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EXTENDED TO AUGUST 15, 2017

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For th	e 2015 calendar year, or tax year beginning $$ OCT 1 , $$ $$ $$ $$ 20 $$ 15 $$ $$ and e	ending S	EP 30, 2016	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	e Doing business as		73-1	719822
	Initial return	· · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone numbe	
	Final return termin		20	714-	992-2772
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	459,647.
누	return	FULLERION, CA 32033		H(a) Is this a group re	
L	ltion pendi	I F Name and address of principal officer of the very it.		for subordinates	
-	T-11 -11	Empt status: X 501(c)(3)	527	H(b) Are all subordinates in	
		te: \triangleright N/A	321	H(c) Group exemption	list. (see instructions)
		organization: X Corporation	L Year o		State of legal domicile: CA
		Summary		or torridation.	7 Otato of rogal dofficion
_	14	Briefly describe the organization's mission or most significant activities. THE P	URPOS	E OF THE FO	UNDATION
Activities & Governance		SHALL BE TO PROMOTE, ADVANCE AND ENCOURAG	E FIR	EARMS AND H	UNTING
r.	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
প্ত	4	Number of independent voting members of the governing body (Part VI, line 1b)	•	. 4	6
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		. 5	0
ξ	6	Total number of volunteers (estimate if necessary)	-	6	7
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	Ь	Net unrelated business taxable income from Form 990-7, line 34		7b	
ine	8	Contributions and grants (Part VIII, line 1h)	_ വ	Prior Year 4,524.	267,314.
	9	Program service revenue (Part VIII, line 2g)	R\$-OSC	0.	207,314.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and Vid	₩	43,055.	122,704.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 19 cm		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column 47, inc 12)		47,579.	390,018.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,900.	157,500.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>5. j. (</u>	2	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		44,198.	348,446.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	70,098.	505,946.
	19	Revenue less expenses. Subtract line 18 from line 12		-22,519.	-115,928.
sets or	20	Tatal apacts (Dest V. Iva. 16)	Bec	ginning of Current Year 2,221,344.	End of Year 2, 222, 893.
ASSE	20 21	Total assets (Part X, line 16)	·	0.	0.
Net Ass Fund B	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	2,221,344.	2,222,893.
ĪΡ	art II	Signature Block		2/222/0220	272270331
		Ities of perjury. I declare that I have examined this return including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete Declaration of exeparer (other than officer) is based on all information of whic		- ·	. 1
				18/13	1/2017
Sig	n	Signatury of officer		Date	7
Hei	re	KICHARD J. MINNICH, / REASUR	<u> 50</u>	<u> </u>	
		Type or print name and title			
		Print/Type preparer's name Preparer's synadure		ate Check	PTIN
Pai		JIM NAGENGAST	<u> </u>	self-emptoye	
	parer	Firm's name KMJ CORBIN & COMPANY LIP Firm's address 555 ANTON BLVD SUITE 1008		Firm's EIN	81-0569753
use	Only	Firm's address 555 ANTON BLVD SUITE 1008 COSTA MESA, CA 22626		Dhara 71	4-380-6565
Mari	, the II			Phone no. / 14	
ivia	y u ie ił	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2015) THE CRPA FOUNDATION	73-1719822	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE PURPOSE OF THE FOUNDATION SHALL BE TO PROMOTE, ENCOURAGE FIREARMS AND HUNTING SAFETY, TO EDUCATE	ADVANCE AND	
	RESPECT TO FIREARMS, FIREARMS HISTORY, HUNTING SAFE		йтр —
	AND TO ASSIST IN THE LEGAL DEFENSE OF 2ND AMENDMENT		
2	Did the organization undertake any significant program services during the year which were not listed		
	the pnor Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.	· · · · · · · · · · · · · · · · · · ·	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	services? . Yes	X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation revenue, if any, for each program service reported.	ns to others, the total expenses, a	ana
4a	044 056) (Revenue \$	
	THE FOUNDATION SUPPORTED THE LEGAL DEFENSE OF THE S	SECOND AMENDMENT	AND '
	CIVIL RIGHTS ISSUES REGARDING THE SECOND AMENDMENT.		Ē
	USED TO HELP DEFRAY THE LEGAL COSTS IN MAJOR COURT	CASES.	
			
		· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
			
			·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	· · · · · ·
		.) (!!!!!	
		<u> </u>	
4d	Other program services (Describe in Schedule O.)		
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 311,276.		
<u>4e</u>	Total program service expenses ► 311,276.	Co OC	0 (2015)
532002 12-16-		rom 99	(2015)

Pa	rt.IV Checklist of Required Schedules			ugo e
			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	X_	l
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		'	
	as applicable.	\ 1	; ;	, -
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 1	i	
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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	/ [I	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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 ındividuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i	j	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	. I		

Form **990** (2015)

complete Schedule G, Part III

Form	1 990 (2015) THE CRPA FOUNDATION 7	3-1719822	P	age (
Pa	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cu	ırrent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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	e		
	Schedule K. If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defer	ase		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,	and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " comple	ete	•	l
	Schedule L, Part I	25b		Х
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 "Ye	∍s, "		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	er		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Ì.,	Х
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):	7. /- 2. /- /-		满心
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	` `	×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pa	art IV 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	officer,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	n		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	d		
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled en	tity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.	nization?		
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

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Х

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

Form	990 (2015) THE CRPA FOUNDATION 73-1719	822	Р	age 5
Pa				
L	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		<u>-</u> .:	doe ⁻
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	But the state of t	23.42	200	ر ج _{ار با} وا
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	مار ورد	E-TY-	2024
	filed for the calendar year ending with or within the year covered by this return 2a 2	推設	ومن فيل ترويل	if we
ь	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)	کر چکرہ نا	in out	2003
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	and the second s	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	扩流	, ÷ •	约.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ļ
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			١.
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Í
	to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	15,5 -1,1	** 1	5, 6 ₃ 1 ~
е		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
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	N. 1 . 2. 2	erine 1 t	
	sponsoring organization have excess business holdings at any time during the year?	8		277,7
9	Sponsoring organizations maintaining donor advised funds.		, ,,	F
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:	ر در مارونونونونونونونونونونونونونونونونونونون		f 1.
a	Initiation fees and capital contributions included on Part VIII, line 12		1457	2165°
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	;		
11	Section 501(c)(12) organizations. Enter:	35.50	930 W	والمرايا
a	Gross income from members or shareholders	· ·) 	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b	400	1	١٠
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12a		,
b	· · · · · · · · · · · · · · · · · · ·	1		Į.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	 	
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	K. 44	[[\$%]
	organization is licensed to issue qualified health plans	ļ, ´.'		
	Enter the amount of reserves on hand	14a	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	 -
<u>D</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2015)

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[Part VI'] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI		 			X			
Sec	tion A. Governing Body and Management								
		_			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7	٠, ،				
	If there are material differences in voting rights among members of the governing body, or if the governing			'		ŀ			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			2	دين				
b	b Enter the number of voting members included in line 1a, above, who are independent 1b								
2	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		_X_			
3	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		X_			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	is filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
	more members of the governing body?			7a		Х			
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or						
	persons other than the governing body?		,	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	5.17	, , , 4,				
а	The governing body?	•	•	8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	·		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	11a		X			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•	•	ELLEY HELLEY	1 e 1 % 2 C L 4 4 5	47 JFJ 24 34 45			
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y								
	ın Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?		• • • • • •	13		X			
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approve	ai by ır	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•	1.37.13	افي م	1			
а	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization	•		15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			- 4					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	rith a	, ,	-				
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			3 50 31	 2				
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶CA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	on 501(c)(3)s only)	avaılab	le				
	for public inspection. Indicate how you made these available Check all that apply.		27						
	Own website X Another's website X Upon request Other (explain	ın Sch	nedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial				
	statements available to the public during the tax year.		20. ponoj, am						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records·►						
	PAUL STUTZKE - 714-992-2772	3 . UI							
		283	5						
			 	-	000	20451			

532006 12-16-15

Part VIII 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 (A)	(B)	ľ	(C)					(D)	(E)	(F)
Name and Title	Average	(40	not c	Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	ck more than one person is both an a director/trustee)		h an	compensation	compensation	amount of
	week	H-	ler ar	1	I ECT	T	1	from	from related	other
	(list any hours for	iect iect						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	i i	ste			nsate	1	(W-2/1099-MISC)	(11 27 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				and related
	below	vidual	tetto	5	Key employee	loyee	늘			organizations
	line)	亨	is.	Officer	Ke,	운동	Former			
(1) STEVEN H. DEMBER	0.00			l						
PRESIDENT		X		Х	ļ	<u> </u>	L.	0.	0.	0.
(2) CHRIS CONTE	0.00			l						•
VICE PRESIDENT		X		X		_	<u> </u>	0.	0.	0.
(3) MIKE BARRANCO	0.00								_	
TREASURER	1	X	_	X		ļ	<u> </u>	0.	0.	0.
(4) STEVE HELSLEY	0.00			٠,,					_	•
SECRETARY	1 0 00	Х	<u> </u>	X	<u> </u>	├_	ļ	0.	0.	0.
(5) RICHARD MINNICH	0.00	Ţ.	ļ		ŀ			0.	0.	0.
TRUSTEE	0.00	X	ļ	ļ	<u> </u>	├	<u> </u>		U•	<u> </u>
(6) TOM THOMAS	0.00	х				ļ		0.	0.	0.
TRUSTEE	0.00	^	┝	┝	├		<u> </u>	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · ·
(7) MATT CORWIN	0.00	x						0.	0.	0.
TRUSTEE	1	<u> </u>		 	├	├	├	•		•
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532007 12-16-15

Form 990 (2015) THE CRPA	FOUNDAT	ric	N						73-1	7198	322	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	iH k	ghe	st C	compensated Employe	es (continued)			
. (A)	(B)			(C				(D)	(E)		(F)
Name and title	Average	Ì		Posi	tion			Reportable	Reportable	.		nated
Name and title	hours per			heck n ss per:				compensation	compensation	1		unt of
•	week			dad#				from	from related			her
	(list any	5						the	organization			ensation
	hours for	rect		ŀ		1			(W-2/1099-MI		•	n the
	related	a d				ated		organization	(00-2/1099-00	³⁰ , [
	organizations	stee	rust			bens		(W-2/1099-MISC)		İ	_	ization elated
	below		nal		lbye	ខ្លួ		1		-		
		Individual trustee or director	institutional trustee	Officer	Кву етріоуее	plest	Р оттег			ŀ	organi	zations
	line)	밀	SE .	통	Κey	Highest compensated employee	For					
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		Į				l i				ľ		
1b Sub-total							•	0.		0.		0.
c Total from continuation sheets to Part VI			•	-	•	1	•	0.		0.		0.
	., 0001.0	•	•	•		- 1		0.		0.		0.
d Total (add lines 1b and 1c)					—				000 - (
2 Total number of individuals (including but n	ot limited to tr	iose	liste	ed ac	oove	e) wr	io re	eceived more than \$100	,000 or reportab	ie		0
compensation from the organization											15.	
										_	Y	es No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y em	nplo	yee,	orl	highest compensated e	mployee on	- 1	£ ,5%	٠ ٫-
line 1a? If "Yes," complete Schedule J for s									•	- 1	3	X
		•	·						the organization	15	\$40 m 27.	954 J 505 15 80
-									ine organization	- 1	4	x
and related organizations greater than \$150										<u></u> ⊦.		No 5 11245, 5
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services	'		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch p	oers	on	<u>. </u>	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, 			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	nde	nt co	ontr	acto	ors t	hat received more than	\$100,000 of cor	npensa	tion fro	m
the organization. Report compensation for												
(A)				. .				(B)			(C)	
Name and business	address	NC	NE	7.				Description of s	ervices	Co	mpens	ation
		-110	7111				-+					
	· · · · ·											
							- 1					
					_							
							_					
							- 1					
							-					
2 Total number of independent contractors (i										S		
	ncludina but n	ot lu	mite	d to :	tho	se lis	sted	d above) who received m	nore than		7 . 1.	~ · ·
		ot lu	nite	d to			sted	d above) who received n	nore than			
\$100,000 of compensation from the organi		ot lu	nite	d to	tho:		sted	d above) who received in	nore than	أأمل فأعملية	N. 403	90 (2015)

Form 990 (2015) THE CRP.
| Part VIII | Statement of Revenue

3		Check if Schedule O con	tains a response	or note to any li	ne in this Part VIII	_		
i .					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Gifts, Grants illar Amounts	b	d Related organizations	1a 1b 1c 1d					
Contributions, Gifts, and Other Similar Ar		 Government grants (contributions, gifts, grants similar amounts not included about the processing of the process /li>	nts, and ove 1f	267,314.				
<u>8</u>	_	Total. Add lines 1a-1f		>	267,314.			
				Business Code			16.7257世紀海	はない。
Program Service Revenue	2 a b c)						
P. P.	е	•						
۵	f	All other program service reve	enue _.	<u>L</u>				
	9			<u> </u>		<u>व्यक्तिकार्य स्थापत्र स्थ</u>	and grants	* P
	3	Investment income (including other similar amounts) Income from investment of ta		>	71,782.			71,782.
	5	Royalties	· · · · · · · · · · · · · · · · · · · 	🕨	Continue to the teachers	2 15 July 30 July 1995 V	e*.e	
		Gross rents Less: rental expenses	(i) Real	(ii) Personal			in the total of the second of	Service of the servic
	С	Rental income or (loss) Net rental income or (loss)			And the later of t		Section of the	ALTERNATION OF THE PROPERTY OF
		Gross amount from sales of assets other than inventory	(i) Securities 120,551.	(ii) Other		The state of the s		LANCE WAS THE
	c	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	69,629. 50,922.	•	50,922.	50,922.		Error of Francisco
Revenue		Gross income from fundraisin including \$	of					
Other Re		Part IV, line 18 Less: direct expenses	a b					1. E. T. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		 Net income or (loss) from fund Gross income from gaming ad 	-	<u> </u>	1 64 12 roll 15. 4	But the warmen and a second	g in Brandsminn	##88## #J.077 *
		Part IV, line 19 Less: direct expenses	a b					
- 1		: Net income or (loss) from gan		. •	an and the and agent and a single-grapher	The restricts crouping, with mystates	स्थान करणां स्थाप । इ.स. १ मा	·
		Gross sales of inventory, less and allowances	-		Strate Hologogy &	Langering of the state of the s	首的新四周进	· · · · · · · · · · · · · · · · · · ·
		Less: cost of goods sold Net income or (loss) from sale	b	•				
[.		Miscellaneous Revenu	ıe	Business Code	STITE OF STI	gagaran ang casa a sa sa Ribilitati atawan sa sa sa	Carrent a	
ſ	11 a	·						
	b							·
	С	·						
	d			L				
		Total. Add lines 11a-11d		. 🟲	300 010	<u> </u>	0.	71 700
532009	12	Total revenue. See instructions.			390,018.	50,922.	<u> </u>	71,782. Form 990 (2015)

Form 990 (2015) THE CRPA FOUNT Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations			りつ話場的など	6.92.100 65.45.6					
	and domestic governments. See Part IV, line 21	157,000.	157,000.							
2	Grants and other assistance to domestic			原於學院學院	Market Control of the					
	ındıvıduals. See Part IV, line 22	500.	500.	1 1 2 1 1 1 1 1						
3	Grants and other assistance to foreign			[1] "表层",	# 1 T					
	organizations, foreign governments, and foreign			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE PROPERTY OF THE PARTY OF TH					
	individuals See Part IV, lines 15 and 16			to history and the many internal	i thereby a second					
4	Benefits paid to or for members			the state of the same of	J					
5	Compensation of current officers, directors,									
	trustees, and key employees			l	<u></u>					
6	Compensation not included above, to disqualified		•							
	persons (as defined under section 4958(f)(1)) and			<u> </u>						
	persons described in section 4958(c)(3)(B)			İ						
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes		··							
11	Fees for services (non-employees):									
a	Management	136,000.		136,000.						
ь	Legal	151,863.	151,863.							
c	Accounting	4,150.	1,038.	1,037.	2,075.					
ď	Lobbying									
	Professional fundraising services. See Part IV, line 17		man well of the market Til							
f	Investment management fees	18,424.	Andreas maring and a grant for gar or ever	18,424.						
g	Other. (If line 11g amount exceeds 10% of line 25,	20,121								
9	column (A) amount, list line 11g expenses on Sch O.)	1			•					
12	Advertising and promotion	2,250.		2,250.	<u> </u>					
13	Office expenses	83.		83.						
14	Information technology	3,500.	875.	875.	1,750.					
15	, <u>, , , , , , , , , , , , , , , , , , </u>	3,300.	0,3.	- 0,3.	1,730.					
	Royalties									
16 17	T (·					
18	Payments of travel or entertainment expenses			,						
40	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance Other expenses, Itemize expenses not covered	FIRE TO THE TOTAL TO THE	the content of the second	DEFENDENT PROGRAM SECURE	Washing No.					
24	above. (List miscellaneous expenses in line 24e. If line			全成的和国际公司	المنازية المنازية					
	24e amount exceeds 10% of line 25, column (A)			无证据的证明的	Refine Borner					
	amount, list line 24e expenses on Schedule 0.) DIRECT MAIL	25,959.	15 (27) 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	25,959.						
a	BANK CHARGES	4,166.		4,166.						
b	CONTRACT SERVICE	2,051.		2,051.						
C	CONTRACT BERVICE	2,031.		2,031.						
d	All abbas are as a second									
e	All other expenses	505,946.	311,276.	190,845.	3,825.					
25	Total functional expenses. Add lines 1 through 24e	303,340.	311,210.	190,043.	3,043.					
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 fif following SOP 98-2 (ASC 958-720)		 		Form 990 (2015)					

Form 990 (2015)

Part X Balance Sheet

ĥά	rt.X	Balance Sheet	<u>-</u>		
		Check if Schedule O contains a response or note to any line in this Part X	1 (4)		1 (0)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	157,560.	1	63,438.
	2	Savings and temporary cash investments	5,605.	2	29,519.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	7.00	212.29	12,400,000,000,000,000
	"	trustees, key employees, and highest compensated employees. Complete	المراجع المراج	4	A Children of the Control of the Con
		Part II of Schedule L	We have a conservation in the state of	5	
					
	6	Loans and other receivables from other disqualified persons (as defined under	All 1 has the man	10 x	(7.5)
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	. 10		
		employers and sponsoring organizations of section 501(c)(9) voluntary	THE SOUTH STORY I'S		rit
Assets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Ass	7	Notes and loans receivable, net .		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	The state of the s	, ee	Little And Built of the and
		basis. Complete Part VI of Schedule D	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	مي روسا	· 大学的 # 1990
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	2,058,179.	11	2,129,936.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,221,344.	16	2,222,893.
	17	Accounts payable and accrued expenses		17	·
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	, ,
S	22	Loans and other payables to current and former officers, directors, trustees,	阿拉尔斯斯斯斯	4 4	在工程的工程的工程的
Liabilities		key employees, highest compensated employees, and disqualified persons.			《成文》的《新文学》
abi		Complete Part II of Schedule L	7	22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	·	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	the transfer to make and the	1.3.2	.,
s			48 Co.		
JCe	27	Unrestricted net assets	2,221,344.	27	2,222,893.
alaı	28	Temporarily restricted net assets		28	
B	29			29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here	Lough Silver State of the State of the Control of the State of the Sta	- 388	The could be not read to
Net Assets or Fund Balances		and complete lines 30 through 34.		200	問題的發展的自然所謂的
ts c	30	Capital stock or trust principal, or current funds	(整理器: A.C. A.A.)在检查 电子设置器	30	· -
Se		Paid in or capital surplus, or land, building, or equipment fund		31	<u> </u>
Ä	31	• • • • • • • • • • • • • • • • • • • •		32	
Se	32	Retained earnings, endowment, accumulated income, or other funds	2,221,344.		2,222,893.
	33	Total net assets or fund balances	2,221,344.	33	2,222,893.
	34	Total liabilities and net assets/fund balances	4,441,344·	34	Form 990 (2015)

	1990 (2015) THE CRPA FOUNDATION	<u>73</u>	-1719822	Page 12
Рa	rt 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),018.
2	Total expenses (must equal Part IX, column (A), line 25)	2		946.
3	Revenue less expenses Subtract line 2 from line 1	3		,928.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,344.
5	Net unrealized gains (losses) on investments	5	117	,477.
6	Donated services and use of facilities	6		
7	Investment expenses .	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	2,222	2,893.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			to the same
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	'	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	· Light	使用 进销点
	consolidated basis, or both:		12 P	经国际
	Separate basis Consolidated basis Both consolidated and separate basis			ľ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	· interior	SEE COLD
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule (). \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	14 July 1
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit 📉	
	Act and OMB Circular A-133?		. 3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public

Name of the organization Employer identification number 73-1719822 THE CRPA FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ___ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (ı) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (ii) EIN (vi) Amount of listed in your governing document? (described on lines 1-9 organization support (see other support (see above (see instructions)) instructions) instructions) No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 THE CRPA FOUNDATION 73-17198 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-		-				
	ızatıon's benefit and either paid to			i			
	or expended on its behalf			_			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			The transfer of the	المراجع والمناطق والمناطق المناطق المن	· · · · · · · · · · · · · · · · · · ·	
	by each person (other than a	1 1 P.	الرائي ۾ ان ا		ر کار کار کار کار کار کار کار کار کار کا	Charles Santon	
	governmental unit or publicly	100 4 3 3 3 4 5			20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12.8.62. 52. 34. 3.	
	supported organization) included		17.14 台灣學		W. 7 20 1. 1835	Fill makes 1	
	on line 1 that exceeds 2% of the		· 安安 杨克			Language dame (see 6)	
	amount shown on line 11,				**		
	column (f)	863 x 44 3 14 3	変数がにい	Bridge Bright of	Mark the sale	e 35 4 15 15 1	
	Public support. Subtract line 5 from line 4	41,4	1.73 (1994)	1 2 1 - 1 - 1 - 1 3 7 - 1	فان الما أن الما يا	经基础 计设置	
Sec	ction B. Total Support						· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		:				
	secunties loans, rents, royalties						
	and income from similar sources		· · · · · · · · · · · · · · · · · · ·				
9	Net income from unrelated business			ļ			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	DD					
11	Total support. Add lines 7 through 10	Bakk Bakk	المروح بالمروا موارية والمعارفات	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for		first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. —
<u>e.,</u>	organization, check this box and store ction C. Computation of Publ		roontago	···		· , · · · · · · · · · · · · · · · · · ·	
			-	al (O)	 1	44	
	Public support percentage for 2015 (I				İ	14	<u>%</u>
	Public support percentage from 2014					15	<u>%</u>
ioa	33 1/3% support test - 2015. If the c stop here. The organization qualifies				14 IS 33 1/3% OF IT	iore, check this box	and
	33 1/3% support test - 2014. If the c	. , .,	J		lme 15 ic 22 1/20/	or more shock this	₽ □□
Ü	and stop here. The organization qual	•			1115 13 15 33 1/3%	or more, check this	▶ □
170	10% -facts-and-circumstances tes	•	• • •		 .12 160 or 16b o	and line 14 is 100/ e	r mara
. <i>i</i> a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	·	t viriow the organiz	.auori
h	10% -facts-and-circumstances tes	•			•	 7a and line 15 is 16	7% or
	more, and if the organization meets the						270 GI
	organization meets the "facts-and-circ				-		▶□
18	Private foundation. If the organization		-	•			
		Jo Hot officer a l	20.7 011 1110 10, 102	.,,, 170		dule A (Form 990 c	r 990-EZ) 2015
							,

Schedule A (Form 990 or 990-EZ) 2015 THE CRPA FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,530,391.	703,008.	178,452.	107,262.	271,838.	2,790,951.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			,			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,530,391.	703,008.	178,452.	107,262.	271,838.	2,790,951.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b	50.77 - 50.75	- 1 15M 14.	การเป็น เปลเลเลีย		The state of the s	2,790,951.
	Public support. (Subtract line 7c from line 6)	benederanick is 's	******* ****** ***	Charles Carrette	Challe Let 1 To March 1 to miles	CONTRACTOR AS PLEASED	2,130,331,
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	1,530,391.	703,008.	(c) 2013 178, 452.	107,262.	271,838.	2,790,951.
	Gross income from interest,		703,000.	170,1321	101/2021	271,0301	2,130,301,
102	dividends, payments received on securities loans, rents, royalties and income from similar sources				84,771.	87,917.	172,688.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b				84,771.	87,917.	172,688.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	1,530,391.	703,008.	178,452.	192,033.	359,755.	2,963,639.
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						▶□_
Sec	ction C. Computation of Publ	ic Support Per	rcentage	-			
15	Public support percentage for 2015 (I	line 8, column (f) dı	vided by line 13, c	olumn (f))	-	15	94.17 %
	Public support percentage from 2014					16	96.89 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	5.83 %
18	Investment income percentage from 2	2014 Schedule A, F	Part III, line 17			18	3.11 %
19a	33 1/3% support tests - 2015. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation .	$\triangleright X$
b	33 1/3% support tests - 2014. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶□_
5320	23 09-23-15			1 5	Sche	dule A (Form 990	or 990-EZ) 2015

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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	edule A (Form 990 or 990-EZ) 2015 THE CRPA FOUNDATION			3-1719822 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	, · - · · · · · - · - · - · · · · · · ·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	\	4. 2. 5. 20. 4. 5. 1. 2. 11	
	instructions for short tax year or assets held for part of year):	7 78	(1) X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Second Second
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			Land Carley Control of the Control o
	factors (explain in detail in Part VI):	, - 3,		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		all the first of the long of the same	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	建设设置的设置	
2	Enter 85% of line 1	2	HARRIST TO THE PARTY OF THE PAR	
3	Mınimum asset amount for prior year (from Section B, line 8, Column A)	3	1 12 15 1 2 1 2 1 2 1 2 1 2 1 2 2 2 2 2	
4	Enter greater of line 2 or line 3	4	و المراجع المر	
5	Income tax imposed in prior year	5		****
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2015

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
_ 7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsiv	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	J. STEP LONG PROPERTY	7. 下下文的人的基础的基础	
2	Underdistributions, if any, for years prior to 2015	Fritz The Table of Jan Fred		
	(reasonable cause required-see instructions)			- term of the property of the contract of the
3	Excess distributions carryover, if any, to 2015:		10.	
а	BOOKER TO SEE THE TALLS		Contract the second	Martin was and the art is the same
b	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 May 12 21 Project 1984	The confidence of the contract
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d	From 2013			第一次的 说 体系统 (2)
е	From 2014	Harace Land Comment	the state of the s	
f	Total of lines 3a through e		र्यो करें जिल्ला के प्रतिकारिय	second mark that a mark
g	Applied to underdistributions of prior years	深值建筑的特色是		Strange and a series of the series
h	Applied to 2015 distributable amount	SENT TO ENTER THE WAY IN STATE .	i Francisco - in considerio	
ī	Carryover from 2010 not applied (see instructions)	CEPTER SETS	The sale of the sale of the	THE STATE OF THE S
ij	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			the property of the state of th
4	Distributions for 2015 from Section D,	fright worth proper plant the first of	一方面外外有一种	Control of the Contro
	line 7: \$	The state of the s		
а	Applied to underdistributions of prior years	的。1975年1月1日 - 15日		
	Applied to 2015 distributable amount	177 No. 12 12 15 13		
С	Remainder. Subtract lines 4a and 4b from 4.		lamas to the first of the same of the	1967 建設を開始によることで
5	Remaining underdistributions for years prior to 2015, if	12 The way of 1/2		(127年中間で からか ファルイ・ロ
	any. Subtract lines 3g and 4a from line 2 (if amount			
_	greater than zero, see instructions).			A STATE OF THE STA
6	Remaining underdistributions for 2015. Subtract lines 3h	Anna Themselve of the man to be an a	<i>₹</i>	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	国际的一种社会学的社会	ि है महिन्द्र के कि के कि कि कि कि कि कि कि कि कि कि कि कि कि	
7	Excess distributions carryover to 2016. Add lines 3j			Carrie King St. St. 1 . S. Carrie L.
	and 4c.			The rate of the second of the
8	Breakdown of line 7:	では、これが、一般を表している。	生 起對亞斯語 计间隔的 湯	At the second
а	The state of the s	Section of the sectio	学生をなるのはいからなったしの	April 10 house and the same address.
b	Land to the state of the state		15 5 5 5 7 10 B 40 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	And the special section of a control of
С	Excess from 2013			
d	Excess from 2014			LESSON WEST FAST
е	Excess from 2015			with the second second second
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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 THE CRPA FOUNDATION	73-1719822 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	or 17b, Part III, line 12,
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part	s 1 and 2, Part IV, Section C, V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addit	ional information
· (OBB INSTRUCTIONS)	
PART III, LINE 1(E)	
THE PRIOR PERIOD RETURN WAS A SHORT-PERIOD RETURN NECESSAR	V EOD MUE
THE PRIOR PERIOD RETORN WAS A SHORT-PERIOD RETORN NECESSAR	1 FOR IRE
ENTITY TO MATCH THE OCTOBER THROUGH SEPTEMBER FISCAL YEAR	OF THE
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R. THIS RETURN IS THE FIRST FULL 12 MONTH RETURN ON ITS NE	W FISCAL
YEAR.	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

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

Open to Public Inspection

Schedule I (Form 990) (2015) ≗ ∏ Employer identification number RAIN, AND HOLD SEMINARS 73-1719822 (h) Purpose of grant LASSROOMS TO TEACH, RELATED TO FIREARMS or assistance ONE TIME GRANT FOR X Yes TEMORIAL PLAQUE UILD & FURNISH Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 000 1,000. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 156 (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 95-2258096 501(C)(4) 501(C)(3) Enter total number of other organizations listed in the line 1 table THE CRPA FOUNDATION 95-4350983 Part 1 . | General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? SUITE # 620 - FULLERTON, CA 92835 1 (a) Name and address of organization STREET STE 100 - SACRAMENTO , CA MEMORIAL FOUNDATION INC - 1700 I ASSOCIATION - 271 E IMPERIAL HWY CALIFORNIA RIFLE AND PISTOL CALIFORNIA PEACE OFFICERS' or government Name of the organization Part 95811

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Page 2 (f) Description of non-cash assistance 73-1719822 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. GRANT OR ASSISTANCE: BUILD & FURNISH CLASSROOMS TO TEACH, (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients CALIFORNIA RIFLE AND PISTOL ASSOCIATION THE CRPA FOUNDATION NAME OF ORGANIZATION OR GOVERNMENT PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance Schedule I (Form 990) (2015) (H) PURPOSE OF Part III

Schedule I (Form 990) (2015)

AND SECOND AMENDMENT ISSUES.

532102 10-28-15

FUNDS FOR SIGNS AND OTHER PROMOTIONAL MATERIALS TO ADVANCE FIREARMS USES

SECOND AMENDMENT, AND LEGAL ISSUES PERTAINING TO VARIOUS FIREARMS LAWS,

ADJACENT TO THE CURRENT CRPA FACILITIES.

TRAIN, AND HOLD SEMINARS RELATED TO FIREARMS SAFETY, FIREARMS USES,

IN ADDITION THE GRANT INCLUDED

THE

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection :

Name of the organization	.					· · ··· · · · · · · · · · · · · · · ·			- 1				on nu	ımber
	HE CRPA										198	<u>22</u>		
Part Excess Bene														
Complete if the o		vered "Yes" on Relationship bet				ie 25a or 25	b, or Fo	orm 990-E∠, I	art V,	line 40	<u> </u>	1(4)	Corre	ected?
(a) Name of disqualified p	person	person and o			iiiiea	(6	c) Desc	ription of tra	nsactio	n		1	es	No
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2 Enter the amount of tax	incurred by the o	rganization mar	nagers	or disc	qualified	persons du	ring the	e year under						
section 4958 3 Enter the amount of tax,	if any on line 2		ed by	the or	·aanızatı	on		•		► \$ ► \$				
5 Enter the amount of tax,	ii ariy, ori iirle 2,	above, reimburs	seu by	uie oi	yanızatı	OH				Þ				
Part II Loans to and	or From Int	erested Per	sons	i.										
Complete if the	organization ansv	vered "Yes" on	Form 9	990-EZ	, Part V,	line 38a or l	Form 9	90, Part IV, li	ne 26,	or if th	ne orga	ınızatı	on	
reported an amo	unt on Form 990	, Part X, line 5, 6												
(a) Name of	(b) Relationship	(c) Purpose		oan to or	(~)	Original	(f) B	alance due		ln 	(h) Ap by bo	proved ard o <u>r</u>	(i) V	/ritten ement?
interested person	with organization	of loan		zation?	buller	al amount				ault?	comm	nttee?	ayıcc	
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Part III Grants or As	sistance Rer	efiting Inter	reste	d Per	rsons	▶ \$				33.3	1.7%	337485	S. 7. 1.	MACHED.
Complete if the c		_				o 27								
(a) Name of interested p		b) Relationship				Amount of	7	(d) Type	of	T	(e	Purp	ose o	
(-,	,	interested pers	on an			ssistance	-	assistar			٠.	assista		
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

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

THE CRPA FOUNDATION

Employer identification number 73-1719822

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SAFETY, TO EDUCATE INDIVIDUALS WITH RESPECT TO FIREARMS, FIREARMS
HISTORY, HUNTING SAFETY AND MARKSMANSHIP AND TO ASSIST IN THE LEGAL
DEFENSE OF 2ND AMENDMENT ISSUES.
FORM 990, PART VI, SECTION B, LINE 11:
THE RETURNS ARE REVIEWED BY THE PRESIDENT AND TREASURER WITH THE OPERATIONS
DIRECTOR AND ACCOUNTING MANAGER OF THE CRPA AND THEN PRESENTED TO THE BOARD
FOR APPROVAL BEFORE SIGNING AND FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOLLOWING DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST: FORM 990,
FORM 1024, ARTICLES OF INCORPORATION, BYLAWS, AND DETERMINATION LETTER.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2015 Open to Public Inspection

OMB No 1545-0047

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

Employer identification number 73-1719822 THE CRPA FOUNDATION Name of the organization

Part 1. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Direct controlling entity End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN (if applicable) of disregarded entity Partil

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.

(a)	(q)	(0)	(p)	(e)	9	(g)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	12(b)(13) Illed
of related organization		foreign country)	section	status (if section	entity	entity?	۲۵
				501(c)(3))		Yes	g
CALIFORNIA RIFLE AND PISTOL ASSOCIATION -							
95-2258096, 271 E IMPERIAL HIGHWAY SUITE	PROMOTING 2ND AMENDMENT						
620, FULLERTON, CA 92835	RIGHTS	CALIFORNIA	501(C)(4)				×
			•				
			,				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2015	(Form 99(3) 2015

Schedule R (Form 990) 2015 THE CRPA FOUNDATION 73-1719822 [Part III] Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

		1	5	;	-	5					
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,		Share of total income	(9) Share of end-of-year			U) BI General DOX managii	General or Percentage
		foreign country)		excluded from sections 51.	2-514)		assets	Yes No	20 of Schedule K-1 (Form 1065)	dule parmer? 065) Yes No	~ o
									T		
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[paritication of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related some or trust during the tax year.	ganizations Taxable a rporation or trust dunr	as a Corp	oration or Trust Coy	mplete if the a	rganization ans	swered "Yes" o	in Form 990,	Part IV, line (34 because rt h	ad one or n	ore related
(a)		o U	(q)	(3)	9	(e)		(2)	(b)	3	8
Name, address, and EIN	<u></u>	Prim	Primary activity	e :	Direct controlling			Share of total	Share of	Percentac	Section 6 512(b)(13)
of related organizatio	<u> </u>				entity	(C corp, S corp,		income	end-of-year	ownership	
				country)		or irust)			assets		Yes
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Schedule R (Form 990) 2015 THE CRPA FOUNDATION

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	slated organizations listed	in Parts II-IV?	,
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				TP X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				Tg X
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)		•		1i X
j Lease of facilities, equipment, or other assets to related organization(s)				i.
k ease of facilities equinoment or other assets from related organization(s)				X
	anization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			tm X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
 Sharing of paid employees with related organization(s) 				10 X
				3.1
p Reimbursement paid to related organization(s) for expenses				
 Reimbursement paid by related organization(s) for expenses 	•			1g X
				×
collection of each or property to related organization(s)				-
If the answer to any of the above is "Yes," see the instructions fo	who must complete t	his line, including covered	r information on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction	(c)	boylever terrome parameters to be detailed	Conform
	type (a-s)			
1) CALIFORNIA RIFLE AND PISTOL ASSOCIATION	ф	156,000.	CASH GRANT	
ম				
4-				
(2)				
(9				
32163 09-08-15	32		Schedule	Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 THE CRPA FOUNDATION

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

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

(k) or Percentage gownership					
(j) seneral o nanagin partner?	3	 -			
(h) (i) (l) (k) Dispripur- Code V-UBI General or Percentage Libraria amount in box 20 managing ownership Ves No (Form 1065) yes No					
(h) Spropor- lionate scations?					
S	?				
(g) Share of end-of-year assets					
(f) Share of total income					
(e) An all partners sec 501(c)(3) orgs?					
(d) Predominant income (related, unrelated, sectioned from tax under sections 512-514)					
(c) Legal domicile (state or foreign e					
a) (b) (c) (related unrelated, intity (state or foreign sections 512-514)					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 THE CRFA FOUNDATION	73-1/19022 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
Provide additional information for responses to questions on Schedule in (see instructions).	
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