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DLN: 93493079000277

Form **990**

Department of the Treasury

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

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

		ue Servic	<u>'</u>					
			lendar year, or tax year beg C Name of organization	inning 10-01-2015 , and ending 09-30	-2016	D Emp	lover ide	entification number
	eck if api idress ch		CAPITAL MATRIX INC				038366	
	ame chai	-	Doing business as				030300	1
	ıtıal retui	rn	boing basiness as					
Fı eturn,	nal ⁄termınat	ted	Number and street (or P O bo 1161 W RIVER STREET	x if mail is not delivered to street address) Room	m/suite	E Telep	hone nun	ıber
	nended re			1770		(208	3)383-	3473
Ap	plication	pending	City or town, state or province BOISE, ID 83702	, country, and ZIP or foreign postal code		G Gros	s receints	\$ 851,525
			F Name and address of pr	ancipal officer	H(a)) Is this a grou	·	
			ANN MUNROE		"(")	subordinates		⊤ Yes 🗸
						No Are all subor	dinatos	
[Та	x-exemp	t status	「501(c)(3) ▼ 501(c)(4	4) ◀ (insert no)		included?	umates	⊤Yes 🗸 No
ı w	ebsite:	▶ ww	W CAPITALMATRIX ORG			· ·		(see instructions)
			<u> </u>			Group exem		ımber ▶ ¶ State of legal domıcıle ID
€ Form	n of orga	anızatıon	✓ Corporation Trust A	ssociation Other ►		ear or ronniadon	1903	1 State of legal doffficile 12
Pa	rt I	Sum	mary					
				ssion or most significant activities promoting and assisting the growth and	develonme	ent of husiness	ın Idah	o Eastern Oregon and
. .			ashington	promoting and assisting the growth and	- CVCTOPING		midan	
i CE								
Ē								
Governance	2 CI	heck th	is box ▶ ┌ if the organizati	on discontinued its operations or dispos	sed of more	e than 25% of	ts net a	ssets
	3 N.	umbara	of voting mombors of the gov	verning body (Part VI, line 1a)			3	1
Acuviues &			of independent voting memb		4	15		
			· -	d in calendar year 2015 (Part V, line 2a	•		5	7
ACI	6 To	otal nur	nber of volunteers (estimate	e if necessary)			6	20
	7a To	otal unr	elated business revenue fro			7a	0	
	b Ne	t unrela	ated business taxable incom	ne from Form 990-T, line 34	<u> </u>		7b	
						Prior Year		Current Year
<u>Qı</u>	8		,	II, line 1h)	•	0.0	1.1.6.1	942.225
Ravenua	9 10			II, line 2g)			3,244	842,235
Ę.	11		· ·	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·		1,391	6,703
	12			h 11 (must equal Part VIII, column (A)	, line	905,796		851,525
		12)					·	•
	13 14			(Part IX, column (A), lines 1-3) Part IX, column (A), line 4)		120	0,000	(
	15		•	ployee benefits (Part IX, column (A), lin				
Ses		5-10))			634	1,659	613,381
Expenses	16a		,	rt IX, column (A), line 11e)	· ·			C
ă	b		ndraising expenses (Part IX, colun		_			
	17 18		•	(A), lines 11a-11d, 11f-24e) (must equal Part IX, column (A), line 2			3,757 3,416	177,031
	19		•	line 18 from line 12	′ —		7,620	61,113
\$ &			,			nning of Curren		End of Year
Net Assets or Fund Balances			. (5					
ASS ABa	20				•		,410	1,433,680
ž ž	21 22			ract line 21 from line 20	`. ' 	129,625		1,366,898
	t II		ature Block		-		77.00	
				e examined this return, including accom				
			nowledge	d complete Declaration of preparer (oth	er uldli OITI	cerpis based 0	m an IIII	ATMICTION OF WHICH
	I	****	*			2017.00		
Sign	,	—	ature of officer			2017-03-20 Date	,	
Here		ANN	MUNROE President					
			or print name and title					
	_		rint/Type preparer's name tachel Pulliam CPA	Preparer's signature Rachel Pulliam CPA	Date	Check I if	FUUJJ	2496
Paid		-	irm's name Pulliam & Associa			self-employe Firm's EIN ▶	d	
	parer	「 -	irm's address ► 7235 W Emerald:			Phone no (2	08) 322-8	
Jse	Only	y	Poise ID 837048	8600		`		

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

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III **	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🔰	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			

	and complete Schedule K If "No," go to line 25a	24
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L.

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

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

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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait 1

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

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Par	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			_
		check if Schedule o contains a response of note to any line in this	rait	<u>v</u>		Yes	No No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	13		103	110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		L ie organization comply with backup withholding rules for reportable payments to	o venc	fors and reportable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	7			
.	•	s return			2b	Yes	
D		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	year?	3a		No
ь	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b		No
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		N. o
		int)?					No
b		s," enter the name of the foreign country ▶	. and	Financial Assounts			
	(FBAF		(allu l	Fillancial Accounts			
5a	Was t	· he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		ŀ	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			30		
·	11 10	3, to line 3d of 3b, and the organization me form 0000 fr	•		5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
.	-	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th		ŀ			
U		not tax deductible?		· · · ·	6 b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		
b		es provided to the payor?			7b		
		re organization sell, exchange, or otherwise dispose of tangible personal proper					
		rm 8282?			7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	_		
	Didth	o organization, during the year, have promitting directly or indirectly, on a personal	مادمه	onafit contract?	7e 7f		
		ie organization, during the year, pay premiums, directly or indirectly, on a perso		ŀ			
g	requir	organization received a contribution of qualified intellectual property, did the o	· ·	ation me Form 6699 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	s, did i	the organization file a			
_		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu	siness	s holdings at any time			
		the year?			8		No
9a	Did th	ie sponsoring organization make any taxable distributions under section 4966	?.		9a		No
b	Did th	ie sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson ⁷	9 b		No
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11		on 501(c)(12) organizations. Enter			1		
		Income from members or shareholders	11a				
b	Gross	Income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them)..........[11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	u of Form 1041?	12a		Νo
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Section	on 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Jectil	m ===(=/(==) quaimica nonprovite mealen maurance issuels.					
а		organization licensed to issue qualified health plans in more than one state? N	lote. S	ee the instructions for	42-		Ne
h		onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states	ı		13a		No
U		ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand $\ldots \ldots \ldots \ldots$	13c				
14a	Did th	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	ition in	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 15 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		1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	je Code	∍.)
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a	(l	Νo
		IUa	\Box	-110
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		
			Yes	
1a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	
1a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
1a b 2a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		
1a b 2a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
1a b 2a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	
1a b 2a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	
1a b 2a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	
1a b 2a b c 3 4	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	
1a b 2a b c 3 4 5	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website
Upon request Other (explain in Schedule O)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

►ANN MUNROE 1161 W RIVER STREET SUITE 202 BOISE, ID 83702 (208) 383-3473

Νo

16a

16b

Part VII

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institution or director						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	dotted line)	Individual trustee or director	Institutional Trustee	<u> </u>	employee	Highest compensated employee	<u> </u>			organizations
(1) Korn Hall	1 00									
Director	0 00	×						0	0	0
(2) Cory Phelps	0 50									
Director	0 00	×						0	0	0
(3) Jim Birdsall	0 50									
Director	0 00	×						0	0	0
(4) Kathryn Lorenz	0 50									
Director	0 00	X						0	0	0
(5) Paula Riggs	0 50									
Director	0 00	×						0	0	0
(6) Kelly Robertson	0 50									
Director	0 00	×						0	0	0
(7) John Stevens	0 50									
Director	0 00	X						0	0	0
(8) Jason Royce	0 50									
Director	0 00	×						0	0	0
(9) Mark Munroe	0 50									
Director	0 00	X						0	0	0
(10) Bill Dempsey	0 50									
Director	0 00	×						0	0	0
(11) Alex Westfall	0 50									
Director	0 00	×						0	0	0
(12) Brian Baughman	0 50									
Director	0 00	×						0	0	0
(13) Ed Bodily	1 50									
Chairman	0 00			X				0	0	0
(14) Karyn McKinney	0 50									
Treasurer	0 00			X				0	0	0

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

	1	ı							1			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unle:	ore t ss pe	han erso cer tor/l	not one n is and trus	tee)	an	organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	on d ns	(F) Estimated amount of other compensation from the organization and related organizations	nated unt of ner nsation i the
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)				elated
(15) Ann Munroe Secretary	40 00			x				99,623		0		9,804
(16) Deborah Brown President	40 00 0 00			х				141,620		0		16,019
										\perp		
										_		
1b Sub-Total		· ·		>		<u> </u>	2.	41,243		<u></u>		25,823
Total number of individuals (including but r \$100,000 of reportable compensation from	not limited to tho	se list		bove	e) w	ho red	eiv	ed more than				
										\neg	Voc	No

Section B. Independent Contractors

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

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 99								Page S
Part V	/##1	Statement o						_
		Check if Schedu	ule O contains a respon	se or note to any IIr	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 80	1a	Federated camp	paigns 1a					
ants	ь	Membership du	es 1b					
Grants Amounts	c	Fundraising eve	ents 1c					
ifts, ar A	d	Related organiz	ations 1d					
m, G	e	Government grants	s (contributions) 1e					
ons Si	f	All other contribution	ons, gifts, grants, and 1f					
Contributions, Giffs, Grants and Other Similar Amounts	_	similar amounts not included above Noncash contributions included in lines						
n di	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f	- • •	0			
<u>+</u>				Business Code				
¥.	2a .	Loan Service Incom		525990	788,056	788,056		
Program Service Revenue	b	Loan Service Intere	est	525990	54,179	54,179		
Š	d							
<u>%</u>	e							
gran	f	All other progra	ım service revenue					
ď	g	Total Add lines	[s 2a-2f	▶	842,235			
	3		ome (including dividend					2.503
	١.	and other simila	ar amounts)	F-	2,587			2,587
	4 5			- Coceeds	0			
	-		(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	_ c	expenses Rental income						
	d	or (loss) Net rental incoi	me or (loss)	•	o			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses Gain or (loss)						
	c d		s)		0			
Other Revenue	8a	Gross income fi events (not incl \$	luding reported on line 1c)					
Other			a penses b					
	9a		loss) from fundraising e rom gaming activities e 19 a	vents ▶	0			
	ь	less directexi	penses b					
	1		loss) from gaming activ	ities	О			
	10a	Gross sales of	inventory less	-				
		returns and allo						
	1		loss) from sales of inve		0			
	112	Miscellaneous	s Revenue	Business Code	6,703	6,703		
	11a b	Other Income		+	5,753	0,703		
	c							
	d	All other revenu	ue					
	e	Total. Add lines	L s 11a-11d		6,703			
	12	Total revenue.	See Instructions			040.000		2.50
					851,525	848,938		2,587

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$) organizations must complete al.	I columns All other organizations	must complete column (A

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	280,508	260,872	19,636	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	332,873	309,572	23,301	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	362,372	23/301	
9	Other employee benefits	0			
10	Payroll taxes				
		0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	2,369	2,203	166	
С	Accounting	16,633	15,469	1,164	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	19,308	19,308		
13	Office expenses	5,784	5,379	405	
14	Information technology	12,224	11,368	856	
15	Royalties	0			
16	Occupancy	56,368	52,422	3,946	
17 18	Payments of travel or entertainment expenses for any federal,	9,921	9,921		
19	state, or local public officials	9,892	9,535	357	
20	Interest	188	9,333	188	
20 21	Payments to affiliates	0		100	
22	Depreciation, depletion, and amortization	0			
 23	Insurance	8,725	8,114	611	
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	Loan Expense	12,839	12,839		
b	Telephone	7,793	7,248	545	
c	Dues	4,000	4,000		
d	Miscellaneous	3,335	3,102	233	
е	All other expenses	7,652	7,116	536	
25	Total functional expenses. Add lines 1 through 24e	790,412	738,468	51,944	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 286,643 478,886 1 Cash-non-interest-bearing 1 2 1.094,438 2 885,147 Savings and temporary cash investments 3 0 3 Pledges and grants receivable, net . 4 2,800 4 2,100 Accounts receivable, net . . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 0 Notes and loans receivable, net . . 7 7 0 8 Inventories for sale or use 8 3,432 3,812 9 q Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 179,860 Complete Part VI of Schedule D 10a

10b

152,863

24,318

1,143

22,636

53,024

33,400

43,201

129,625

1,305,785

1.305.785

1,435,410

1,435,410

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

26.997

0

0

0

0

36,738

19,515

47,267

66,782

1,366,898

1,366,898

1,433,680

Form 990 (2015)

1,433,680

11

b

12

13

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Net Assets or Fund Balances

Less accumulated depreciation .

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Intangible assets

Accounts payable and accrued expenses

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Page **11**

Both consolidated and separate basis

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

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

Nο

2c

3a

3b

Yes

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

SCHEDULE D

(Form 990)

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.

OMB No 1545-0047

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Put Inspection Inspection Name of the organization CAPITAL MATRIX INC

Open to Public Inspection

DLN: 93493079000277

D.	rt I Organizations Maintaining Donor	Advised Funds and	_	the - C	imila- F:		383661
26	Complete if the organization answers	ed "Yes" on Form 990	ال F, آ	Part IV	imilar Fu ', line 6.	ınas c	or Accounts.
		(a) Donor advised fund			•	(b)	Funds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t					or advıs	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?						•
Pa	rt II Conservation Easements. Comple	te if the organization	а	nswer	ed "Yes" o	n Forn	
1	Purpose(s) of conservation easements held by th	e organızatıon (check al	۱t۱	hat app	ly)		
	Preservation of land for public use (e.g., recreeducation)	eation or F	_	Presei	rvation of ar	n histor	rically important land area
	Protection of natural habitat	Г	-	Presei	rvation of a	certifie	d historic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conserva	atio	on cont	rıbutıon ın t	he form	of a conservation
	,						Held at the End of the Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easeme	nts				2b	
c	Number of conservation easements on a certified	historic structure includ	dec	dın (a)		2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	:) acquired after 8/17/06	5, i	and not	on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, extin	gui	ıshed, d	r terminate	d by th	e organization during the
	tax year >						
4	Number of states where property subject to cons	ervation easement is loc	at	ed ►			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		rın	ng, inspe	ection, hand	lling of	Г Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of v	ıol	lations,	and enforci	ng cons	servation easements during the
	>						
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of violat	ıon	ns, and	enforcing co	onserva	ation easements during the year
8	Does each conservation easement reported on lin (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	e re	equirem	nents of sec	tion 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the or					se statement, and
Par	Organizations Maintaining Collect Complete if the organization answere					or Oth	ner Similar Assets.
1 a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public es	xhı	ibition,	education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	AS 116 (ASC 958), to assets held for public e	rep	port in i	ts revenue s	stateme	ent and balance sheet
(i) Revenue included on Form 990, Part VIII, line 1	L				> \$	
(i	i) Assets included in Form 990, Part X				1	▶ \$	
2	If the organization received or held works of art, he following amounts required to be reported under S				ar assets fo		
а	Revenue included on Form 990, Part VIII, line 1						▶ \$
b	Assets included in Form 990, Part X						▶ \$

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storical	Trea	sures, or (Othe	r Similar A	ssets	}	
3		the organization's acquisition, accition items (check all that apply)	ession, and other rec	ords, cl	neck any	of the	following that	are a	significant us	e of its	i	
а		Public exhibition		d		an or	exchange pro	grams				
b	Scholarly research e Other											
c	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5		g the year, did the organization soli s to be sold to raise funds rather th							ılar Ve s	; <u> </u>	_ No	
Pa	rt IV				000 D-	-L T) /	l 0		4			000
		Complete if the organization a Part X, line 21.	answered "Yes" on	Form	990, Pai	rt IV,	line 9, or re	porte	a an amoun	t on F	-orm	990,
1a		organization an agent, trustee, cus led on Form 990, Part X?	todian or other interr	mediary	for contr	butior	ns or other as	sets n	ot Yes	· 「	- No	
ь	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowing ta	ble			Am	ount		
c		inning balance					10	: <u> </u>				
d		ditions during the year					10	.				
e		tributions during the year					16	,				
f		ling balance						-				
2a		ie organization include an amount o	n Form 990, Part X, I	ıne 21,	for escro	worcı	ــــــا ıstodıal accou	ınt Iıa	bility? \(v_0		- No	
b									·			П
	rt V	s," explain the arrangement in Part Endowment Funds. Comple									•	
		Ziladiment i aliadi comple	(a)Current year		nor year		Two years back		ree years back		ur year	s back
1a	Begir	nning of year balance			·		·		·			
b	C ont	ıbutıons 										
c	Net II losse	nvestment earnings, gains, and s										
d	Grant	s or scholarships										
e		r expenditures for facilities rograms										
f	• A dmi	nistrative expenses										
g	End o	of year balance										
2		te the estimated percentage of the	current year end bala	nce (lir	ne 1a. col	umn (a	ı)) held as					
a		designated or quasi-endowment >					.,,					
ь		anent endowment										
·	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100%											
3a		nere endowment funds not in the pos ization by	ssession of the organ	ızatıon	that are h	neld an	d administere	ed for t	the	Γv	'es	No
	_	related organizations							3a	(i) '	<u>es</u>	110
	(ii) re	lated organizations							3a	(ii)		
b	If"Ye	s" on 3a(II), are the related organiz	ations listed as requi	red on	Schedule	R۶.			3	b		
4		ribe in Part XIII the intended uses o		endown	ent funds	;						
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		Form 0	100 Dart	TV li	no 112 Coo	Eorm	000 Bart V	lino	10	
		Description of property	answered tes to r		(a) Cost or othe		(b) Cost or other b		Accumulated (c) depreciation		1)Book	value
					(ınvestme	ent)	(other)		•			
				•								
		gs		· • -						_		
		old improvements		· -			<u> </u>	776	4,4			10,343
		nent		• -			128,	-	114,7			14,208
-	Other			• •			1 30,	151	33,7	ادن		2,446

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

(a) Description of security or category	ory	(b) Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market valu
(2)Closely-held equity interests			
3) 0 ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12,) •		
Part VIII Investments—Program Related. Complete if the organization answer	red 'Yes' on Form 990	. Part IV. line 11c.c	on Four OOO Bout V June 12
(a) Description of investment	rea res on rorm 550	(b) Book value	(c) Method of valuation
			Cost or end-of-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organize		Form 990, Part IV. line	11d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organiza		Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
(a) De (b) must equal Form 990, Part X, col (B) Interest 10 (ation answered 'Yes' on escription		(b) Book value
Other Assets. Complete if the organization (a) De	ation answered 'Yes' on escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Im Part X Other Liabilities. Complete if the organization of the Column (B) must equal Form 990, Part X, line 25.	ation answered 'Yes' on escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Im Part X Other Liabilities. Complete if the organization of the content of the cont	ne 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15)		(b) Book value Part IV, line 11e or 11f.

Part X FIN48 Footnote

2

Schedule D (Form 990) 2015

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

851,525

b	Donated services and use of fa	ecilities		
c	Recoveries of prior year grants	3		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d	 	2e	
3	Subtract line 2e from line 1 .		3	851,525
4	A mounts included on Form 990	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b	1	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)	5	851,525
Part		cpenses per Audited Financial Statements With Expense	s per	Return.
		ization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per	audited financial statements	1	790,412
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25		
а	Donated services and use of fa	ocilities		
b	Prior year adjustments			
c	Otherlosses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	790,412
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and	nd 4c. (This must equal Form 990, Part I, line 18)	5	790,412
Part	XIII Supplemental Info	ormation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t		de any additional
	Return Reference	Explanation		

The Organization has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization will recognize future accrued interest and penalties related to unrecognized tax benefits in income tax expense if incurred. The Organization is no longer subject to

federal and state income tax examinations by tax authorities for years before 2012

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

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Schedule J (Form 990)

Compensation Information

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

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

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2015

reasi	tment of the ury Ial Revenue Service	▶ Information about Schedule J (Fo	o rm 990) and its instructions is at <u>www.irs.gov/fo</u>			o Pul ectio	
Naı	me of the organiz	zation		Employ	er identificatio	n nur	nber	
				82-038	33661			
Pa	rt I Questi	ons Regarding Compensation	1					
					r		Yes	No
1a				ny of the following to or for a person listed or ide any relevant information regarding these				
	First-clas	s or charter travel	Г	Housing allowance or residence for person	aluse			ļ
	Travel for	companions	Г	Payments for business use of personal res	idence			ļ
	Tax idemi	nification and gross-up payments	Г	Health or social club dues or initiation fees	5			ļ
	Discretion	nary spending account	Г	Personal services (e g , maid, chauffeur, c	hef)		 	l I
b				on follow a written policy regarding payment above? If "No," complete Part III to explai		1 b		
2				ing or allowing expenses incurred by all irector, regarding the items checked in line	1a?	2		
3	organization's	CEO/Executive Director Check all th	nat apply	used to establish the compensation of the / Do not check any boxes for methods the CEO/Executive Director, but explain in	Part III			
	✓ Compens	ation committee	Г	Written employment contract				
	Independ	ent compensation consultant	√	Compensation survey or study				
	Form 990	of other organizations	√	Approval by the board or compensation co	mmittee		 	
4	During the year or a related org		Part VI	I, Section A, line 1a with respect to the filing	j organization			
а	Receive a seve	rance payment or change-of-control	paymen	t?		4 a		Νo
b	Participate in,	or receive payment from, a supplemer	ntal non	qualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-ba	ased cor	mpensation arrangement?	[4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part I	II			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	tions mu	ıst complete lines 5-9.				
5	For persons lis			a, did the organization pay or accrue any				
а	The organization	on?				5a		Νo
b	Any related org	janization?				5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	a, did the organization pay or accrue any				
а	The organization	on?				6 a		Νo
b	Any related org	janization?			Ţ	6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III			Ī			
7		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d		a, did the organization provide any non-fixed in Part III		7		No
В				accured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," de	escribe	ρ		No

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

section 53 4958-6(c)?

Νo

Νo

(A) Name and Title	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	, ,
	Base (1) compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

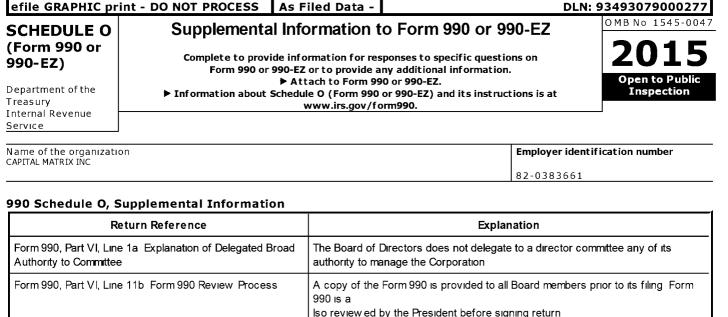
1 Dehorah BrownPresident 141.620 4.187 11.832 157.639

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Return Reference Explanation						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Part III Supplemental Information						
Schedule J (Form 990) 2015	Page 3					

Schedule J (Form 990) 2015



990 Schedule O, Supplemental Information
Return Reference

Explanation	
All employees, Board members, and Loan Committee members are required to read	and sign a
confidentliality statement acknowledgement that includes conflict of interest policy	They are required

ves, amends, or declines the Committee's recommendations

Evolunation

to disclose all conflicts of interest and abstain from voting on matters with which they have a conflict

Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management

Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts

Compensation is reviewed annually by the Board of Directors and its Compensation or Execut ive Committee, consisting of at least 4 directors. Market and industry salary levels and m anagement performance are evaluated. Recommendations are made to the Board for total compensation increase as part of the budget process. The Committee also recommends dollar amount to be allocated to the President's salary for the following year. The Board either appro.

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | The Organization makes documents available upon request

Form 990, Part VI, Line 15b Compensation Review and Approval Process	The President reviews and approves dolloar amount to be
for Officers and Key Employees	allocated to the other employees