584V626R((()-)	•	•	29-4	9302	7-0-6-7-0-6
Return of Organization of Orga	of the internal Reve	nue Code (exc	ept private found		2015
Information about Form 990	and its instruction	s is at www.in	s.gov/form990.	1607	Open-to Public Inspection
A Fof the 2015 calendar year, or tax year beginning 10/01/1! B Check of applicable: C Name of organization	5 , and ending	09/30/	16	D Employer ide	entification number
Address change Flashpoint Center	c				
Name change Doing business as Number and street (or P O box if mail is not delivered to street addr.			Room/suita	38-350 E Telephone nu	
Intelletin 1700 North Van Dyke Road	·		ROURSUILE		5-4041
Final return/ City or town, state or province, country, and ZIP or foreign postal contemnated					. 200 010
Amended return Bad Axe MI 4841 F Name and address of principal officer.				G Gross receipts	208,010
Application pending Ellen Rothfuss			H(a) Is this a gro	up return for subor	~ ~
135 W. Butler St.	40412			ordinates included distach a list (see	
Bad Axe MI I Tex-exempt status X 501(c)(3) 501(c) () ◀ (Insert no)	48413	527	君 "```	street and face	and determiny
Website: ► N/A	1 1 434/(4)(1)(4	1.	H(c) Group exe	mption number	
Form of organization X Corporation Trust Association Other ▶		! L '	Year of formation	M	State of legal domicile: MI
Part Summary					
Briefly describe the organization's mission or most significant at Provide a support network and counse			interact	ion for	
emotionally impaired individuals	errud cuión	au árorb	Incerace.	ión' ror	
	•				
emotionally impaired individuals Check this box	ions or disposed o	f more than 2	5% of its net ass		· · ·
6 3 Number of voting members of the governing body (Part VI, line	· • • • •			3 3	
 Number of independent voting members of the governing body Total number of individuals employed in calendar year 2015 (Page 1996) 	•		· · · · · · · ·	5 5	
 4 Number of independent voting members of the governing body 5 Total number of individuals employed in calendar year 2015 (Pa 6 Total number of votunteers (estimate if necessary) 				6 (
7a Total unrelated business revenue from Part VIII, column (C), in	e 12			7a	0
b Net unrelated business taxable income from Form 990-T, line 3	4	· · · · · · · · · · · · · · · · · · ·		. 7b	0
8 Contributions and grants (Part VIII, line 1h)		ŀ	Prior Yea	0,657	208,010
9 Program service revenue (Part VIII, line 2g)		}		,,,,,	0
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an					0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, co			320	0,657	208,010
- 1 37 Carate and cimitar amounts and /Dod IV solume /A\ lines 1-2	1				
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 14 Benefits paid to or for members (Part IX, column (A), line 4)					0
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column	·		23:	1,739	0 156,344
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column	nn (A), lines 5~10)	· · · · · ·	23	1,739	0 156,344 0
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ □	nn (A), lines 5~10)	0			0
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_				Form 990 (2015)
e	Total program service expenses ▶	217,918		
	(Expenses \$	including grants of \$) (Revenue \$)
_ d	Other program services (Describe In Sc	hedule O \		
	• • • • • • • • • • • • • • • • • • • •			
	•••••••••••••••••••••••••••••••••••••••			
C	(Code:) (Expenses \$	including gra	nts of \$	s \$)
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Form 990 (2015) Flashpoint Center

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 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 X 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 X 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 98-197 if "Yes," complete Schedule C, X 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 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 X Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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. كسأيين Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c. 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 111 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X <u>11</u>e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X 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 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III

X 36 X

37

32

33

34

35a

35b

Form 990 (2015)

X.

X

X

complete Schedule N. Part II

or IV. and Part V. line 1

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, III,

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

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

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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

197 Note. All Form 990 filers are required to complete Schedule O.

Form	n 990 (2015) Flashpoint Center 38-3503931		Page 5
€ P	Statements Regarding Other IRS Filings and Tax Compilance Check if Schedule O contains a response or note to any line in this Part V		
	1 Sheak it derication of contains a response of note to any line in this rest V .	Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable 1b 0		
c	Old the organization comply with backup withholding rules for reportable payments to vendors and		133
	reportable garning (gambling) winnings to prize winners?	1c	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5		4.23
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	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	
48	,	1 1	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1	1
	account)?	4a	IX
ю	If "Yes," enter the name of the foreign country:	. [38]	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5e 5b	+ 2 -
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		+
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	8ь	
7	Organizations that may receive deductible contributions under section 170(c).	· 500 22	4000
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
	and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	I =
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1
	required to file Form 8282?	. 7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	1000	
Ð	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 71	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	↓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	100 0000
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	, ,	
	sponsoring organization have excess business holdings at any time during the year?	8	S 23.3
a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	+
10	Section 501(c)(7) organizations. Enter		वीरसङ्ख्य
a	Initiation fees and capital contributions included on Part VIII, line 12		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		1
b	Gross income from other sources (Do not net amounts due or paid to other sources		1.88
	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1200000
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	Ι
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which		K
	the organization is licensed to issue qualified health plans		
C	Enter the amount of reserves on hand		
148	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u></u>
DAA		Form 99	O (2015)

DAA

Form 990 (2015)

Form 990 (201	<u>5) Flashpoir</u>	nt Cente	r						38-350	3931	Page 7
Part VII			Dir	ect	ors,	Tr	uste	es,	Key Employees, Hig	hest Compensated	Employees, and
, ,	Independent C		۰ ۵	.	222	~ ~		ata i	to any line in this Part	1 /11	П
Section A.									t Compensated Employe		
1a Complete toganization's	his table for all perso						_		ion for the calendar year e		
	the organization's co Enter -0- in columns								r individuals or organization paid.	s), regardless of amount o	f
 List the c 	organization's five cur	rrent highest cor	nper	nsate	ed er	nolo	vees	(oth	ons for definition of "key en her than an officer, director, hrm 1099-MISC) of more th	trustee, or key employee)	
organization a	nd any related organia	zations.									
\$100,000 of re	portable compensati	on from the orga	niza	tion	and	any	relat	ed o	t compensated employees rganizations. In the capacity as a former		
organization, n List persons in	nore than \$10,000 of	reportable comp ndividual trustee	ensa s or	ation	fron	1 the	orga	aniza	ation and any related organ trustees; officers; key emp	izations.	
	• •	•		ated	orga	niza	ition	∞m	pensated any current office	er, director, ar trustee.	
	(A) me and Title	(8) Average hours per week	(d bo	(C) Position do not check more than one ox, unless person is both an			than dis both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list eny hours for				T	Y/trust		the organization	organizations (W-2/1099-MISC)	compensation from the
		related organizations	Individual or director	Institutional	Officer	y e	S S	Former	(W-2/1099-MISC)		organization and related
		below dotted line)	얼률		1	Kay employee	8 8				organizations
			173508	trustee	1	*	Highest compensated employee	}			
WP11on	Rothfuss	 	 —	Ļ	├ -	-	E	-			
(1) 577677	KOCHLUBB	40.00	l	Ì	Ì	Į	1		}		
Director	·· · · · · · · · · · · · · · · · · · ·	0.00	x	<u>L</u>	<u>l</u>	<u> </u>			32,240	0	
(2) Jana	James				1	[Γ	Ī	}		
President		2.00	x		L		L	L	0	0	0
(3) Servi	lle Arbuck		1		l		l				
Secretary	,	2.00	x	1		1		ł	o	0	o
	t Symerak		==					\vdash	-		
• • • • • •		2.00			ł	ł	l		}		
Treasurer	<u></u>	0.00	X		}	-	├	-	0	0	0
(5) 					}						
(6)				-	├						
(7)			 		 		-	-			
				l							
(8)			-	-	┢	\vdash	-	-			
	•••••••••••••••••	• • • • • • • • • • • • • • • • • • • •									
(9)					 						
					l						
(10)				_							
(11)											-
	···· ·· ···· · · · · · · · · · · · · ·				}						
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Form 990 (2015)

(A) Name and fitte	(B) Average hours per week (list any hours for	rage Position s per (do not check more than or ek box, unless person is both i officer and a director/truste				s both	<u>en</u>	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated emoural of other compensation from the
	related organizations betow dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
·····	 L				_					
·			_							
						_				
					_					
	··· ·· ·· ·	<u> </u>	<u> </u>					 		
	 				_					
				_						
to Sub-total c Total from continuation she		 Soot	 Ion i			• • •	>	32,240		
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not	limite	ed to		e lis	ted a	bov	32,240 a) who received more than		
Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization.	complete Sche	dule of re	J for	suci able	h ind	dividu spen:	ial satic	n and other compensation	from the	Yes 1
individual Did any person listed on line 1 for services rendered to the or	a receive or accepanization? If "	crue	 com	pens	 atioi	 i fror	n ar	y unrelated organization o		5
ection B. Independent Contractor Complete this table for your fit	e highest comp	ensa	ited	inde	enc	lent o	cont	actors that received more	than \$100,000 of	
	zation. Report of (A) business address	omp	ensa	tion	for t	he ca	len	lar year ending with or with	hin the organization's tax year (B) poon of services	(C) Compensation
Name and	OUSINESS BOOLESS				-		T	Descri	ACT OF SCHOOLS	Composition
							-			
										

Form 990 (2015) .Flashpoint Center Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (C) Unrelated exempt function business 512-514 1a Federated campaigns b Membership dues 16 c Fundraising events 1c d Related organizations 1d Government grants (contributions) 208,010 f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f. Total. Add lines 1a-1f Service Revenue f All other program service revenue g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ 5 Royatties . (i) Real (ii) Personal 6a Gross rents b Less rental exps. C. Rentating or (loss) d Net rental income or (loss) (i) Securities (II) Other sales of assets other than inventor b Less cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 Other b Less: direct expenses c Net income or (loss) from fundralsing events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a d All other revenue ... e Total. Add lines 11a-11d Total revenue. See instructions 208,010

Form 990 (2015). Flashpoint Center
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must on the check if Schedule O contains a response to the co			mplete column (A).	
<u></u>	ot include amounts reported on lines 6b,	(A)		(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundralsing expenses
1					H/30/4030/21/2:30
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	1			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				2000 200 200 200 200 200 200 200 200 20
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	135,998	135,998		
18	Pension plan accruals and contributions (include	200,750			
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,538	5,538		
10	Payroll taxes	14,808	14,808		
11	Fees for services (non-employees)				
a	Management				<u> </u>
b	Legal				
C	Accounting	2,400	2,400		
d	Lobbying	·		······································	
e	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	400	400		
	(A) emount, list line 11g expenses on Schedule O)	486	486		
12	Advertising and promotion	<u> </u>			
13	Office expenses Information technology			 	
14 15	Royalties				
16	Occupancy	14,029	14,029		
17	Travel	44,659	44,659		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		I		
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.)	######################################	666 A 18 18 18 18 18 18 18 18 18 18 18 18 18		<u> </u>
a					
b					
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	217,918	217,918	0	0
26	Joint costs. Complete this line only if the	32.,320	=	-	<u>-</u>
	organization reported in column (B) joint costs		'		<u> </u>
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)			L	<u> </u>
DAA					Form 990 (2015)

	Check if Schedule O contains a response or note to any line in this Part X		······································
•		(A) Beginning of year	(B) End of year
1	Cash—non-interest bearing	18,819	1 12,1
2	Savings and temporary cash investments		2
3	Pledges and grants receivable, net		3
4	Accounts receivable, net	,	4
5	Loans and other receivables from current and former officers, directors,		10 (10 0 0) (10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1	trustees, key employees, and highest compensated employees.		
l	Complete Bart II of Schadule I	300 6 () (69-300-700-00-00-00-00-00-00-00-00-00-00-00-	5
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 ar	\$ 696 Jan 99 2 2 200 200 200 200 200 200 200 200	
ſ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		
	organizations (see instructions). Complete Part II of Schedule L		6
7	Notes and loans receivable, net		7
8	Inventories for sale or use		8
9	Prepaid expenses and deferred charges		8
10a	Land, buildings, and equipment: cost or		
		46	
Ь	Less: accumulated depreciation 10b 73,70		13,1
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)	30,119	16 25,2
17	Accounts payable and accrued expenses	3,136	17 8,1
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
22	Loans and other payables to current and former officers, directors,		
1	trustees, key employees, highest compensated employees, and		
į	disqualified persons. Complete Part It 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		24
25	Other liabilities (including federal income tax, payables to related third	1	1
	parties, and other liabilities not included on lines 17-24). Complete Part X	1	
1	of Schedule D	13,548	
26	Total Ilabilities. Add lines 17 through 25	16,684	26 21,7
1	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and		
]	complete lines 27 through 29, and lines 33 and 34.	ilaisti ja kallinin ka	
27	Unrestricted net assets		27
28	Temporarily restricted net assets		28
29	Permanently restricted net assets	300000000000000000000000000000000000000	29
l	Organizations that do not follow SFAS 117 (ASC 958), check here		
	complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds		30
31	Pald-in or capital surplus, or land, building, or equipment fund		31
32	Retained earnings, endowment, accumulated income, or other funds		32 3,5
33	Total net assets or fund balances		3,5
34	Total liabilities and net assets/fund balances	30,119	25,2

Page 1		oint Center 38-3503931	orm 990 (2015) .Fl
		ion of Net Assets	
		edule O contains a response or note to any line in this Part XI	Check
208,01	11	al Part VIII, column (A), line 12)	1 Total revenue (m
217,91	2	ual Part IX, column (A), line 25)	2 Total expenses (
-9,90	3	Subtract line 2 from line 1	
13,43	4	ces at beginning of year (must equal Part X, line 33, column (A))	4 Net assets or fun
	5	ses) on investments	5 Net unrealized ga
	6	e of facilities	6 Donated services
	7		7 Investment exper
	8		8 Prior period adjus
	9	ets or fund balances (explain in Schedule O)	9 Other changes in
_		ces at end of year. Combine lines 3 through 9 (must equal Part X, line	Net assets or fun
3,52	10		33, column (B))
_		tatements and Reporting	Part XII Finar
		edule O contains a response or note to any line in this Part XII	Check
Yes No			
		to prepare the Form 990: X Cash Accrual Othered its method of accounting from a prior year or checked "Other," explain in	
2a X		inancial statements compiled or reviewed by an independent accountant?	2a Were the organiz
		ow to indicate whether the financial statements for the year were compiled or	If "Yes," check a
		asis, consolidated basis, or both:	reviewed on a se
		Consolidated basis Both consolidated and separate basis	Separate ba
2b X		inancial statements audited by an independent accountant?	b Were the organiz
		ow to indicate whether the financial statements for the year were audited on a	If "Yes," check a
		ated basis, or both	separate basis, o
		Consolidated basis Both consolidated and separate basis	Separate ba
		loes the organization have a committee that assumes responsibility for oversight	c If "Yes" to line 2a
2c		ompilation of its financial statements and selection of an independent accountant?	of the audit, revi
		ed either its oversight process or selection process during the tax year, explain in	If the organization
			Schedule O.
		ward, was the organization required to undergo an audit or audits as set forth in	3a As a result of a fe
- 3a - -		OMB Circular A-133?	the Single Audit
		ion undergo the required audit or audits? If the organization did not undergo the	-
3b		explain why in Schedule O and describe any steps taken to undergo such audits.	

SCHEDULE A

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

- 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Plashmadat /	Jamban				ntification number					
Reason Reason	Flashpoint (38-3503931 ns must complete this part.) See instructions.								
		se it is (For lines 1 through 11,				ons.					
		sociation of churches described				_					
		(A)(ii). (Attach Schedule E (For			·)(^)(\).	AT					
—		ice organization described in se			IIIA	0					
		ed in conjunction with a hospital				haenital's name					
city, and state		is in conjunction than a neephan		J 111 200LIC	ar is otolitikalimis cines me	повркаго пато,					
	• • • • • • • • • •	of a college or university owned	or opera	ted by a g	 overnmental unit described in						
	b)(1)(A)(Iv). (Complete Par		•								
6 A federal, sta	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X An organization	ол that normally receives a	substantial part of its support fr	om a gov	ernmental	unit or from the general publ	ic					
described in a	section 170(b)(1)(A)(vi). (C	Complete Part II)									
		170(b)(1)(A)(vi). (Complete Par									
		1) more than 33 1/3% of its sup									
		npt functions—subject to certain				}					
		nd unrelated business taxable in									
		30, 1975. See section 509(a)(2)									
		exclusively to test for public saf									
		exclusively for the benefit of, to									
		tions described in section 509(i cribes the type of supporting or									
		ed, supervised, or controlled by									
		to regularly appoint or elect a m				201					
	You must complete Part I		ajoiny of	ine directi	no or disacco or the supportin	'8					
		vised or controlled in connection	with its a	supported	organization(s), by having						
		organization vested in the sam									
). You must complete Pa		·		•						
c 🔲 Type III funct	ionally integrated. A supp	orting organization operated in	connectio	n with, an	d functionally integrated with,						
		tions). You must complete Pa									
		supporting organization operate									
		ganization generally must satisf									
		t complete Part IV, Sections A									
		ed a written determination from t			ype I, Type II, Type III						
		nctionally integrated supporting	organizat	ion.							
	of supported organizations ing information about the si										
g Provide the follows			(ha) la tha		4.5.4	1					
organization	(li) EIN	(iii) Type of organization (described on lines 1-9		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
ļ		above (see instructions))	docu	ment?	instructions)	instructions)					
			Yes	No							
(A)											
(B)				 	<u></u>						
(0)											
(C)											
(D)											
(E)											
i i											
Total s											

Pa	dule A (Form 990 or 990-EZ) 2015 Fl	<u>ashpoint C</u>	<u>lenter</u>		<u> </u>	-3503931	Page 2
	rtillige Support Schedule for O	rganizations D	escribed in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you che						under
	Part III. If the organization	n fails to qualify	under the tests	listed below, p	lease complet	e Part III.)	
	tion A. Public Support	~ ~ ~ · · · · · · · · · · · · · · · · ·					
Caler	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	281,217	416,694	485,363	320,657	208,010	1,711,941
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	281,217	416,694	405,363	320,657	208,010	1,711,941
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) Public support. Subtract line 5 from line 4	20 0 00 00 0 00 00 00 00 00 00 00 00 00	7 00 00 00 00 00		100 00 00 00 00 00 00 00 00 00 00 00 00		1,711,941
Sec	tion B. Total Support	F / 12/ 70/ NOTE	. 5' (5' (5' (5' (5' (5' (5' (5'	5.300.30.300.300.300.300.300.300.300.300	7.5.97 75.600 3665.4	<u> </u>	1,711,341
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	281,217	416,694	485,363	320,657	208,010	1,711,941
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
11	(Explain in Part VI.)	5 Spart #1, 180	-5.00%/# 1 48.66	200286738888	ZSBCDRCZPCG. S	(ii) - iiii)	1,711,941
	Total pupperarior miles i anough to		20.65 3461 31.86	<u> </u>	3.30×××.x		
	Gross receipts from related activities, etc.	(see instructions)				12	
12	Gross receipts from related activities, etc. First five years, if the Form 990 is for the		t, second, third, for	uth, or fifth tax yea	 ar as a section 501	· · · · 	
12	First five years. If the Form 990 is for the	e organization's first	t, second, third, for	urth, or fifth tax yes	 ar as a section 501	· · · · 	▶
12 13		e organization's firs	. \	urth, or fifth tax yea	ar as a section 501	· · · ·)
12 13	First five years. If the Form 990 is for the organization, check this box and stop he	e organization's first re upport Percen	tage		ar as a section 501	· · · · 	100.00%
12 13 Sec 14	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sch	e organization's first re upport Percent 6, column (f) divided nedule A, Part II, lin	tage d by line 11, colum e 14	ın (f))		14 15	>
12 13 Sec 14 15	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sch	e organization's first re upport Percent 6, column (f) divided nedule A, Part II, lin	tage d by line 11, colum e 14	ın (f))		14 15	100.00%
12 13 Sec 14 15	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sct 33 1/3% support test—2015. If the organization quality support stop organization support support stop organization support stop organization support	e organization's first re upport Percent 6, column (f) divided nedule A, Part II, lin nization did not che lifies as a publicly s	tage d by line 11, column e 14 ck the box on line supported organiza	in (f)) 13, and line 14 is 3	33 1/3% or more, o	14 15 check this	100.00%
12 13 Sec 14 15	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sct 33 1/3% support test—2015. If the organization quais 33 1/3% support test—2014. If the organization quais 1/3% support test—2014. If the organization quais 1/3% support test—2014. If the organization quais 1/3% support test—2014.	e organization's first re upport Percent 6, column (f) divided nedule A, Part II, lin nization did not che lifies as a publicly s nization did not che	tage d by line 11, column e 14 ck the box on line supported organiza ck a box on line 13	in (f)) 13, and line 14 is 3 stion 3 or 16a, and line 1	13 1/3% or more, o	14 15 check this	100.00%
12 13 Sec 14 15	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sct 33 1/3% support test—2015. If the organ box and stop here. The organization quais 33 1/3% support test—2014. If the organization check this box and stop here. The organization check this box and stop here. The organization quais 1/3% support test—2014. If the organization quais 1/3% support te	e organization's first re upport Percent 6, column (f) divided the dule A, Part II, lin inization did not che itifies as a publicly sinization did not che ization qualifies as	tage d by line 11, column e 14 ck the box on line supported organiza ck a box on line 13 a publicly supporte	in (f)) 13, and line 14 is 3 ation 3 or 16a, and line 1	33 1/3% or more, o	14 15 check this	100.00%
12 13 Sec 14 15 16a	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sct 33 1/3% support test—2015. If the organ box and stop here. The organization qua 33 1/3% support test—2014. If the organization check this box and stop here. The organization qua 10%-facts-and-circumstances test—20	e organization's first re upport Percent 6, column (f) divided the column (f) and the column (f) divided the column (f) divided the column (f) divided the column (f) and f) and	tage d by line 11, column e 14 ck the box on line supported organiza ck a box on line 13 a publicly supporte ion did not check a	in (f)) 13, and line 14 is 3 ation 3 or 16a, and line 1 and organization 1 box on line 13, 16	33 1/3% or more, of 5 is 33 1/3% or more, of 5 is 33 1/3% or more, of 16b, and line	theck this	100.00%
12 13 Sec 14 15 16a	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sch 33 1/3% support test—2015. If the organ box and stop here. The organization qua 33 1/3% support test—2014. If the organization check this box and stop here. The organization decrease the stop here. The organization more, and if the organization meets.	e organization's first re upport Percent 6, column (f) divided the column (f) and the column (f) divided the column (f) divided the column (f) divided the column (f) and first as a publicly some column (f) and f)	tage d by line 11, column e 14 ck the box on line supported organiza ck a box on line 13 a publicly supporte ion did not check a rcumstances" test	in (f)) 13, and line 14 is 3 ation 3 or 16a, and line 1 and organization 1 box on line 13, 16	33 1/3% or more, of 5 is 33 1/3% or more, of 16b, and line d stop here. Expl	theck this ore, 14 Is ain in	100.00%
12 13 Sec 14 15 16a	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sch 33 1/3% support test—2015. If the organization qua 33 1/3% support test—2014. If the organization qua 33 1/3% support test—2014. If the organization here, this box and stop here. The organization meets the "to organization	e organization's first re upport Percent 6, column (f) divided the column (f) and the column (f) divided the column (f) divided the column (f) divided the column (f) and first as a publicly some column (f) and f)	tage d by line 11, column e 14 ck the box on line supported organiza ck a box on line 13 a publicly supporte ion did not check a rcumstances" test	in (f)) 13, and line 14 is 3 ation 3 or 16a, and line 1 and organization 1 box on line 13, 16	33 1/3% or more, of 5 is 33 1/3% or more, of 16b, and line d stop here. Expl	theck this ore, 14 Is ain in	100.00%
12 13 Sec 14 15 16a b	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sch 33 1/3% support test—2015. If the organization quais 33 1/3% support test—2014. If the organization check this box and stop here. The organization check this box and stop here. The organization of the organization meets the "forganization meets the "forganization"	e organization's first re upport Percent 6, column (f) divided nedule A, Part II, lin nization did not che liffies as a publicly s nization did not che ization qualifies as 15. If the organization tes the "facts-and-ci facts-and-circumsta	tage d by line 11, column e 14 ck the box on line supported organiza ck a box on line 13 a publicly supporte ion did not check a roumstances" test nces" test. The organization	in (f)) 13, and line 14 is 3 ition 3 or 16a, and line 1 ed organization 1 box on line 13, 16, check this box an ganization qualifies	5 is 33 1/3% or more, of 5 is 33 1/3% or more, of 16b, and line d stop here. Explains a publicly sup	theck this ore, 14 is ain in ported	100.00%
12 13 Sec 14 15 16a	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sch 33 1/3% support test—2015. If the organization qua 33 1/3% support test—2014. If the organization qua 33 1/3% support test—2014. If the organization check this box and stop here. The organization more, and if the organization meets the "torganization quality" organization 10%-facts-and-circumstances test—20 10% or more, and if the organization meets the "torganization 10%-facts-and-circumstances test—20 10% of facts-and-circumstances t	e organization's first re upport Percent 6, column (f) divided the dule A, Part II, lin inization did not che itation did not che itation qualifies as in 15. If the organization facts-and-circumstation did not che itation qualifies as in 15. If the organization did not che itation qualifies as in 15. If the organization did not che itation qualifies as in 15. If the organization did not che itation qualifies as in 15. If the organization did not che itation did	tage d by line 11, column e 14 ck the box on line supported organiza ck a box on line 13 a publicly supporte ion did not check a roumstances" test noes" test. The on	in (f)) 13, and line 14 is 3 ition 3 or 16a, and line 1 ed organization 1 box on line 13, 16 1, check this box an ganization qualifies	5 is 33 1/3% or more, of the state of the st	theck this ore, 14 15 ore, 16 14 15 ore, 17 15 ore, 18 16 17 17 17 17 17 17 17 17 17 17 17 17 17	100.00%
12 13 Sec 14 15 16a b	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sch 33 1/3% support test—2015. If the organization qua 33 1/3% support test—2014. If the organization qua 33 1/3% support test—2014. If the organization have this box and stop here. The organization more, and if the organization meets the "to organization 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization	e organization's first re upport Percent 6, column (f) divided the dule A, Part II, In the organization did not che ization dualifies as a publicly so the state of the organization the facts-and-circumstation organization the organization meets the "facts-and-circumstation meets the "facts-and-circumstation meets the "facts-and-circumstation meets the "facts-and-circumstation".	tage d by line 11, column e 14 ck the box on tine supported organiza ck a box on line 13 a publicly supported ion did not check a recumstances" test nees" test. The on ion did not check a and-circumstances	an (f)) 13, and line 14 is 3 ation 3 or 16a, and line 1 at organization a box on line 13, 16 at organization qualifies a box on fine 13, 16 at organization qualifies	5 is 33 1/3% or more, of 5 is 33 1/3% or more, of 6 is and line d stop here. Expl is as a publicly sup 6a, 16b, or 17a, and ox and stop here	theck this ore, 14 15 15 14 15 16 14 15 17 16 16 16 16 16 16 16 16 16 16 16 16 16	100.00%
12 13 Sec 14 15 16a b	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sct 33 1/3% support test—2015. If the organ box and stop here. The organization qua 33 1/3% support test—2014. If the organization qua 33 1/3% support test—2014. If the organization have this box and stop here. The organization meets this box and stop here. The organization meets the "forganization meets the "forganization forganization for the organization for the organization for the organization meets the "forganization for more, and if the organization for the organization for the organization meets for the organization for the organiza	e organization's first re upport Percent 6, column (f) divided the dule A, Part II, In the organization did not che ization dualifies as a publicly so the state of the organization the facts-and-circumstation organization the organization meets the "facts-and-circumstation meets the "facts-and-circumstation meets the "facts-and-circumstation meets the "facts-and-circumstation".	tage d by line 11, column e 14 ck the box on tine supported organiza ck a box on line 13 a publicly supported ion did not check a recumstances" test nees" test. The on ion did not check a and-circumstances	an (f)) 13, and line 14 is 3 ation 3 or 16a, and line 1 at organization a box on line 13, 16 at organization qualifies a box on fine 13, 16 at organization qualifies	5 is 33 1/3% or more, of 5 is 33 1/3% or more, of 6 is and line d stop here. Expl is as a publicly sup 6a, 16b, or 17a, and ox and stop here	theck this ore, 14 15 15 14 15 16 14 15 17 16 16 16 16 16 16 16 16 16 16 16 16 16	100.00%
12 13 Sec 14 15 16a b	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sct 33 1/3% support test—2015. If the organization quas 33 1/3% support test—2014. If the organization quas 33 1/3% support test—2014. If the organization has box and stop here. The organization meets this box and stop here. The organization meets the organization meets the organization meets the organization 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization meets the organization in Part VI how the organization meets the organization	e organization's first re upport Percent 6, column (f) divided the dule A, Part II, In the inization did not che ilifies as a publicly sonization qualifies as a fish if the organization the facts-and-circumstant of the organization meets the "facts-and-circumstant of the organization of the or	tage d by line 11, column e 14 ck the box on line supported organiza ck a box on line 13 a publicly supported ion did not check a reumstances" test nees" test. The organization did not check a and-circumstances circumstances	an (f)) 13, and line 14 is 3 ation 3 or 16a, and line 1 at organization a box on line 13, 16, check this box an ganization qualifies a box on line 13, 16 " test, check this best. The organization	5 is 33 1/3% or more, of 5 is 33 1/3% or more, of 16b, and line distop here. Explains a publicly suppose, 16b, or 17a, and ox and stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here.	theck this 14 15 check this ore, 14 is ain in ported d line	100.00%
12 13 Sec 14 15 16a b	First five years. If the Form 990 is for the organization, check this box and stop he tion C. Computation of Public S Public support percentage for 2015 (line of Public support percentage from 2014 Sch 33 1/3% support test—2015. If the organ box and stop here. The organization qua 33 1/3% support test—2014. If the organization deck this box and stop here. The organization meets this box and stop here. The organization meets the "to organization meets the "to organization 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization meets the "to organization to the organization more, and if the organization meets the "to organization or more, and if the organization meets the "to organization or more, and if the organization meets the organization organization in Part VI how the organization means the organization means the organization organizati	e organization's first re upport Percent 6, column (f) divided the dule A, Part II, In the inization did not che ilifies as a publicly sonization qualifies as a fish if the organization the facts-and-circumstant of the organization meets the "facts-and-circumstant of the organization of the or	tage d by line 11, column e 14 ck the box on line supported organiza ck a box on line 13 a publicly supported ion did not check a reumstances" test nees" test. The organization did not check a and-circumstances circumstances	an (f)) 13, and line 14 is 3 ation 3 or 16a, and line 1 at organization a box on line 13, 16, check this box an ganization qualifies a box on line 13, 16 " test, check this best. The organization	5 is 33 1/3% or more, of 5 is 33 1/3% or more, of 16b, and line distop here. Explains a publicly suppose, 16b, or 17a, and ox and stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here on qualifies as a property of the stop here.	theck this 14 15 check this ore, 14 is ain in ported d line	100.00%

Sch	edule A (Form 990 or 990-EZ) 2015 Pla	ashpoint (Center		38	3-3503931	Page 3
₩P.	artillis Support Schedule for C	rganizations (Described in S	ection 509(a)(2)	/	
	(Complete only if you che	cked the box o	n line 9 of Part	I or if the organ	nization failed	to qualify under	Part II.
	If the organization fails to	qualify under t	he tests listed b	oelow, please c	omplete Part I	l.) `	
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.")					1	
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		1				
5	The value of services or facilities furnished by a governmental unit to the organization without charge		À				
6	Total. Add lines 1 through 5		1	<i>[:</i>			
78	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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support		/ /	1			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	/(b) 2012	(c) 2013 \	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		1/	, , , , , , , , , , , , , , , , , , ,			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources				"\		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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.)					1,	
14	First five years. If the Form 990 is for the organization, check this box and stop her	· · · · · · · · · · · · · · · · · · ·		urth, or fifth tax yes	ar as a section 50	1(c)(3)	▶ []
Sec	tion C. Computation of Public St					84	
15	Public support percentage for 2015 (line 8	, column (f) divided	by line 13, colum	n (f))		15	%
<u>16</u>	Public support/percentage from 2014 Sch	edule A, Part III, lir	e 15	<u> </u>		16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2015 (I			, column (f))			<u> </u>
18	Inyestment income percentage from 2014					18	<u>%</u>
19a	//						\ _
	17 is not more than 33 1/3%, check this b					• • • •	,\ ▶ □
ь							\ _
/	line 18 is not more than 33 1/3%, check th		-		*		🐧 📙
20/	Private foundation. If the organization dis	d not check a box o	on line 14, 19a, or	19b, check this bo		ions edule A (Form 990	or 990-EZ) 2015

determine whether the organization had excess business holdings.)

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	ait v.		
Secti	on A. All Supporting Organizations			
		1.08 5.00	Yes	No : 2026/202
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	1838		::::::::::::::::::::::::::::::::::::::
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	*********	X888623
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			energy.
	organization was described in section 509(a)(1) or (2).	2	*********	2000000
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			16011
	(b) and (c) below.	3a	*************	50 88 TO
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	383,888		
	organization made the determination	3b	angurora vocini	388773
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			Reside
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		3785 S
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	-0000000 -0000000000000000000000000000		
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		W00 0 200
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	3300	0.000	\$;/##g [*]
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	82X	verser:	Karara.
	despite being controlled or supervised by or in connection with its supported organizations	4b	XX.0000	33.010.07005.2
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 organization was used exclusively for section 170(c)(2)(B)	33.00	ili. Väe	**************************************
	purposes.	4c	SS 200 1 1 1 1	30.00000000
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
_	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	.62	*** *********************************	
	was accomplished (such as by amendment to the organizing document).	6a	279003118	****
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	250000		2000
	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	2000 S. T.	
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			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	(1)		73333
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6 *****	8888 8 J. S	2000
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1:3	\$6000000000000000000000000000000000000	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	-02	Section 4	Y
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	ور در پرېښو	25.05.00
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8	\$85075.57 \$85075.57	CH.
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	33 833	*****	20000000
9 a	Was the organization controlled directly or indirectly at any time during the lax year by one or more	1/3/2		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	3833		#######
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		26558
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	31.3	\$125.00 100 100 100 100 100 100 100 100 100	68 63 7 78
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	******	38088888
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	18888		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	(888)	203883
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			le de la composição de la La composição de la composição
	supporting organizations)? If "Yes," answer 10b below.	10a	*********	728788678
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	28838	£2000000	

Schedule A'(Form 990 or 990-EZ) 2015 Flashpoint Center		38-3503	931 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or	Nov. 20, 1	970. See instructions. All	
other Type III non-functionally integrated supporting organizations must complete S			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2_		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4_		
5 Depregation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		!	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	28.78		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	ارِّنْ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ		
2 Acquisition Indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
-7Recoveries of pnor-year distributions	7_		
8 Minimum Asset Amount (add line 7 to line 6)	8		1
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	CONTRACTOR OF CONTRACTOR	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	See 12 12 12 12 12 12 12 12 12 12 12 12 12	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)			
7 Check here if the current year is the organization's first as a non-functionally-integ	rated Type	III supporting organization	(see
instructions)			÷ = =

	de A'(Form 990 or 990-EZ) 2015 Flashpoint Center		38-3503	931 Page 7
	V.3 Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
	on D - Distributions			Current Year
	*Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4_	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
<u>- 6</u> 7	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			L
- /8	Distributions to attentive supported organizations to which the organiza	tion to reconcide		
U	(provide details in Part VI) See instructions.	don is responsive		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Line o directify clines by Line 3 directify	(1)	(11)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	(300.00.00)	2,0000 0.00.0000.0	Pre-2015	Amount for 2016
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:			
8				
b		17000000000000000000000000000000000000		
С	\$357 #835 A866 \$27 \$2000 \$3000 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	(
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount	· SECTION / Same s . sagarine		
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section	116		
	D, line 7:\$			
a	Applied to underdistributions of prior years	3" //www. 2000		
ь	Applied to 2015 distributable amount	6: 180007:88001(486)	49 (
c	Remainder Subtract lines 4a and 4b from 4.		fi. 'n Affilia de Gregorio (n. 1845)	\$200 \$300 \$300 \$300 \$300 \$300 \$300 \$300 \$300
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).	\$ 10 Carrows 10000 10000		00.000 C.000.0005 O.000000 H. V. V. V. V.
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.	S.A.A. App 2000 No. (contration () cataloid.		
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014		0.00	
	Excess from 2015	in establishment in the second		

SCHEDULE D (Form 990)

Department of the Treasury Internal Rivenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2015 Open to Public Inspection

Flashpoint Center		38-3503931
	dvised Funds or Other Similar Funds	s or Accounts.
Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
*************************************	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)	.,	
4 Aggregate value at end of year		·
5 Did the organization inform all donors and donor advisors	in writing that the assets held in donor advised	
funds are the organization's property, subject to the organ		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and dono		
only for charitable purposes and not for the benefit of the		
conferring Impermissible private benefit?	device of device between or for any earlier purpose	Yes No
Part II. Conservation Easements.		
Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.	
1 Purpose(s) of conservation easements held by the organia		
Preservation of land for public use (e.g., recreation or	_ `` _	lly important land area
Protection of natural habitat	Preservation of a certified I	· · · ·
H	Preservation of a certified i	nistoric structure
Preservation of open space	- NO and a series of the serie	
2 Complete lines 2a through 2d if the organization held a qu	ialified conservation contribution in the form of a	
easement on the last day of the tax year.		Held at the End of the Tax Yea
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		
c Number of conservation easements on a certified historic		2c
d Number of conservation easements included in (c) acquire	ed after 8/17/06, and not on a	
historic structure listed in the National Register		2d
3 Number of conservation easements modified, transferred,	released, extinguished, or terminated by the org	ganization during the
tax year ▶		
4 Number of states where property subject to conservation e	easement is located 🕨 🛒	
5 Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easement	ls it holds?	Yes 📙 No
6 Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conserva	ation easements during the year
▶		
7 Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conservation	easements during the year
▶ \$		
8 Does each conservation easement reported on line 2(d) al	bove satisfy the 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 conserv		etement, and
balance sheet, and include, if applicable, the text of the for	· · · · · · · · · · · · · · · · · · ·	•
organization's accounting for conservation easements.		
Part Organizations Maintaining Collection	ns of Art. Historical Treasures, or Ot	ther Similar Assets.
Complete if the organization answered		
1a If the organization elected, as permitted under SFAS 116		t and balance sheet
works of art, historical treasures, or other similar assets he	• • • • • • • • • • • • • • • • • • • •	
public service, provide, in Part XIII, the text of the footnote		
b If the organization elected, as permitted under SFAS 116 (
works of art, historical treasures, or other similar assets he	•	
public service, provide the following amounts relating to the	• • • • • • • • • • • • • • • • • • • •	. 15.1115.01100 01
		▶ €
(i) Revenue included on Form 990, Part VIII, line 1		\$
(ii) Assets included in Form 990, Part XIf the organization received or held works of art, historical t	tennouses as other states as a first for the same to	▶ \$
		iin, provide the
following amounts required to be reported under SFAS 116		
a Revenue included on Form 990, Part VIII, line 1		···· · · · · · · · · · · · · · · · · ·
b Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2016

Sched	dule D (Form 990) 2015 Flashpoi:	nt Center				38-3	503931			Page 2
∉Pa i	rt III 3 Organizations Maintainin	g Collections of	Art, H	istorical T	reasures,	or Othe	er Similar A	ssets	(continued	(t
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	s, check	any of the fo	llowing that a	are a signif	ficant use of its	3		
а	Public exhibition	d∏	Loan or	exchange pro	grams					
b	Scholarly research	_	Other							
c	Preservation for future generations	_								
4	Provide a description of the organization's of	ollections and explain	n how the	ev further the	organization	's exempt	purpose in Pa	rt		
	XIII.			,	3	.	,			
	During the year, did the organization solicit	or receive donations (of art his	todeal traceu	res or other	cimilar				
5	assets to be sold to raise funds rather than								Yes	☐ No
864			an or on	Ulganization	is willealon	<u> </u>		·	1 100	140
35.54	Tt:IV Escrow and Custodial Art Complete if the organization		l an Ea	000 Da	od IV lina	^			on Form	
	·	n answered Tes	On Fo	IIII 990, Fa	art IV, inte	a, or teh	oneu an an	ilourit (on Form	
	990, Part X, line 21.					 				
18	Is the organization an agent, trustee, custoo		•						п., г	┌
_	included on Form 990, Part X?		:						Yes	No
ь	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing to	able:						
							 		Amount	
	Beginning balance						1 <u>1c</u>			
þ	Additions during the year	4 144 4					1d			
e	Distributions during the year					<i>.</i>	1e			
1	Ending balance						11	<u>L</u>		
2a	Did the organization include an amount on f	Form 990, Part X, line	21, for e	scrow or cus	todial accou	nt liability?	•		Yes	□ No
ь	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	xplanatio	n has been p	rovided on P	art XIII				
	rt V. Endowment Funds.		•							
v v	Complete if the organization	n answered "Yes'	on Fo	rm 990. Pa	art IV. line	10.				
		(a) Current year		Prior year	(c) Two ye		(d) Three year	rs back	(e) Four year	rs back
12	Beginning of year balance	. , , , , , , , , , , , , , , , , , , ,	 		1		1		<u> </u>	
					 				 	
•	Contributions		_		 		 		 	
	Net investment earnings, gains, and		ł		ł		ł		ł	
	losses				 		 		 	
đ	Grants or scholarships				 		 		 	
	Other expenditures for facilities and		-			_				
	programs				ļ		ļ		ļ <u> </u>	
f	Administrative expenses				 				 	
g	End of year balance		<u> </u>		L		<u>l</u>		<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balance	e (ime 1g	j, column (a))	held as.					
a	Board designated or quasi-endowment	%								
ь	Permanent endowment ▶ %									
ε	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c she	ould equal 100%.								
	Are there endowment funds not in the posse	•	ation that	are held and	administere	d for the				
	organization by:								Ye:	s No
	(i) unrelated organizations								3a(i)	T
	(ii) related organizations	** ,					•••••		3a(ii)	$\overline{}$
	If "Yes" on line 3a(ii), are the related organiz			chadula P2			•	•	3b	 -
	Describe in Part XIII the intended uses of the	•							<u> </u>	
			winenti	unos.						
20.20			l an Ea	000 Ba	rd IV line	110 50	5 Form 900	Dort \	(line 10	
	Complete if the organization							Fait /		
	Description of property	(a) Cost or other b	28518	(b) Cost or (Accumutated		(d) Book value	•
		(investment)		(oth		 	epreciation	:.8		
	Land	<u> </u>				84 <u>3 man</u>		**		
ь	Buildings							+		
C	Leasehold improvements					ļ		_}_		
d	Equipment	86	,846				<u>73,70</u>	8	13	<u>,138</u>
	Other		I			<u> </u>				
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Parl	X, colur	nn (B), line 10	Dc.)		1	<u> </u>	13	,138
								Sched	ule D (Form 9	90) 2015

DAA

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	Other Liabilities	13,548	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	13,548	

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

Schedule D (Form 890) 2016

Sche	dule D'(Form 990) 2015 Flashpoint Center	38-35039	31 Page 4
	Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per R	eturn.
	.Complete if the organization answered "Yes" on Form 990, F		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
ь	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	7/2/
đ	Other (Describe in Part XIII.)	2d	731
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts Included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII.)	4b] []
С	Add lines 4a and 4b		4c
6	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
P	rt XII测 Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		# 64
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	_ k.28€
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	rt XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II		Part X, line
2, PE	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.	
	· · · · · · · · · · · · · · · · · · ·		
	· · ·		•
			••
•			

Schedule D'(Form 990) 2015 Flashpoint Center	38-3503931	Page 5
Rart-XIII Supplemental Information (continued)		
		• • • • • • • • • • • • • • • • • • • •
	.,	

SCHEDULE'O (Form 980 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer Identification number Flashpoint Center 38-3503931 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