			•				
ļ			. See instruction	s	>	53,176	44,437	0	0

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

	not include amounts reported on lines 6b, 8b, 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	3,983	3,983		
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	40,159			40,159
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11.00.27.1			
10	Payroll taxes				****
11	Fees for services (non-employees)				
а	Management				
b					
С	Accounting	1,675		1,675	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g		·			
•	(A) amount, list line 11g expenses on Schedule O)	4,703		4,703	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	······································			
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	,				- <u> </u>
b					
c					
d			=		
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	50,520	3,983	6,378	40,159
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)	33,320	3,303	3,370	

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
_			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest bearing	58,724	1	22,969
	2	Savings and temporary cash investments	1,041,802	2	810,914
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	ļ	trustees, key employees, and highest compensated employees			
	l	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	ļ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
ets	1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11_	
	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)	1,100,526	16	833,883
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21_	<u> </u>
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities	1	trustees, key employees, highest compensated employees, and			
Lia	22	disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income toy including federal income toy including federal income toy including federal income toy including federal income		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.	230,847	25	-38,452
	26	Total liabilities. Add lines 17 through 25	230,847	26	-38,452
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and	230/31/		
S		complete lines 27 through 29, and lines 33 and 34.			
ũ	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
or Fund Balances	29	Permanently restricted net assets		29	
Ψ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and			
ö		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
455	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income or other funds	869,679	32	872,335
Z	33	Total net assets or fund balances	869,679	33	872,335
	34	Total liabilities and net assets/fund balances	1,100,526	34	833,883
					Form 990 (2015)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

FAIRVIEW FOUNDATION

Employer identification number 36-3632069

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

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

- 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).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.
- Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.
- d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations

g Flovide the follow	ing information about the st	ipported organization(s)				
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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)

Sec	tion A. Public Support				 :		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	44,725	178,997	216,569	41,445	8,739	490,475
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	44,725	178,997	216,569	41,445	8,739	490,475
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4						490,475
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	44,725	178,997	216,569	41,445	8,739	490,475
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,248	121,042	85,777			367,067
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						857,542
12	Gross receipts from related activities, etc. (s					12	44,437
13	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3	3)	
	organization, check this box and stop here						
	tion C. Computation of Public Su	···	-				
14	Public support percentage for 2015 (line 6, c	• •	-	f))		14	57.20%
15	Public support percentage from 2014 Sched					15	61.83%
16a	33 1/3% support test—2015. If the organiz				1/3% or more, chec	k this	. v
	box and stop here. The organization qualific				00.4400/		▶ X
b	33 1/3% support test—2014. If the organiz				s 33 1/3% or more,		
470	check this box and stop here. The organiza			•	4 Ch 4 A		
17a	10% or more and if the propagation most						
	10% or more, and if the organization meets		•		•		
	Part VI how the organization meets the "fact organization		· ·	•			•
b	10%-facts-and-circumstances test—2014					ne	
	15 is 10% or more, and if the organization m				•	h	
	Explain in Part VI how the organization meet	ts the "facts-and-ci	rcumstances" test	ine organization q	jualities as a public	у	
40	supported organization		h 40 40 40	4747	4b b		•
18	Private foundation. If the organization did instructions	not check a box on	шпе 13, 16a, 16b,	1/a, or 1/b, 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	f the organization failed to qualify	under Part II
If the organization fails to quali	fy under the tests listed below	, please complete Part II)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	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 paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	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						1
Sec	tion B. Total Support	L	L	<u></u>	L	L	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(4) 2011	(2) 2012	(0) 2010	(4) 2511	(6) 2010	(1) 10101
10a	Gross income from interest, 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	ļ					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11 and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
Sec	tion C. Computation of Public Su		age				
 15	Public support percentage for 2015 (line 8.	'' -		(f))		15	%
16	Public support percentage from 2014 Sche		*	(**/)		16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2015 (lir			column (f))		17	%
18	Investment income percentage from 2014					18	%
19a	33 1/3% support tests—2015. If the organ	nization did not che	ck the box on line	14, and line 15 is m	ore than 33 1/3%,	and line	
	17 is not more than 33 1/3% check this box		=	•			•
b	33 1/3% support tests—2014. If the organ						
	line 18 is not more than 33 1/3% check this		-		-		•
<u> 20 </u>	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	9b, check this box a	ind see instruction	s	<u> </u>

Page 4

Part IV **Supporting Organizations**

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

<u></u>	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and comp	lete Part V)		
Sect	ion A. All Supporting Organizations			
1	Are all of the eventual and eventual eventual and loted by the eventual and the eventual eventual and the eventual event		Yes	No
'	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			
2	class or purpose, describe the designation. If historic and continuing relationship, explain	 -'-		
2	Did the organization have any supported organization that does not have an IRS determination of status	j		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	١		
22	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20		
h	(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	ا م		
_	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	20		
4	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4.5		
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
þ	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		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1.		
	purposes 0.65% in the control of the	4c	<u></u> -	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			l
	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)	<u>5a</u>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	61.		
	designated in the organization's organizing document?	5b		-
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	İ		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		ļ	Į
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	_		
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		ļ
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 I of Schedule L (Form 990 or 990-EZ)	8		ļ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			<u> </u>
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		ļ	[
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	 	<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	\	ļ	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9 <u>b</u>	<u> </u>	 -
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	_	l	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>	 	<u> </u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes." answer 10b below	10a	 	<u> </u>
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		l .

- - how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more
 - of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- Parent of Supported Organizations Answer (a) and (b) below
 - Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

		Yes	No
			1
	2a		
	2b		
	3a		
	3b		
orr	n 990	or 990-F	7) 2015

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 035 6 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D - Distributions					
1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the organizations	ation is responsive			
	(provide details in Part VI) See instructions	амен на коорония			
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount			 	
	Eine o amount divided by Eine o amount	(i)	(ii)	(iii)	
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015	
1	Distributable amount for 2015 from Section C, line 6		·		
2	Underdistributions, if any, for years prior to 2015	\ \			
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015				
a					
b					
с					
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
	Carryover from 2010 not applied (see instructions)				
i	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2015 from Section				
	D, line 7 \$				
а	Applied to underdistributions of prior years		·		
	Applied to 2015 distributable amount				
	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2015, if			<u> </u>	
•	any Subtract lines 3g and 4a from line 2 (if amount				
6	greater than zero, see instructions)				
O	Remaining underdistributions for 2015 Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions)	- 			
7	Excess distributions carryover to 2016. Add lines 3j				
	and 4c				
<u>8</u>	Breakdown of line 7				
<u>a</u>					
b					
	Excess from 2013		 		
	Excess from 2014			ļ	
۵	Excess from 2015	j i			

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.qov/form990.

2015 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

F	'AIRVIEW FOUNDATION		36-3632069	
P	art I Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F			
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in w	•		
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
_	conferring impermissible private benefit?	• • •	Yes	No
P	art II Conservation Easements. Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check a			_
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land area	
	Protection of natural habitat	Preservation of a certified historic		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservat	tion	
	easement on the last day of the tax year		Held at the End of the Ta	x Yea
а	Total number of conservation easements		2a	_
b	- · ·		2b	-
С		fed in (a)	2c	_
d	Number of conservation easements included in (c) acquired after 8/17/06	` '		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extir	iguished, or terminated by the organization	during the	
	tax year ▶		· ·	
4	Number of states where property subject to conservation easement is loc	cated >		
5	Does the organization have a written policy regarding the periodic monito			
	violations, and enforcement of the conservation easements it holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation ease	ments during the year	
	>	_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservation easement	ts during the year	
	▶\$		-	
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes	No
9	In Part XIII, describe how the organization reports conservation easemen	its in its revenue and expense statement, a	ind	
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descr	ribes the	
	organization's accounting for conservation easements			
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		imilar Assets.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and bala	nce sheet	
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherar	nce of	
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-	eport in its revenue statement and balance	sheet	
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherar	nce of	
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		▶ \$	
2	If the organization received or held works of art, historical treasures, or of	ther similar assets for financial gain, provide	e the	
	following amounts required to be reported under SFAS 116 (ASC 958) re			
а	Revenue included on Form 990, Part VIII, line 1		> \$	
<u>b</u>	Assets included in Form 990, Part X		> \$	

Schedule D (Form 990) 2015 FAIRVIEW FOUNDATION 36-3632069 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (Cord Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)		⊇age 2
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its		ugu .
	illiucu)	
a Public exhibition d Loan or exchange programs		
b Scholarly research e Other		
C Preservation for future generations		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part		
XIII		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar		
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Yes	No
Part IV Escrow and Custodial Arrangements.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on F	orm	
990, Part X, line 21		
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not		
included on Form 990, Part X?	Yes	No
b If "Yes," explain the arrangement in Part XIII and complete the following table		
A	nount	
c Beginning balance		
d Additions during the year		
e Distributions during the year		
f Ending balance		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Yes	No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII		
Part V Endowment Funds.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10	4.15	
	(e) Four years	back
1a Beginning of year balance		
b Contributions		
c Net investment earnings, gains, and losses		
d Grants or scholarships		
e Other expenditures for facilities and		
programs		
f Administrative expenses		
g End of year balance		
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as		
a Board designated or quasi-endowment ► %		
b Permanent endowment ▶ %		
c Temporarily restricted endowment ▶ %		
The percentages on lines 2a, 2b, and 2c should equal 100%		
3a Are there endowment funds not in the possession of the organization that are held and administered for the		
organization by	Yes	No
- '	3a(i)	T
	Ba(ıi)	T^{-}
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	\prod
4 Describe in Part XIII the intended uses of the organization's endowment funds		

Part VI	Land.	Buildinas.	and	Equipment.

Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, line 1	11a See Form 990, P	art X, line 10
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X, colum	n (B), line 10c)		

Schedule D (F	orm,990) 2015 FAIRVIEW FOUNDATION		36-3632069	Page
Part VII	Investments—Other Securities.		o = 000 B	
	Complete if the organization answered "Yes" of			
	(a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)		Cost or end-of-year mar	
(1) Financial		<u> </u>		
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c See Form 990, Part 2	X, line 13
	(a) Description of investment	(b) Book value	(c) Method of value	ation
			Cost or end-of-year man	rket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d See Form 990, Part	X, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		—	
Part X	Other Liabilities.			
raitx	Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990	Part X
	line 25	on rollingso, raitiv, line	The of the occioning	, rait X,
1.	(a) Description of liability	(b) Book value		
		(b) Book value		
	Income taxes	-38,452		
	RED ANNUITY PAYMENTS	-38,452		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 25.)	-38,452		

² Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XIII Supplemental Information.

Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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

Schedule D (Form, 990) 2015 FAIRVIEW FOUNDATION
Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

FAIRVIEW FOUNDATION

Employer identification number 36-3632069

FORM 990 - ORGANIZATION'S MISSION

TO FOSTER, PROMOTE, DEVELOP, ENCOURAGE AND ACCEPT FUNDS FOR THE CONSTRUCTION, BUILDING, REMODELING, SUPPORT, ADMINISTRATION, STAFFING AND ANY OTHER LEGITIMATE PURPOSE OR FUNCTION OF ORGANIZATION UNDER IRS 501(C)(3).

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC