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### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| 4          | Α_                          | For the  | 2015 cale   | endar year, or tax y                  | ear beginning             | OCTOBER 1                    | , 2015, a      | nd endin      | g SEPTE        | MBER 30           | , 20 16                       |
|------------|-----------------------------|--|---|---------------------------------------|---------------------------|------------------------------|----------------|---------------|----------------|-------------------|-------------------------------|
| ī          | В                           | Check if   | applicable  | C Name of organization                | on JFK ACCOKEEK           | CORPORATION                  |                |               |                | D Employ          | er identification number      |
| [          | _]                          | Address  | change  | Doing business as                     |                           |                              |                |               |                |                   | 52-1327726                    |
| ſ          | _                           | Name ch  |   | Number and street                     | (or PO box if mail is n   | ot delivered to street ad    | dress)         | Hoom/su       | te             | E Telepho         | ne number                     |
| F          | $\overline{}$               | Initial ret  | _   | PO BOX 560                            |                           |                              |                |               |                |                   |                               |
| i          | $\overline{}$               | inal return/terminated City or fown state or province country and ZIP or foreign postal code |   |                                       |                           |                              |                |               |                |                   | <u> </u>                      |
| ï          | _                           | Amende   |   |                                       | RYLAND 20607 05           |                              |                |               |                | <b>G</b> Gross re | eceipts \$ 53,445             |
| ľ          | =                           |  | on pending  | F Name and address                    |                           |                              |                |               | H(a) le thie a | -                 | subordinates? Yes No          |
| L          |                             | пррисац  | on pending  | T Training and additions              | or principal diffice.     |                              |                |               | 1              | • •               | sincluded? Tes No             |
|            |                             | Tau aa.  |   | 501(c)(3)                             | [] 501(a) ( 2             | ) <b>◄</b> (insert no )      | 47/a)(1) or    | 527           |                |                   | a list (see instructions)     |
|            |                             | Website  | npt status  | <u> </u>                              | <u>12.)</u> 301(c) ( 2    | ) = (IIISert IIO ) L_1 49    | 47(a)(1) UI    |               | -              | o exemption       | ,                             |
| :          |                             |  |   | Corporation Tr                        | ust Association           | Other ►                      | I Vos          | ar of format  |                |                   | of legal domicile             |
| i          |                             | art I  | Summ  |                                       | usi Association [         | _ Other P                    | Lica           | i Ol Ioliiiat | 1011           | IN Otate          | Or legal dorrienc             |
|            |                             | 1  |   |                                       | zation's mission o        | r most significant           | actuation      |               |                |                   | <del></del>                   |
|            | •                           | ı  | -   | -                                     |                           | r most significant           |                |               |                | <br>: 60 THED     |                               |
|            | Activities & Governance     |  |   |                                       |                           | THE UNITED STATE             |                |               |                | AS THER           | ACCOREEK POST                 |
|            | Ē                           |  |   |                                       |                           | USED BY THE KNIG             |                |               |                | ~ 0E0/ of         | to not apports                |
|            | š                           | 2  |   |                                       | -                         | ontinued its operati         |                | sposea c      | or more tha    |                   | (                             |
|            | Ğ                           | 3  |   | _                                     |                           | body (Part VI, line          |                |               |                | 3                 |                               |
|            | 80                          | 4  |   | •                                     | •                         | the governing body           |                |               |                | 4                 | <u> </u>                      |
|            | ŧ                           | 5  |   |                                       |                           | endar year 2015 (P           | art v, iine    | : 2a)         |                | 5                 |                               |
|            | ŧ                           | 6  |   |                                       | s (estimate if nece       |                              | 40             |               |                | 6_                | <u>-</u>                      |
| 4          | 4                           | 7a   |   |                                       |                           | VIII, column (C), lin        |                |               |                | 7a                |                               |
| 2017       |                             | b  | Net unre  | lated business tax                    | kable income from         | Form 990-T, line             | 34             |               | D              | 7b                | -0                            |
| -          |                             | _  |   |                                       |                           | BECI                         | EIVE           | า ⊦           | Pnor \         | rear              | Current Year                  |
| JUN 07     | <b>Ве</b>                   | 8  |   | tions and grants (                    |                           | 1,10                         | <u></u>        | — - n il      | <del></del>    |                   |                               |
| _          | Ē                           | 9  |   | service revenue (                     |                           | <u>ျ</u> ပ္ပ                 |                | , KY          |                |                   |                               |
| 5          | ş                           | 10   |   |                                       |                           | es 3 (4) and√7,d)/ ]         |                | 7             |                | 18,275            |                               |
| _          | _                           | 11   |   |                                       |                           | 6d <b>, 8</b> ĉ, 9c, 10c, ar |                | icc           |                | 31,695            |                               |
| a          |                             | 12   | Total reve  | enue-add lines 8                      | through 11 (must          | equal Part VIII, colu        | imn (A), lir   | ne-12)        |                | 49,970            | 52,544                        |
| SCANNED    |                             | 13   | Grants a  | nd similar amoun                      | ts paid (Part IX, co      | lum <u>h (A), linesid</u> ≘3 | )=14.          | <del>''</del> | _              |                   |                               |
| <u>z</u> . |                             | 14   | Benefits paid to or for members (Part IX, column (A), line 4) |                                       |                           |                              |                |               |                |                   |                               |
| Z          | S                           | 15   | Salaries,   | other compensation                    | on, employee benef        | fits (Part IX, column        | (A), lines !   | 5–10)         |                |                   |                               |
| ठ          | Š                           | 16a  | Profession  | onal fundraising fe                   | es (Part IX, colum        | ın (A), line 11e)            |                | L             |                |                   |                               |
| Ō          | Expenses                    | b  | Total fun   | idraising expense                     | s (Part IX, column        | (D), line 25) 🕨 🔣            |                |               |                |                   | l <sub>max</sub>              |
|            | ш                           | 17   | Other ex  | penses (Part IX, c                    | olumn (A), lines 11       | Ia-11d, 11f-24e)             |                | Ĺ             |                |                   |                               |
|            |                             | 18   | Total exp   | oenses Add lines                      | 13–17 (must equa          | ıl Part IX, column (         | A), line 25    | 5)            |                | 46,253            | 55,21                         |
|            |                             | 19   | Revenue   | less expenses S                       | Subtract line 18 fro      | m line 12                    |                |               |                | 3,717             | (2,668                        |
|            | ₽ ã                         |  |   |                                       |                           |                              |                | <u>[</u>      | Beginning of C | Current Year      | End of Year                   |
|            | Sets                        | 20   | Total ass   | sets (Part X, line 1                  | 6)                        |                              |                | L             |                | <u>1,339,356</u>  | 1,336,68                      |
|            | et Assets or<br>nd Balances | 21   | Total liab  | ollities (Part X, line                | 26)                       |                              |                | L             |                |                   |                               |
|            | 캹                           | 22   | Net asse  | ts or fund balance                    | es Subtract line 2        | 1 from line 20               |                |               |                | 1,339,356         | 1,336,68                      |
|            | Pá                          | art II   | Signa   | ture Block                            |                           |                              |                |               |                |                   | <u> </u>                      |
|            | Un                          | der pena   | ities of perju  | ury, I declare that I hav             | e examined this return    | including accompanying       | ng schedules   | s and state   | ments and to   | the best of       | my knowledge and belief, it i |
|            | tru-                        | e correc   | t, and comp   | lete Declaration of pre               | egarer (other than office | r) is based on all inform    | ation of white | ch prepare    | r nas any knov | wieage            |                               |
|            |                             |  |   | when h                                | luego .                   | president                    |                |               | ļ              | mo                | 46,1011                       |
|            | Sig                         | ın   | Sign  | nature of officer                     |                           | . 10                         |                |               |                | )ate              | 1 )                           |
|            | He                          | re   | $1$ $\sim f$  | ROBERT                                | L.STRIE                   | <u>6EL YRE</u>               | SIDA           | EnT           | <u> </u>       |                   |                               |
|            |                             |  | Тур   | e or print name and tri               | e                         | //                           | 1              |               |                |                   |                               |
|            | Pa                          | id   |   | pe preparer s name                    |                           | arer's signature             | /              |               | ate //         | Check             | ☐ if PTIN                     |
|            |                             | iu<br>epare  | <i>اد) ی</i>  | FNN L Wil                             | MEH /                     | Slam of W a                  | m              |               | 5/4/17         | self-em           |                               |
|            |                             | e On   | 1 -   | name D&GA                             | SSOCIATES                 |                              |                |               | F              | rm s EIN 🕨        | 74-3084944                    |
|            |                             |  | Firms   | address ► 1201 SW                     | ALLOW CT - HALE           | THORPE, MD 2122              |                |               | PI             | none no           | 410-879 0916                  |
|            | Ма                          | y the If   |   |                                       |                           | n above? (see inst           |                |               |                |                   | ✓ Yes   No                    |
|            |                             |  |   | · · · · · · · · · · · · · · · · · · · | ee the senarate in        |                              |                | Cat N         | lo 11282Y      |                   | Form <b>990</b> (2015         |



Form 990 (2015)

Total program service expenses >

Page 2

| Part | V 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   |          | 1        |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   |          | <b>✓</b> |
| 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   |          | 1        |
| 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   |          |          |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5   |          | <b>*</b> |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |          | <u>*</u> |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |          | <b>√</b> |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   |          | 1        |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9   |          | 1        |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  |          | 1        |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.   |     |          |          |
| 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 | <b>√</b> |          |
| 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 |          | 1        |
| 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 |          | 1        |
| 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 |          | 1        |
| e    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |          | 1        |
| 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 |          | 1        |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a |          | 1        |
| þ    | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |          | 1        |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |          |          |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?  | 148 |          | <b>✓</b> |
| U    | 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        |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  | -        | 1        |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  | 16  |          | 1        |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17  |          | 1        |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |          | 1        |
| 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  |          | 1        |
|      |  |     | _        | _        |

| Part I   | Checklist of Required Schedules (continued)  |            |     |             |
|----------|--|------------|-----|-------------|
| 20 ~     | Did the examination enemts one or more benefits facilities? If "Yes " complete School de H   | 000        | Yes | No          |
| _        | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .  | 20a<br>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         |     | <b>-</b>    |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     | <b>✓</b>    |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   | 23         |     | ✓           |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a        |     | ✓           |
| c<br>b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24b<br>24c |     | <u>√</u>    |
| d<br>25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 24d<br>25a |     | <u>√</u>    |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b        |     |             |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  | 26         |     |             |
| 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         |     |             |
| 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):  |            |     |             |
| a<br>b   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a        |     | <del></del> |
| 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        |     |             |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30         |     |             |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     |             |
| 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         |     |             |
| 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         |     |             |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34         |     |             |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a<br>35b |     |             |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36         |     |             |
| 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,  |            |     |             |
| 38       | Part VI  | 37         |     |             |
|          | The second secon | 100        | L   |             |

| Part      |   |                  |      | _              |
|-----------|---|------------------|------|----------------|
|           | Check if Schedule O contains a response or note to any line in this Part V  | <del>· · ·</del> | Yes  | No             |
| 1a        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   |                  | 165  |                |
| b         | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |                  |      |                |
| c         | Did the organization comply with backup withholding rules for reportable payments to vendors and  | . ]              | }    |                |
|           | reportable gaming (gambling) winnings to prize winners?   | 1c               | •    |                |
| 2a        | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |                  |      |                |
|           | Statements, filed for the calendar year ending with or within the year covered by this return 2a  | . }              | j    |                |
| b         | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .                                | 2b               |      |                |
|           | 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 duning the year?   | 3a               |      | ✓_             |
| 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               |      |                |
| <b>4a</b> | At any time during the calendar year, did the organization have an interest in, or a signature or other authority                               | , ]              | - 1  |                |
|           | over, a financial account in a foreign country (such as a bank account, securities account, or other financial                                  |                  | j    | ,              |
|           | account)?   | 4a               |      | <b>✓</b>       |
| þ         | If "Yes," enter the name of the foreign country: ▶  | , j              | j    |                |
|           | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                             | .                | İ    |                |
| 5a        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a               |      | ✓_             |
| b         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b               |      |                |
| 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  | 1                | ł    | _              |
|           | organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a               |      | <u>√</u> _     |
| þ         | If "Yes," did the organization include with every solicitation an express statement that such contributions or                                  |                  | }    |                |
| _         | gifts were not tax deductible?  | 6b               |      |                |
| 7         | Organizations that may receive deductible contributions under section 170(c).   | 1                | 1    |                |
| а         | 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? |                  |      | -              |
|           | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7a<br>7b         |      |                |
| b<br>b    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  | <del>/ 5</del> } |      |                |
| Ŭ         | required to file Form 8282?   | 7c               |      | ı              |
| d         | If "Yes," indicate the number of Forms 8282 filed during the year   |                  |      |                |
| e         | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e               | l    | :              |
| f         | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f               |      |                |
| 9         | 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 file a Form 1098-C?              | 7h               |      |                |
| 8         | 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                |      |                |
| 9         | Sponsoring organizations maintaining donor advised funds.   |                  | l    |                |
| а         | 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:   |                  |      |                |
| a         | Initiation fees and capital contributions included on Part VIII, line 12  |                  | 1    | İ              |
| 11        |   |                  |      |                |
| ''a       | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders   | 1 1              |      |                |
| b         | Gross income from other sources (Do not net amounts due or paid to other sources  | 1                |      |                |
| _         | 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              |      |                |
| b         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   |                  |      |                |
| 13        | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                  |      |                |
| а         | Is the organization licensed to issue qualified health plans in more than one state?  | 13a              |      |                |
|           | Note. See the instructions for additional information the organization must report on Schedule O.   |                  |      |                |
| b         | Enter the amount of reserves the organization is required to maintain by the states in which  | ( (              |      |                |
|           | the organization is licensed to issue qualified health plans  | 1 1              |      |                |
| С         | Enter the amount of reserves on hand  |                  |      | <del> </del> - |
| 14a       | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a              |      | <b>/</b>       |
| ь         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .                                     | 14b              | .000 | (2015)         |
|           |   | rum              |      | LEV 13)        |

| Part     | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI   | ee ins     | tructi        | ons.       |
|----------|--|------------|---------------|------------|
| Section  | on A. Governing Body and Management  | <u> </u>   | <u></u> -     |            |
|          | and the state of t |            | Yes           | No         |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year   1a   |            |               |            |
|          | 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.  |            |               | l<br>U     |
| b        | Enter the number of voting members included in line 1a, above, who are independent . 1b  |            | ì             |            |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2          |               | 1          |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   | 3          |               | <b>\</b>   |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4          |               | 1          |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5          |               | 1          |
| 6        | Did the organization have members or stockholders?   | 6          | 1             |            |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a         | 1             |            |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b         |               | 1          |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |            |               |            |
| а        | The governing body?  | 8a         | <b>✓</b>      |            |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b         | ✓             |            |
| 9        | 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   | 9          |               | 1          |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Rever  | ue C       |               |            |
|          |  |            | Yes           | No         |
| 10a<br>b | Did the organization have local chapters, branches, or affiliates?   | 10a        | ļ             | 1          |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?   | 11a        |               | 1          |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            |               | <u> </u>   |
| 12a<br>b | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a<br>12b |               | 1          |
| c        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  | 12c        |               | 1          |
| 13       | Did the organization have a written whistleblower policy?  | 13         |               | 1          |
| 14<br>15 | Did the organization have a written document retention and destruction policy?   | 14         | 1             |            |
|          | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |            |               | ١.,        |
| а        | The organization's CEO, Executive Director, or top management official   | 15a        | ļ             | <b>✓</b>   |
| b        | Other officers or key employees of the organization  | 15b        | <u> </u>      | <b> </b> ✓ |
| 16a      | 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 with a taxable entity during the year?   | 16a        |               | 1          |
| 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   | 100        |               |            |
|          | organization's exempt status with respect to such arrangements?  | 16b        | }             | ł          |
| Secti    | on C. Disclosure   | 1.00       |               |            |
| 17       | List the states with which a copy of this Form 990 is required to be filed ▶   |            |               |            |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.  | n 501      | (c)(3)s       | only)      |
|          | ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)   |            | _             |            |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.  |            |               | y, and     |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and re-   | cords      | : <b>&gt;</b> |            |

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|----------|--|-----|
| 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 no | or any relate  | d orga   | aniz                  | atio    | n c          | ompe                         | nsa    | ted any curren                                | t officer, director                       | , or trustee.  |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| (A)<br>Name and Title                         | (B) Average hours per  | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D) Reportable compensation from              | (E)  Reportable compensation from related | (F) Estimated amount of other  |
|   | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the<br>the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)          | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) ROBERT STRIGEL - PRESIDENT                | 5 HRS  |  |                       | 1       |              |                              |        | -0-   | Ф.  | -0-  |
| (2) MICHAEL L MC LEESE - VICE PRESIDENT       | 2 HRS  |  |                       | 1       |              |                              |        | -0-   | -0-                                       | -0-  |
| (3) VICTOR LEE - TREASURER                    | 5 HRS  |  |                       | 1       |              |                              |        | -0-   | -0-                                       | -0-  |
| (4) JAMES MACALUSO - SECRETARY                | 2 HRS  |  |                       | 1       |              |                              |        | -0-   | -0-                                       | •  |
| (5)   |  |  |                       |         |              |                              |        |   |   |  |
| (6)   |  |  |                       |         |              |                              |        |   |   |  |
| (7)   |  |  |                       |         |              |                              |        |   |   |  |
| (8)   |  |  |                       |         |              |                              |        |   |   |  |
| (9)   |  |  |                       |         |              |                              |        |   |   |  |
| (10)  |  |  |                       |         |              |                              |        |   |   |  |
| (11)  |  |  |                       |         |              |                              |        |   |   |  |
| (12)  |  |  |                       |         |              |                              |        |   |   |  |
| (13)  |  |  |                       |         |              |                              |        |   |   |  |
| (14)  | -  |  |                       |         |              |                              |        |   |   |  |
|   |  |  |                       |         |              |                              | _      |   | <del></del>                               |  |

| (24)  1b Sub-total   | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |                |  |          |  |  |          |              |  |               |                 |       |            |                   |
|--|---|--|----------------|--|----------|--|--|----------|--------------|--|---------------|-----------------|-------|------------|-------------------|
| Name and tile    Compensation   Comp |   |  |                | i  |          | •  | - •  |          |              |  |               | - {             |       |            |                   |
| Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who   Total number of individuals (including but not limited to those listed above) who  |   |  |                | (do not check more than                          |          |  |  |          |              | 1  |               | . (             |       |            |                   |
| Total number of individuals (including but not limited to those listed above) who   Page      |   | Name and title                         |                |  |          |  |  |          |              |  |               |                 |       |            |                   |
| 115)  116)  117)  118)  119)  120)  121)  122)  123)  124)  125)  126  127  128  129  129  129  120  121  121  122  123  124  125  126  127  128  129  129  129  120  120  121  121  122  123  124  125  126  127  128  128  129  129  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  120  120  120  |   |  | week (list any | 1  | _        | ,—   |  |          | <u> </u>     | from   | related       | ed other        |       |            |                   |
| 115)  116)  117)  118)  119)  120)  121)  122)  123)  124)  125)  126  127  128  129  129  129  120  121  121  122  123  124  125  126  127  128  129  129  129  120  120  121  121  122  123  124  125  126  127  128  128  129  129  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  120  120  120  |   |  |                | 흑  | ıst      | Į ₹  | l e  | 200      | 3            |  |               |                 |       |            | חי                |
| 115)  116)  117)  118)  119)  120)  121)  122)  123)  124)  125)  126  127  128  129  129  129  120  121  121  122  123  124  125  126  127  128  129  129  129  120  120  121  121  122  123  124  125  126  127  128  128  129  129  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  120  120  120  |   |  |                | 8 6  | 盲        | P.   | Ē  | oyer c   | Ē            |  |               | ,               |       |            | 3                 |
| 115)  116)  117)  118)  119)  120)  121)  122)  123)  124)  125)  126  127  128  129  129  129  120  121  121  122  123  124  125  126  127  128  129  129  129  120  120  121  121  122  123  124  125  126  127  128  128  129  129  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  120  120  120  |   |  |                | 3 5  | 昌        |  | l og   | 3        | ,            | ļ  | ļ             |                 |       |            |                   |
| 115)  116)  117)  118)  119)  120)  121)  122)  123)  124)  125)  126  127  128  129  129  129  120  121  121  122  123  124  125  126  127  128  129  129  129  120  120  121  121  122  123  124  125  126  127  128  128  129  129  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  121  122  123  124  125  126  127  128  128  129  129  120  120  120  120  120  120  |   |  | iirie)         | ste  | 52       |  | ď  | 9,       |              |  | <u> </u>      |                 | organ | uzauon     | 5                 |
| 115    119    120    121    122    123    124    125    125    126    127    128    129    129    129    120    121    122    123    124    125    125    126       |   |  |                | \  | 8        |  |  | ate      |              |  | ĺ             |                 |       |            |                   |
| 1159      | (15)  |  | <b> </b>       | -  | -        |  | ├  |          | ┝            | <del> </del>                                     | <b></b>       |                 |       |            |                   |
| (18)  (19)  (20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation from the organization and related organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  6 Total number of independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Describing the this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  | ),19)   |  | <del> </del>   | {  |          |  | 1  |          |              | İ  | ļ             |                 |       |            |                   |
| (18)  (19)  (20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation from the organization and related organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  6 Total number of independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Describing the this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  | (16)  | <del></del>                            | <del> </del>   |  | -        | -  | -  | <u> </u> | ┢            | <del> </del> -                                   | <del> </del>  |                 |       |            |                   |
| 119    | 3   |  | <del> </del>   | ļ  | ł        | l  |  |          |              | }  | ł             |                 |       |            |                   |
| 119    | (17)  |  |                |  | -        | -  | -  |          | <del> </del> | <del> </del>                                     | <del> </del>  | -+-             |       |            |                   |
| 19   | 3::-1   |  | <del> </del>   |  | ļ        |  | }  |          |              |  | ļ             |                 |       |            |                   |
| 19   | /18)  |  | <del> </del>   |  | -        |  | <del> </del>                                     |          | -            | <del> </del>                                     | <del> </del>  |                 |       |            |                   |
| 221  | N   |  | <del> </del>   |  |          | ]  |  |          | ]            | 1  | ļ             |                 |       |            |                   |
| 221  | (19)  | <del></del>                            | <del> </del>   | <del> </del>                                     | $\vdash$ | -  | <u> </u>   |          | -            |  | <del> </del>  | -+-             |       |            |                   |
| (22)  (22)  (23)  (24)  (25)  1b Sub-total .   | 3   |  | <b>†</b>       |  |          |  | !  | ĺ        |              |  | •             |                 |       |            |                   |
| (22)  (22)  (23)  (24)  (25)  1b Sub-total .   | (20)  |  |                |  | $\vdash$ | <del>                                     </del> | <del>                                     </del> | i        | _            | <del>                                     </del> | f             |                 |       |            |                   |
| (23)  (24)  (25)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who  | il  |  | † <u>-</u>     | (  |          | l  | İ  | Ì        | (            | 1  | İ             | İ               |       |            |                   |
| (23)  (24)  (25)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who  | (21)  |  |                | <del>                                     </del> | _        | <del>                                     </del> |  |          |              |  |               |                 |       |            |                   |
| (23)   (24)   (25)   (25)   (26)   (27)   (27)   (27)   (28)   (29)      | J!  |  | †              | i  | l        |  |  | !        | ł            | 1  | ł             | ł               |       |            |                   |
| (23)   (24)   (25)   (25)   (26)   (27)   (27)   (27)   (28)   (29)      | (22)  |  |                |  |          |  | 1  |          | ·            |  |               |                 |       |            |                   |
| (24)   | 32  |  | †              |  |          | ł  |  | !        | }            | 1  | 1             | ŀ               |       |            |                   |
| (24)   | (23)  |  | <u> </u>       |  |          |  |  |          |              |  |               |                 |       |            |                   |
| 1b   Sub-total   C   Total from continuation sheets to Part VII, Section A   D   Total (add lines 1b and 1c)   Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No  | J   |  | T              | 1  | l        |  |  |          | 1            |  |               | İ               |       |            |                   |
| 1b   Sub-total   C   Total from continuation sheets to Part VII, Section A   D   Total (add lines 1b and 1c)   Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No  | (24)  |  | <del> </del>   | T  |          | Γ  | Τ  |          |              |  |               |                 |       |            |                   |
| 1b Sub-total   |   |  | 1              | 1  |          |  | 1  |          | İ            |  | 1             | İ               |       |            |                   |
| Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  | (25)  |  |                | T  |          |  | Γ  |          |              |  |               |                 |       |            |                   |
| Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  |   |  |                |  |          | 1  |  |          | İ            |  |               |                 |       |            | _                 |
| Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 1b  | Sub-total                              |                |  |          |  |  |          |              |  | <u> </u>      |                 |       |            |                   |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   | C   | Total from continuation sheets to Part | VII, Section   | n A  |          |  |  |          | ightharpoons |  |               |                 |       |            |                   |
| Total number of independent contractors (including but not limited to those listed above) who  | d   | Total (add lines 1b and 1c)            | <del></del>    | <u></u>  | <u>.</u> | •  | •  | <u> </u> | ▶            | <u> </u>   | <u> </u>      |                 |       |            |                   |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 2   |  |                | d to th  | nose     | e lis  | ted  | above    | e) w         | ho received m                                    | ore than \$10 | 00,000 o        | of    |            |                   |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |   | reportable compensation from the organ | ization 🕨      |  |          |  |  |          |              |  | ·             |                 |       |            |                   |
| employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who   | _   |  |                |  |          |  |  |          |              |  |               |                 |       | Yes        | No                |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   | 3   |  |                |  |          |  |  |          |              |  | nest compe    | nsated          |       | 1          | ١.                |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   |   |  |                |  |          |  |  |          |              |  |               |                 | 3     | <b>├</b> ─ | <b>✓</b>          |
| individual   | 4   |  |                |  |          |  |  |          |              |  |               |                 | 1     | 1          | ļ                 |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   |   |  | greater th     | an \$  | 150      | ,טטנ   | 37 1   | r -ye    | S, "         | complete Sci                                     | neaule J to   | r sucn          | ١.    | 1          | ١,                |
| for services rendered to the organization? If "Yes," complete Schedule J for such person   | -   |  |                |  |          | 4!   |  | · ·      | •            |  | <br>          | ه .<br>المعادية | 4     | <b> </b>   | <b>├</b> <u>✓</u> |
| Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who  | 5   |  |                |  |          |  |  |          |              |  | zation or inc | iividuai        | _ ا   | ĺ          |                   |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who  | Castie  | _ <u></u>                              | : 11 163, (    | John   | 1010     |  | 100  |          | -            | - Buch person                                    | <del></del>   | <del></del>     | ] 5   | <u> </u>   | 1_                |
| compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who   |   |  |                |  |          |  | lant   |          |              | are that receiv                                  | ad mare the   | n \$100 C       | 200 0 |            |                   |
| year.  (A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who   | 1   |  |                |  |          |  |  |          |              |  |               |                 |       |            | 24                |
| (A) Name and business address  (B) Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who  |   |  | port compe     | ii ioati   | OII I    | <b>0</b> 1 ti                                    | 116 (  | alciic   | 1 CU )       | year ending wi                                   | ui Oi Within  | ine orga        | ınzaı | 011 3 1    | ۵۸                |
| Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who  |   | <del></del>                            |                |  |          |  |  |          | Т            | (B)  | <del></del> - |                 | (0)   |            |                   |
|  |   |  | tress          |  |          |  |  |          |              |  | services      | Co              |       |            |                   |
|  |   |  |                |  |          |  |  |          | +            |  |               |                 |       |            |                   |
|  |   |  |                |  |          |  |  |          | +            |  |               |                 |       |            |                   |
|  |   | <del></del>                            |                |  |          |  |  |          | +            |  |               |                 |       |            |                   |
|  |   |  | <del></del>    |  |          |  |  |          | +            |  |               |                 |       |            |                   |
|  |   |  |                |  |          |  |  |          | $\vdash$     | <del></del>                                      |               |                 |       |            |                   |
|  | 2   | Total number of independent contractor | ors (includi   | na b   | ut r     | ot   | limi   | ted to   | o th         | nose listed ab                                   | ove) who      |                 |       |            |                   |
|  | _   |  |                |  |          |  |  |          | •            |  | _,            |                 |       |            |                   |

| Par  | VIII | Check if Schedule O contains a response or note to   | any line in this  | Part VIII                              |   | 🗖  |
|--|------|--|-------------------|--|---|--|
|  |      | Check if Schedule O Contains a response of note to   | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| 事  | 1a   | Federated campaigns 1a   |                   |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | Ь    | Membership dues 1b   | Į.                |  | }                                       |  |
| B, C   | C    | Fundraising events 1c  |                   |  | 1                                       | }  |
| E E  | d    | Related organizations 1d   |                   |  |   | )  |
| ă, î   | e    | Government grants (contributions) 1e   |                   |  | }                                       | }  |
| a for the  | f    | All other contributions, grifts, grants,   |                   |  | 1                                       |  |
| 된 됨  |      | and similar amounts not included above 1f  |                   |  | į                                       |  |
| a a  | g    | Noncash contributions included in lines 1a-1f: \$  | [                 |  | 1                                       | {  |
|  | h    | Total. Add lines 1a-1f   |                   |  | <del> </del>                            | <del> </del>   |
| Program Service Revenue                                | 2a   | <del></del>  | 1                 |  | Ì                                       | •  |
| <b>8</b>   | b    |  |                   |  | <del> </del>                            | <del> </del>   |
| 8  | c    |  |                   |  | <del> </del>                            | <del> </del>   |
| Ž  | ď    |  |                   |  | <del> </del>                            | <del> </del>   |
| E  | e    |  |                   | ····                                   | <del> </del>                            | <del> </del>   |
| <u> </u>   | f    | All other program service revenue .  |                   | <del>, -,,,</del>                      |   |  |
| 2  | g    | Total. Add lines 2a–2f   |                   |  | *************************************** |  |
|  | 3    | Investment income (including dividends, interest,  |                   |  |   |  |
|  |      | and other similar amounts) ▶   | 20,365            |  |   | <u> </u>   |
|  | 4    | Income from investment of tax-exempt bond proceeds ▶   | <u> </u>          |  |   |  |
|  | 5    | Royalties  |                   |  | ļ                                       | ļ  |
|  |      | (i) Real (ii) Personal   |                   |  | }                                       |  |
|  | 6a   | Gross rents  |                   |  | }                                       |  |
|  | b    | Less: rental expenses  |                   |  |   |  |
|  | C    | Rental income or (loss)  | 24 222            |  | -                                       | -  |
|  | 7a   | Net rental income or (loss)  | 31, 080           |  |   | <del> </del>   |
|  | ′°   | assets other than inventory  | 1                 |  |   |  |
|  | Ь    | Less: cost or other basis  | 1                 |  | Į.                                      |  |
|  | -    | and sales expenses .   |                   |  |   |  |
|  | С    | Gain or (loss)   |                   |  |   |  |
|  | d    | Net gain or (loss) ▶   |                   |  | 1                                       | 1  |
| er Revenue   | 8a   | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 |                   |  |   | ,  |
| Other  | Ь    | Less: direct expenses b  |                   |  |   |  |
| U  |      | Net income or (loss) from fundraising events . ▶   |                   |  | Ì                                       | i  |
|  | 9a   | Gross income from garning activities. See Part IV, line 19   |                   |  |   |  |
|  | b    | Less: direct expenses b  |                   |  | }                                       | }  |
|  | C    | Net income or (loss) from gaming activities ▶  |                   |  | L                                       |  |
|  | 10a  | Gross sales of inventory, less returns and allowances a 2,000  |                   |  |   |  |
|  | b    | Less: cost of goods sold b 901   | [                 |  |   |  |
|  | C    | Net income or (loss) from sales of inventory ▶   | 1,099             |  | ļ                                       |  |
|  |      | Miscellaneous Revenue Business Code  |                   |  |   |  |
|  | 11a  |  |                   | <del></del>                            | <b> </b>                                | <del> </del>   |
|  | b    |  |                   |  | <del> </del>                            | <del> </del>   |
|  | 6    | All other revenue  | <del> </del>      |  | <del> </del>                            | <del> </del>   |
|  | d    | All other revenue  |                   | <del></del>                            | <del> </del>                            | <del> </del>   |
|  | 12   | Total revenue. See instructions.   | 52.544            |  | <del> </del>                            | <del>                                     </del>     |
|  | 1.5  | To an additional and additional and a second   | 32,344            | <del></del>                            | <u> </u>                                | Form <b>990</b> (2015)                               |

|        | Statement of Functional Expenses   |                       | 11 -46                             |   |                                |  |  |  |  |
|--------|--|-----------------------|------------------------------------|---|--------------------------------|--|--|--|--|
| Secuo  | n 501(c)(3) and 501(c)(4) organizations must con   |                       |                                    |   |                                |  |  |  |  |
|        | Check if Schedule O contains a response or note to any line in this Part IX  |                       |                                    |   |                                |  |  |  |  |
|        | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |  |  |  |  |
| 1      | Grants and other assistance to domestic organizations 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 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                    |   |                                |  |  |  |  |
| 4<br>5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees   | 5,500                 | 5,500                              |   |                                |  |  |  |  |
| 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<br>8 | Other salaries and wages   | 540                   | 540                                |   |                                |  |  |  |  |
| 9      | Other employee benefits  |                       |                                    | _   |                                |  |  |  |  |
| 10     | Payroll taxes  |                       |                                    |   |                                |  |  |  |  |
| 11     | Fees for services (non-employees):   |                       |                                    |   |                                |  |  |  |  |
| а      | Management   |                       |                                    |   |                                |  |  |  |  |
| b      | Legal  |                       |                                    |   |                                |  |  |  |  |
| С      | Accounting   | 600                   | 600                                |   |                                |  |  |  |  |
| d      | Lobbying   |                       |                                    |   |                                |  |  |  |  |
| е      | Professional fundraising services. See Part IV, line 17  |                       |                                    |   |                                |  |  |  |  |
| f      | Investment management fees   |                       |                                    |   |                                |  |  |  |  |
| 9      | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   |                       |                                    |   |                                |  |  |  |  |
| 12     | Advertising and promotion  |                       |                                    |   | }                              |  |  |  |  |
| 13     | Office expenses  | 989.                  | 989                                |   |                                |  |  |  |  |
| 14     | Information technology   |                       |                                    |   |                                |  |  |  |  |
| 15     | Royalties  |                       |                                    |   |                                |  |  |  |  |
| 16     | Occupancy  | 15.068                | 15.068                             |   |                                |  |  |  |  |
| 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  | 26,425                | 26,425                             |   |                                |  |  |  |  |
| 23     | Insurance  | 6,000                 | 6,000                              |   |                                |  |  |  |  |
| 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      | MISC   | 90.                   | 90                                 |   |                                |  |  |  |  |
| b      |  |                       |                                    |   |                                |  |  |  |  |
| C      |  |                       | 1                                  |   | 1                              |  |  |  |  |
| d      |  |                       | <del></del>                        |   |                                |  |  |  |  |
| e      | All other expenses   |                       |                                    |   | 1                              |  |  |  |  |
| 25     | Total functional expenses. Add lines 1 through 24e   | 55,212                | 55,212                             | <del></del>                               | <del> </del>                   |  |  |  |  |
| 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) | 33,212                | 33,212                             |   |                                |  |  |  |  |

| _                           | 990 (20 | <u></u>   | <del></del>                   | <del></del>                |                    | Page <b>11</b>        |
|-----------------------------|---------|---|-------------------------------|----------------------------|--------------------|-----------------------|
| F                           | art X   | Balance Sheet   |                               | .1.\                       |                    |                       |
| _                           |         | Check if Schedule O contains a response o   | r note to any line in this Pa | rt X (A) Beginning of year |                    | (B)<br>End of year    |
|                             | 1       | Cash-non-interest-bearing   | 707,082                       | 1                          | 731,239            |                       |
|                             | 2       | Savings and temporary cash investments  |                               | 2                          | <u> </u>           |                       |
|                             | 3       | Pledges and grants receivable, net  |                               | 3                          |                    |                       |
|                             | 4       | Accounts receivable, net  |                               | 4                          |                    |                       |
| ε                           | 5       | Loans and other receivables from current and trustees, key employees, and highest complete Part II of Schedule L  |                               | 5                          |                    |                       |
|                             | 6       | Loans and other receivables from other disqualified pers<br>4958(f)(1)), persons described in section 4958(c)(3)(B), all<br>sponsoring organizations of section 501(c)(9) voluity<br>organizations (see instructions) Complete Part II of Scher |                               | 6                          | ,                  |                       |
| Assets                      | 7       | Notes and loans receivable, net   |                               |                            | 7                  |                       |
| Ą                           | 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 885,959                   | 1                          | 1                  |                       |
|                             | ь       | Less accumulated depreciation   | 10b 279,510                   | 632,874                    | 10c                | 606,449               |
|                             | 11      | Investments - publicly traded securities  |                               |                            | 11                 |                       |
|                             | 12      | Investments-other securities See Part IV, line  | 11                            |                            | 12                 | <u> </u>              |
|                             | 13      | Investments-program-related See Part IV, line   |                               | 13                         | <del></del>        |                       |
|                             | 14      | Intangible assets   |                               | 14                         |                    |                       |
|                             | 15      | Other assets See Part IV, line 11   | 14,357                        | 15                         |                    |                       |
|                             | 16      | Total assets Add lines 1 through 15 (must equ   | al line 34)                   | 1,339,274                  | 16                 | 1,336,688             |
|                             | 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   |                               | 21                         | ·                  |                       |
| Liabilities                 | 22      | Loans and other payables to current and f trustees, key employees, highest comper   |                               |                            |                    |                       |
| 흅                           | l       | disqualified persons Complete Part II of Sched  |                               | 22                         |                    |                       |
| ュ                           | 23      | Secured mortgages and notes payable to unrela   |                               | 23                         |                    |                       |
|                             | 24      | Unsecured notes and loans payable to unrelate   |                               | 24                         |                    |                       |
|                             | 25      | Other liabilities (including federal income tax,  |                               | ŀ                          |                    |                       |
|                             |         | parties, and other liabilities not included on line of Schedule D   |                               | 25                         |                    |                       |
|                             | 26      | Total liabilities Add lines 17 through 25   | -0-                           | 26                         |                    |                       |
| Net Assets or Fund Balances |         | Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and  |                               |                            | ,                  | , a h                 |
|                             | 27      | Unrestricted net assets   |                               | 27                         |                    |                       |
|                             | 28      | Temporarily restricted net assets   |                               | 28                         |                    |                       |
|                             | 29      | Permanently restricted net assets   |                               | 29                         |                    |                       |
|                             | [<br>   | Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34   | ,                             | 1                          |                    |                       |
|                             | 30      | Capital stock or trust principal, or current funds  |                               | 30                         |                    |                       |
|                             | 31      | Paid-in or capital surplus, or land, building, or e   |                               | 31                         |                    |                       |
| As                          | 32      | Retained earnings, endowment, accumulated in  |                               | 32                         |                    |                       |
| <u>let</u>                  | 33      | Total net assets or fund balances   |                               | 33                         |                    |                       |
| ~                           | 34      | Total liabilities and net assets/fund balances  | 1,339,356                     | 34                         | 1,336 <u>,6</u> 88 |                       |
|                             | 1       |   |                               |                            |                    | Form <b>990</b> (2015 |

|     | 90 (2015)   |          |    | Pa   | age <b>12</b> |
|-----|---|----------|----|------|---------------|
| Par | t XI Reconciliation of Net Assets   |          |    |      |               |
|     | Check if Schedule O contains a response or note to any line in this Part XI                             |          |    |      |               |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |    |      | 52,544        |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2        |    | 5    | 55,212        |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3        |    |      | (2668)        |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))               | 4        |    |      |               |
| 5   | Net unrealized gains (losses) on investments  | 5        | -  |      |               |
| 6   | Donated services and use of facilities  | 6        |    |      |               |
| 7   | Investment expenses   | 7        |    |      |               |
| 8   | Pnor penod adjustments  | 8        |    |      |               |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)                                    | 9        |    |      |               |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line           |          |    |      |               |
|     | 33, column (B))   | 10       |    | 1.33 | 36,688        |
| Par | XII Financial Statements and Reporting  |          |    | ,,   | 1             |
|     | Check if Schedule O contains a response or note to any line in this Part XII                            |          |    |      |               |
|     |   |          |    | Yes  | No            |
| 1   | Accounting method used to prepare the Form 990  |          |    |      |               |
|     | If the organization changed its method of accounting from a prior year or checked "Other," ex           | plain in | ŀ  |      | 1             |
|     | Schedule O  | •        |    |      | 1 !           |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?         |          |    |      | 1             |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or  |          |    | ,    |               |
|     | reviewed on a separate basis, consolidated basis, or both   | -        |    |      |               |
|     | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                            |          |    |      |               |
| b   | Were the organization's financial statements audited by an independent accountant?                      |          | 2b |      | 1             |
| -   | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a |          |    |      |               |
|     | separate basis, consolidated basis, or both   |          |    |      |               |
|     | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                            |          | ,  |      | 1             |
|     | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o     |          |    |      | لسسا          |

2c

3a

3b

Form **990** (2015)

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O

the Single Audit Act and OMB Circular A-133?

#### SCHEDULE D (Form 990)

Internal Revenue Service

Department of the Treasury

#### **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

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number JFK ACCOKEEK CORPORATION 52-1327726 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 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 organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 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 Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Part           | Organizations Maintaining   | Collections of       | Art, His    | torical 1  | Freasures, 🤈          | or Otl  | her Sımılar As:          | s <b>ets</b> (conti | ınued) -           |
|----------------|---|----------------------|-------------|--|-----------------------|---------|--------------------------|---------------------|--------------------|
| 3              | Using the organization's acquisition, collection items (check all that apply)       | accession, and ot    | ther reco   | rds, chec  | k any of the          | follow  | ring that are a si       | gnificant us        | se of its          |
| а              | ☐ Public exhibition   |                      | ď           | Loan   | or exchange           | progr   | ams                      |                     |                    |
| b              | ☐ Scholarly research  |                      | e           | Othe   | r                     |         |                          | _                   |                    |
| С              | Preservation for future generations   |                      |             |  |                       |         |                          |                     |                    |
| 4              | Provide a description of the organizat XIII   | tion's collections a | and expla   | ain how t  | hey further th        | he org  | anization's exem         | pt purpose          | n Part             |
| 5              | During the year, did the organization   |                      |             |  |                       |         |                          | r                   |                    |
|                | assets to be sold to raise funds rather   |                      | ained as p  | part of the                                      | e organizatio         | n's co  | llection?                | _ 🔲 Yes             | □ No               |
| Part           | Complete if the organization  |                      | " on For    | m 990, I   | Part IV, line         | 9, or 1 | reported an am           | ount on F           | orm                |
|                | 990, Part X, line 21  |                      |             |  |                       |         |                          |                     |                    |
| 1a             | Is the organization an agent, trustee, included on Form 990, Part X?                |                      |             | -  |                       | ons or  | otner assets no          | ⊺ ∐ Yes             | □ No               |
| b              | If "Yes," explain the arrangement in Pa   | art XIII and comple  | ete the fo  | llowing to                                       | able                  | _       | 1                        |                     |                    |
|                | B   |                      |             |  |                       |         | <del> </del>             | nount               |                    |
| C              | Beginning balance   |                      |             |  |                       | 1c      |                          |                     | <del></del>        |
| d              | Additions during the year Distributions during the year                             |                      |             |  |                       | 1e      |                          |                     |                    |
| e<br>f         | Ending balance  |                      |             |  |                       | 1f      |                          |                     |                    |
| 2a             | Did the organization include an amoun   | nt on Form 990. P    | art X. line | 21. for e  | scrow or cus          |         | account liability        | Yes                 | □ No               |
|                | If "Yes," explain the arrangement in Pa   |                      |             |  |                       |         |                          | <u> </u>            |                    |
| Par            |   |                      |             | ,  |                       |         |                          |                     |                    |
|                | Complete if the organization  | answered "Yes        | " on For    | m 990, I   | Part IV, line         | 10      |                          |                     |                    |
|                |   | (a) Current year     |             | or year  | (c) Two years         |         | (d) Three years back     | (e) Four yea        | ars back           |
| 1a             | Beginning of year balance   |                      |             |  |                       |         |                          |                     |                    |
| þ              | Contributions   |                      |             |  |                       | İ       |                          |                     |                    |
| С              | Net investment earnings, gains, and losses  |                      |             |  |                       |         |                          |                     |                    |
| d              | Grants or scholarships  |                      |             |  |                       |         |                          |                     |                    |
| е              | Other expenditures for facilities and programs                                      |                      |             | _  |                       |         |                          |                     |                    |
| f              | Administrative expenses   |                      |             | -  |                       |         |                          |                     |                    |
| g              | End of year balance   |                      |             |  |                       |         |                          |                     |                    |
| 2              | Provide the estimated percentage of t   | he current year er   | nd balanc   | e (line 1g                                       | , column (a))         | held a  | ıs                       |                     |                    |
| а              | Board designated or quasi-endowmer  | nt ▶                 | _%          |  |                       |         |                          |                     |                    |
| Ь              | Permanent endowment ▶   | _ %                  |             |  |                       |         |                          |                     |                    |
| С              | Temporarily restricted endowment  |                      |             |  |                       |         |                          |                     |                    |
| _              | The percentages on lines 2a, 2b, and  |                      |             |  |                       |         |                          |                     |                    |
| 3a             | Are there endowment funds not in the  | e possession of the  | ne organı   | zation th  | at are held a         | nd adı  | ministered for the       |                     |                    |
|                | organization by   |                      |             |  |                       |         |                          | Ye                  | s No               |
|                | (i) unrelated organizations   |                      |             |  |                       |         |                          | 3a(i)               | <del></del>        |
|                | (ii) related organizations  |                      |             |  | 50                    |         |                          | 3a(II)              | <del> </del>       |
| b              | If "Yes" on line 3a(ii), are the related on Describe in Part XIII the intended uses |                      |             |  |                       |         |                          | 3b                  | ļ                  |
| 4              |   | <del></del>          | on s enuc   | willelit   | unus                  |         |                          |                     |                    |
| Part           | Land, Buildings, and Equip Complete if the organization                             |                      | " on For    | 000 I  | Dort IV June          | 115     | Soo Form 000             | Dort V. line        | a 10               |
| ~ <del>~</del> | Description of property   | (a) Cost or of       | ther basis  | (b) Cost   | or other basis other) | (c) /   | Accumulated appreciation | (d) Book va         |                    |
|                | Lond  | , <b>53</b>          | •           | - "  |                       |         | · <u> </u>               |                     | 112 000            |
| 1a<br>b        | Land<br>Buildings   | -                    |             | <del> </del>                                     | 112,800<br>731,280    |         | 261,539                  |                     | 112 800<br>469,741 |
| Ь              | Leasehold improvements  | -                    |             | <del>                                     </del> | 41,879                |         | 17,970                   |                     | 24,909             |
| c<br>d         | Equipment   |                      |             |  | 41,075                |         | 17,370                   | <u> </u>            | 24,505             |
| e              | Other   |                      |             | <del> </del>                                     |                       |         |                          |                     |                    |
|                | Add lines 1a through 1e (Column (d) r   | nust equal Form 9    | 90. Part    | X. columi  | n (B), line 10d       |         | <b>•</b>                 |                     | 607,450            |
|                | The mice to anough to to delimit lay to   | s. oquar i omi       |             | .,   |                       |         | Coho                     | dula D (Form        |                    |

## 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

OMB No 1545 0047 2015

Department of the Treasury Internal Revenue Service Name of the organization ► 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

Employer identification number

| JFK ACCOKEEK CORPORATION   | 52-1327726                             |
|--|--|
|  |  |
| THE KNIGHTS OF COLUMBUS DO NOT PERMIT THEIR LOCAL COUNCILS TO OWN REAL ESTATE NO   | R HAVE A LIQUOR LICENSE IN             |
| THE NAME OF A COUNCIL THUS THIS ORGANIZATION WAS FORMED TO HOLD TITLE TO THE BUILD | DING AND PROVIDE A PLACE FOR           |
| THE COUNCIL TO HOLD MEETINGS AND OTHER FRATERNAL AND SOCIAL EVENTS                 |  |
|  |  |
| THIS PARTICULAR COUNCIL PURCHASED AN OLD SCHOOL FROM PRINCE GEORGE COUNTYAFTER     | R SEVERAL YEARS OF USE THE             |
| BUILDING WAS SOLD, AND THE PROCEDS WERE USED TO PURCHASE A SMALLER BUILDING THE    | EXCESS PANDROFIT WAS TAXED             |
| AND APPLICABLE TAXES PAID A FEW YEARS LATER THE PARCEL OF LAND WITH RENTAL PROPE   | RTY NEXT TO THEM BECAME                |
| AVALIABLE THE BUILDING ON THAT PROPERTY SAS LEASED TO THE UNITED POSTAL SERVICE TH | HAT RENTAL IS THE PRIMARY SOURCE       |
| OF REVERNUE FOR THIS ORGANIATION   | ······································ |
|  |  |
| THE MEMBERSHIP CONSITS OF THE MEMBERS IN GOOD STANDING OF JOHN F KENNEDY COUNCIL   | KL # 5482 OF THE KNIGHTS OF            |
| COLUMBUS   |  |
|  |  |
| THIS ORGANIZATION FOLLOWS THE RECOMMENDATIONS THAT REQUIRES THAT RECORDS BE KE     | PT F <u>or</u> sev <u>en years</u>     |
|  |  |
|  |  |
| THE ORGANIZATION PROVIDES A COPY OF THE FILED FORM 990 FOR INSPECTION UPON REQUES  | r                                      |
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

JFK ACCOKEEK CORPORATION

Partl

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 890, Part IV, line 33, 34, 35b, 36, or 37

► Attach to Form 990

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

| 20 <b>15</b> , | Open to Public | Inspection | Employer Identification number |
|----------------|----------------|------------|--------------------------------|
| -              |                |            | Employ                         |

52-1327726

OMB No 1545-0047

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

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity 2 Z Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Yes (f)
Direct confrolling 'entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity --------(a) Name address, and EIN (if applicable) of disregarded entity i (a)
Name address and EiN of related organization í ----; : ł Part II Ξ 2 9 ₹ Ð. Ð

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

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Schedule R (Form 990) 2015