| Form | <b>990-EZ</b> |  |
|------|---------------|--|

## Short Form

OMB No. 1545-1150

2015

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

|            |                             |                             | Do not enter social security number   | rs on this form as     | it may be made p  | ublic.              |               | Open to Public          |
|------------|-----------------------------|-----------------------------|---|------------------------|-------------------|---------------------|---------------|-------------------------|
|            |                             | of the Treasury nue Service | ► Information about Form 990-EZ and   | its instructions is    | at www.irs.gov/fo | orm990.             |               | Inspection              |
| AI         | For the                     | 2015 calenda                | r year, or tax year beginning 01/   | /01 ,2                 | 2015, and ending  | 1:                  | 2/31          | , <b>20</b> 15          |
| B          | Check if ap                 | oplicable:                  | C Name of organization  | D Employ               | yer ide           | entification number |               |                         |
|            | Address c                   | -                           | World Leadership Foundation   |                        |                   |                     |               | -0490483                |
|            | Name cha                    | •                           | Number and street (or P.O. box, if mail is not delivered                                    | to street address)     | Room/suite        | E Telepho           | one nu        | mber                    |
|            | Initial retu<br>Final retur | rn<br>n/terminated          | 5595 Sunshine Canyon Drive  |                        |                   |                     | 303           | 3-679-3412              |
|            | Amended                     |                             | City or town, state or province, country, and ZIP or fore                                   | ign postal code        |                   | F Group             | Exen          | nption                  |
|            |                             | on pending                  | Boulder, CO, 80302  |                        |                   | Numb                | er 🕨          |                         |
| G          | Account                     | ting Method:                | ✓ Cash  Accrual Other (specify) ► _   |                        | F                 | Check ►             | if            | the organization is not |
| 1 1        | Vebsite                     | www.                        | worldleadershipschool.com   |                        |                   | required t          | o atta        | ch Schedule B           |
| JT         | ax-exen                     | npt status (che             | ck only one) — 🔽 501(c)(3) 🗌 501(c) () ◀  | (insert no.) 🗌 4947(a  | a)(1) or 527      | (Form 990           | ), 990        | -EZ, or 990-PF).        |
|            |                             |                             |   | sociation Ot           | -                 |                     |               |                         |
|            |                             |                             | 7b to line 9 to determine gross receipts. If gross r  |                        |                   |                     |               |                         |
| -          |                             |                             | ) are \$500,000 or more, file Form 990 instead of   |                        |                   |                     | \$            | 143,838                 |
| Ρ          | art I                       |                             | e, Expenses, and Changes in Net Ass   |                        | •                 |                     |               |                         |
|            |                             |                             | the organization used Schedule O to resp  |                        |                   |                     |               | 🗹                       |
|            | 1                           |                             | ns, gifts, grants, and similar amounts receiv   |                        |                   | · · ·  _            | 1             | 143,838                 |
|            | 2                           | -                           | rvice revenue including government fees ar  |                        |                   | · · ·  _            | 2             | 0                       |
|            | 3                           |                             | p dues and assessments  |                        |                   | · · ·  _            | 3             | 0                       |
|            | 4                           | Investment                  |   |                        |                   | · · · 🖵             | 4             | 0                       |
|            | 5a                          |                             | unt from sale of assets other than inventory  |                        | 5a                | 0                   |               |                         |
|            | b                           |                             | or other basis and sales expenses .   |                        | 5b                | 0                   |               |                         |
|            | c                           |                             | s) from sale of assets other than inventory (   | Subtract line 5b f     | rom line 5a) .    | 🛓                   | 5c            | 0                       |
|            | 6                           | -                           | d fundraising events  | f                      |                   |                     |               |                         |
| ø          | а                           |                             | ome from gaming (attach Schedule G i  | t greater than         |                   |                     |               |                         |
| Revenue    | .                           |                             |   | · · · · ·              | 6a                | 0                   |               |                         |
| eve        | b                           |                             | ne from fundraising events (not including $\frac{4}{2}$                                     |                        | of contributio    | ons                 |               |                         |
| ŭ          |                             |                             | aising events reported on line 1) (attach Sc<br>h gross income and contributions exceeds \$ |                        | Ch.               |                     |               |                         |
|            | -                           |                             | •   |                        | 6b                | 0                   |               |                         |
|            | C d                         |                             | expenses from gaming and fundraising events or (loss) from gaming and fundraising ev        |                        | 6c                |                     |               |                         |
|            | d                           |                             |   | ents (aud intes 0      | a anu oo anu s    |                     | 64            | •                       |
|            | 70                          | /                           |   |                        |                   |                     | 6d            | 0                       |
|            | 7a<br>b                     |                             | of inventory, less returns and allowances   |                        | 7a<br>7b          | 0                   |               |                         |
|            |                             |                             | of goods sold<br>t or (loss) from sales of inventory (Subtract I                            | <br>ine 7h from line 7 |                   |                     | 7c            | •                       |
|            | 8                           |                             | ue (describe in Schedule O)   |                        |                   |                     | 8             | 0                       |
|            | 9                           |                             | <b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |                        |                   | · · · ·             | <u>0</u><br>9 | 0<br>143,838            |
|            | 10                          |                             | similar amounts paid (list in Schedule O)   |                        |                   |                     | 10            | 0                       |
|            | 11                          |                             | id to or for members  |                        |                   |                     | 11            | 0                       |
| ŝ          |                             |                             | her compensation, and employee benefits   |                        |                   |                     | 12            | 0                       |
| Expenses   | 13                          |                             | al fees and other payments to independent of  |                        |                   |                     | 13            | 10,674                  |
| per        | 14                          |                             | r, rent, utilities, and maintenance   |                        |                   |                     | 14            | 0                       |
| Ă          | 15                          |                             | blications, postage, and shipping   |                        |                   |                     | 15            | 0                       |
|            | 16                          |                             | nses (describe in Schedule O) .See Schedu   |                        |                   |                     | 16            | 121,678                 |
|            | 17                          |                             | nses. Add lines 10 through 16   |                        |                   |                     | 17            | 132,352                 |
|            | 18                          |                             | deficit) for the year (Subtract line 17 from lin  |                        |                   |                     | 18            | 11,486                  |
| Net Assets | 19                          |                             | or fund balances at beginning of year (fro  | ,                      |                   |                     |               | ,100                    |
| Ass        |                             |                             |   |                        |                   |                     | 19            | 62,367                  |
| et /       | 20                          | -                           | ges in net assets or fund balances (explain i   |                        |                   | -                   | 20            | 3,917                   |
| ž          | 21                          |                             | or fund balances at end of year. Combine li   | · · · ·                |                   |                     | 21            | 77,770                  |
|            |                             |                             |   |                        |                   | • •                 |               | = 000 E7 (0015)         |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2015)

| Form  | 990-EZ (2015)   |   |  |   |  | Page <b>2</b>   |
|---|---|---|--|---|--|---|
| Pa  | rt II Balance Sheets (see the instructions f  | or Part II)   |  |   |  |   |
|   | Check if the organization used Schedule   | O to respond to an  | ny question in this <b>I</b>   | Part II....   |  | 🖌   |
|   |   |   |  | (A) Beginning of year   |  | (B) End of year   |
| 22  | Cash, savings, and investments  |   |  | 65,875  | 22   | 74,150  |
| 23  | Land and buildings  |   |  | 0   | 23   | 0   |
| 24  | Other assets (describe in Schedule O) See.Sche  | edule O, Statement 4  |  | 15,437  | 24   | 3,620   |
| 25  |   |   |  | 81,312  | 25   | 77,770  |
| 26  | Total liabilities (describe in Schedule O)  |   |  | 18,945  | 26   | 0   |
| 27  | Net assets or fund balances (line 27 of column  | <u>, ,                                   </u>   | ,  | 62,367  | 27   | 77,770  |
| Par   | t III Statement of Program Service Accom  |   |  | ,   |  | _   |
|   | Check if the organization used Schedule   | O to respond to an  | ny question in this I  | Part III  . 🗌   | (Do.   | Expenses  |
| Wha   | t is the organization's primary exempt purpose?   | See Schedule O  |  |   |  | quired for section<br>(c)(3) and 501(c)(4)  |
| Desc  | cribe the organization's program service accomplis  | shments for each o  | f its three largest pr   | ogram services,   |  | anizations; optional for  |
| as n  | neasured by expenses. In a clear and concise m  | anner, describe the   | e services provided  | , the number of   | othe   | ers.)   |
| pers  | ons benefited, and other relevant information for ea  |   |  |   |  |   |
| 28  | WLF Keystone Initiatives for 2015 World Leadership  |   |  |   |  |   |
|   | potential of global communities through technology  | learning and collabo  | pration." We fulfill our   | mission in two  |  |   |
|   | (Continued on Schedule O, Statement 5)  |   |  |   |  |   |
|   | (Grants \$ 22,501) If this amount   | includes foreign gra  | nts, check here .  | 🕨 🗌   | <b>28</b> a  | 108,911   |
| 29  |   |   |  |   |  |   |
|   |   |   |  |   |  |   |
|   |   |   |  |   |  |   |
|   | (Grants \$ ) If this amount   | includes foreign gra  | nts, check here .  | 🕨 🗌   | <b>29</b> a  | 1   |
| 30  |   |   |  |   |  |   |
|   |   |   |  |   |  |   |
|   |   |   |  |   |  |   |
|   |   |   | nts, check here .  |   | <b>30</b> a  | 1   |
| 31  | Other program services (describe in Schedule O)   |   |  |   |  |   |
|   | (Cranta C   | includes foreign are  | مسمط باممطم مقم  |   | 31a  |   |
|   |   |   | nts, check here .  |   |  |   |
|   | Total program service expenses (add lines 28a t   | hrough 31a)   |  | 🕨   | 32   | 108,911   |
|   | Total program service expenses (add lines 28a tt IVList of Officers, Directors, Trustees, and Key   | hrough 31a)<br><b>Employees</b> (list each  | n one even if not comp   | ►   | 32   | 108,911   |
|   | Total program service expenses (add lines 28a t   | hrough 31a)<br><b>Employees</b> (list each  | n one even if not comp<br>ny question in this I  | oensated – see the in Part IV   | 32   | 108,911   |
|   | Total program service expenses (add lines 28a t           t IV         List of Officers, Directors, Trustees, and Key           Check if the organization used Schedule   | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to ar<br>(b) Average   | n one even if not comp<br>ny question in this f<br>(c) Reportable  | ► pensated—see the in Part IV (d) Health benefits,  | 32<br>nstru  | 108,911<br>ctions for Part IV)  |
|   | Total program service expenses (add lines 28a tt IVList of Officers, Directors, Trustees, and Key   | hrough 31a)<br>• <b>Employees</b> (list each<br>O to respond to ar  | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)   | Densated—see the in Part IV     (d) Health benefits, contributions to employe benefit plans, and                                  | 32<br>nstru<br>  | 108,911<br>ctions for Part IV)  |
| Par   | Total program service expenses (add lines 28a to | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to ar<br>(b) Average<br>hours per week<br>devoted to position  | n one even if not comp<br>ny question in this f<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)   | Densated—see the in<br>Part IV<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation | 32<br>nstru<br><br>ee (e)  | 108,911         ctions for Part IV)   |
| Par   | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title  | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to ar<br>(b) Average<br>hours per week   | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)   | Densated—see the in<br>Part IV<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation | 32<br>nstru<br>  | 108,911<br>ctions for Part IV)  |
| Par<br>Brue<br>Pres   | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         ce Miller         sident   | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to ar<br>(b) Average<br>hours per week<br>devoted to position  | n one even if not comp<br>ny question in this f<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)   | Densated—see the in<br>Part IV<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation | 32<br>nstru<br><br>ee (e)  | 108,911         ctions for Part IV)   |
| Par<br>Brue<br>Pres   | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title  | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to ar<br>(b) Average<br>hours per week<br>devoted to position  | n one even if not comp<br>ny question in this f<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)   | ▶ Densated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation            | 32<br>nstru<br><br>ee (e)  | 108,911         ctions for Part IV)   |
| Par<br>Brue<br>Pres<br>Dav<br>Vice  | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         ce Miller         sident         id Maher         President  | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0   | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0  | ▶ Densated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation            | 32<br>nstru<br><br>ee (e)  | 108,911         ctions for Part IV)   |
| Par<br>Brue<br>Pres<br>Dav<br>Vice  | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         ce Miller         sident         id Maher  | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0   | n one even if not comp<br>ny question in this f<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0  | ▶ Deensated—see the in Part IV      (d) Health benefits, contributions to employe benefit plans, and deferred compensation        | 32<br>nstru<br><br>ee (e)  | 108,911         ctions for Part IV)   |
| Par<br>Bruc<br>Pres<br>Dav<br>Vice<br>Skip  | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         ce Miller         sident         id Maher         President  | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0   | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0  | ▶ Deensated—see the in Part IV      (d) Health benefits, contributions to employe benefit plans, and deferred compensation        | 32<br>nstru<br>ee (e)<br>1<br>0  | 108,911         ctions for Part IV)   |
| Par<br>Bruc<br>Pres<br>Dav<br>Vice<br>Skip<br>Trea  | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         ce Miller         sident         id Maher         President         Feeney   | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0   | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0  | ▶  Densated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation            | 32<br>nstru<br>ee (e)<br>1<br>0  | 108,911         ctions for Part IV)   |
| Par<br>Brue<br>Pres<br>Dav<br>Vice<br>Skip<br>Trea<br>Ros   | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         ce Miller         sident         id Maher         President         Feeney         surer   | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0  | n one even if not comp<br>ny question in this f<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0   | ▶  Densated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation            | 32<br>nstru<br>  | 108,911         ctions for Part IV)         .       .         Estimated amount of other compensation         0         0         0         0         0         0         0         0  |
| Par<br>Bruc<br>Pres<br>Dav<br>Vice<br>Skip<br>Trea<br>Ros<br>Boa  | Total program service expenses (add lines 28a t         List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         ce Miller         sident         d Maher         President         e Feeney         swer  | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0  | n one even if not comp<br>ny question in this f<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0   | ▶  Densated — see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation          | 32<br>nstru<br>  | 108,911         ctions for Part IV)         .       .         Estimated amount of other compensation         0         0         0         0         0         0         0         0  |
| Par<br>Brue<br>Pres<br>Dav<br>Vice<br>Skip<br>Trea<br>Ros<br>Boa<br>Gree  | Total program service expenses (add lines 28a t         List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         (a) Name and title         Sident         Id Maher         President         Feeney         Issurer         S Wehner         rd Member  | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0<br>0<br>0  | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0  | ▶  Densated — see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation          | 32<br>nstru<br>  | 108,911         ctions for Part IV)   |
| Part<br>Bruce<br>Press<br>Dav<br>Vicce<br>Skipe<br>Treas<br>Ross<br>Boa<br>Gree<br>Boa  | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         (a) Name and title         ce Miller         sident         id Maher         President         v Feeney         ssurer         s Wehner         rd Member         g Coourtwright   | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0<br>0<br>0  | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0  | ▶  Densated — see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation          | 32<br>nstru<br>  | 108,911         ctions for Part IV)   |
| Part<br>Bruce<br>Press<br>Dav<br>Vice<br>Skip<br>Trea<br>Ros<br>Boa<br>Gree<br>Sarr   | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         (a) Name and title         ce Miller         sident         id Maher         President         Feeney         swehner         rd Member         g Coourtwright         rd Member   | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0<br>0<br>0<br>0   | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0   | ▶  Densated — see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation          | 32<br>istru<br>  | 108,911         ctions for Part IV)   |
| Part<br>Bruce<br>Press<br>Dav<br>Vicce<br>Skip<br>Trea<br>Ros<br>Boa<br>Gree<br>Boa<br>Sam<br>Boa   | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         (a) Name and title         ce Miller         sident         id Maher         President         s Wehner         rd Member         g Coourtwright         rd Member         Schlehuber  | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0<br>0<br>0<br>0   | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0   | ▶ pensated — see the ir Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation           | 32<br>istru<br>  | 108,911         ctions for Part IV)   |
| Par<br>Bruu<br>Pres<br>Dav<br>Vice<br>Skip<br>Trea<br>Ros<br>Boa<br>Gree<br>Boa<br>Sam<br>Boa<br>Carc   | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         (a) Name and title         ce Miller         sident         id Maher         President         o Feeney         surer         s Wehner         rd Member         o Coourtwright         rd Member         o Schlehuber         rd Member   | hrough 31a)<br>Employees (list each<br>O to respond to ar<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0<br>0<br>0<br>0<br>0<br>0                                      | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0   | ▶ pensated — see the ir Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation           | 32<br>instrui<br>i i i i i i i i i i i i i i i i i i i   | 108,911         ctions for Part IV)         .       .         Estimated amount of other compensation         0  |
| Par<br>Bruu<br>Press<br>Dav<br>Vice<br>Skip<br>Treas<br>Boa<br>Greg<br>Boa<br>Sarr<br>Boa<br>Card<br>Boa  | Total program service expenses (add lines 28a t         List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         (a) Name and title         ce Miller         sident         id Maher         President         Feeney         swehner         rd Member         g Coourtwright         rd Member         Schlehuber         rd Member         Schlehuber         rd Member  | hrough 31a)<br>Employees (list each<br>O to respond to ar<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0<br>0<br>0<br>0<br>0<br>0                                      | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0   | ▶  Densated — see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation          | 32<br>instrui<br>i i i i i i i i i i i i i i i i i i i   | 108,911         ctions for Part IV)         .       .         Estimated amount of other compensation         0  |
| Par<br>Bruu<br>Press<br>Dav<br>Vice<br>Skip<br>Trea<br>Ros<br>Boa<br>Greg<br>Boa<br>Sam<br>Boa<br>Carr<br>Boa<br>Jam  | Total program service expenses (add lines 28a t         List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         (a) Name and title         ce Miller         sident         id Maher         President         reeney         surer         s Wehner         rd Member         o Coourtwright         rd Member         o Schlehuber         rd Member         o Schlehuber         rd Member   | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | ▶  Densated — see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation          | 32<br>instruu<br>eee (e)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 108,911           ctions for Part IV)              • Estimated amount of other compensation           0   |
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| Part<br>Bruce<br>Press<br>Dav<br>Vice<br>Skip<br>Trea<br>Ros<br>Boa<br>Gree<br>Boa<br>Sarr<br>Boa<br>Carr<br>Boa<br>Sarr<br>Boa<br>Carr<br>Boa<br>Sarr<br>Boa<br>Carr   | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         (a) Name and title         (a) Name and title         ce Miller         sident         id Maher         President         o Feeney         usurer         s Wehner         rd Member         o Coourtwright         rd Member         o Schlehuber         rd Member         olyn Maher         rd Member         am Sullivan   | hrough 31a)<br><b>Employees</b> (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | ▶  pensated — see the ir  Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation         | 32<br>instruu<br>ee (e)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | 108,911         ctions for Part IV)   |
| Part<br>Bruce<br>Press<br>Dav<br>Vicce<br>Skip<br>Trea<br>Ros<br>Boa<br>Gree<br>Boa<br>Sam<br>Boa<br>Carr<br>Boa<br>Jam<br>Boa<br>Xam<br>Boa<br>Kare  | Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule         (a) Name and title         (a) Name and title         (a) Name and title         ce Miller         sident         id Maher         President         o Feeney         usurer         s Wehner         rd Member         o Coourtwright         rd Member         o Schlehuber         rd Member         o Schlehuber         rd Member         olyn Maher         rd Member         olyn Maher         rd Member         am Sullivan         rd Member  | hrough 31a)<br>Employees (list each<br>O to respond to an<br>(b) Average<br>hours per week<br>devoted to position<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0        | n one even if not comp<br>ny question in this I<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | ▶  pensated — see the ir  Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation         | 32       instruit   | 108,911           ctions for Part IV)   |
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| <ul> <li>35a Did the organization have uncleted business gross income of \$1.000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?</li> <li>b If "Yes," to line 35a, has the organization filed a Form 930-T for the year? If "No," provide an explanation in Schedule 0</li> <li>c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c)(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete applicable parts of Schedule N</li> <li>37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ [37a]</li> <li>a Did the organization in Berom 1120-POL for this year?</li> <li>38a 39 Section 501(c)(7) organizations. Enter</li> <li>a Initiation fores and capital contributions included on line 9</li> <li>b Gross receipts, included on line 9, or public use of lub facilities</li> <li>a Section 501(c)(7) organizations. Enter</li> <li>a Initiation fore (C)(2) organizations. Enter</li> <li>a Initiation fores and capital contributions included on line 9</li> <li>c section 501(c)(3) organizations. Enter</li> <li>a Initiation fore and capital contributions included on line 9</li> <li>c section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on no organization fung the year under the total amount involved</li> <li>39a</li> <li>b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization fung the year, or did it angage in an seccion 4912.</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization fung the year was the organization aparty to a prohibited tax shelter transaction during the tax year, was the organization aparty to a prohibited tax shelter transaction the as bank account, securities account, or other lanchold account?</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on or</li></ul> | Form 99      | 90-EZ (2015)   |        | Р   | age 3         |
|--|--------------|--|--------|-----|---------------|
| <ul> <li>33 Did the organization engage in any significant activity not previous (protect to the IRS? If "Yes," provide a detailed description of activity in Schodule O.</li> <li>44 Were any significant changes made to the organizing or governing documents? If Yes," attach a conformed copy of the amended documents if it progen. Otherwise, explain the change on Schodule O (see instructions).</li> <li>35a Did the organization bare unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lints 2, 6a, and 7a, among others)?</li> <li>b If 'Yes,' to line 35a, has the organization lide a form 390-1 for the year if 'No," provide an explanation in Schedule O.</li> <li>b Was the organization detain dift of the year? If 'Yes,' complete Schedule C, Part III.</li> <li>c Was the organization detain dift, any loans to schedule D.</li> <li>b If any loans and in a prior year and still outstanding at the end of the tax year covered by this return?</li> <li>b If any complete Schedule L, Part I and noter the total amount involved.</li> <li>38a</li> <li>c Was the organization. Exter</li> <li>a Initiation fees and capital contributions included on line 9.</li> <li>b Gestion 501(c)(3) organizations. Exter</li> <li>b If any complete Schedule L, Part I and noter the total amount involved.</li> <li>38a</li> <li>c Section 501(c)(3) organizations. Exter</li> <li>a Initiation fees and capital contributions included on line 9.</li> <li>c Section 501(c)(3), 501(c)(4), and 501(c)(20) organization. Exter</li> <li>a Initiation eas and capital contributions. Exter amount of tax imposed on the organization engage in any section 4950.</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Exter amount of tax imposed on the organization engage in any section 4951.</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Exter amount of tax imposed on the organization engage in any section 4950.</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(20) organiza</li></ul> | Part         |  |        | V   |               |
| <ul> <li>44 Were any significant changes made to the organization of powering documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)</li> <li>35 Did the organization approximately and the set of the organization's name. Otherwise, explain the change on Schedule O (see instructions)</li> <li>36 Did the organization approximation ited a form 390-17 or the year? If "Nes," to more during the year from business activities (such as those reported on lines 2, 6s, and 7a, among others?)</li> <li>37 Did the organization approximate during the year? If "Yes," complete Schedule C, Fart III.</li> <li>37 Enter among a liquidation, dissolution, trainination, or significant disposition of net asset during the year? If "Yes," complete applicable parts of Schedule N</li> <li>38 Did the organization of approximate and single of the tax year covered by this return?</li> <li>39 Did the organization the form 1120-POL for this year?</li> <li>39 Did the organization schemer and sill outstanding at the end of the tax year covered by this return?</li> <li>39 Did the organization schemer and sill outstanding at the end of the tax year covered by this return?</li> <li>39 Did the organization of line 9, for public use of club facilities</li> <li>39 Did Cross receipts, included on line 9, for public schedule 1, Part II and enter the total amount involved</li> <li>39 Did Cross receipts, included on line 9, for public schedule 1, Part II and enter the total amount involved</li> <li>39 Did Cross receipts, included on line 9, or public schedule 1, Part II</li> <li>39 Did Cross receipts, included on line 9, for public schedule 1, Part II</li> <li>39 Did Cross receipts, included on line 9, or guidantans. Enter amount of tax imposed on a provide schedule L, Part II</li> <li>39 Did Cross receipts, included on line 9, or guidantans. Enter amount of tax imposed on a provibite schedule L, Part II</li> <li>39 Did Cross re</li></ul>  | 33           |  | 33     | Yes |               |
| activities (such as those reported on lines 2, 6a, and 7a, among others)?       956         b       If "Yes," to line 35a, has the organization filed a Form 390-T for the year? If "No," provide an explanation in Schedule 0.         c       Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.       356         37       Enter amount of political expenditures, director indirect, as described in the instructions ▶ [370]       368         37       Enter amount of political expenditures, director, fusite, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       370         b       Gross recepts, included on line 9, any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       380         40       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 → 0       0         50       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on regrainzation engage in any section 4958 → 0       0         61       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on roganization engage in any section 4958 → 0       0         61       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on roganization engage in any section 4958 → 0       0   | 34           | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the   |        |     | ~             |
| c       Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c), Part II       35         36       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule (C, Part II       36         37a       Enter amount of political expenditures, line or or diners, as described in the instructions ▶       37a       0         38b       Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38a       ✓         39       Section 501(c)(3) organizations. Enter:       39a       39a       39a         39       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶       0       : section 4915 ▶       0         403       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manage in any solution 4955 ▶       0         404       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manage in any solution and 501(c)(29) organizations. Enter amount of tax imposed on organization bare or other authority over that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       c         5       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  | 35a          |  | 35a    |     | ~             |
| <ul> <li>36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N</li> <li>37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0</li> <li>37b ✓</li> <li>37b W ✓</li> <li>38 Did the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this roum?</li> <li>39 Section 501(c)(7) organizations. Enter:</li> <li>a Initiation fees and capital contributions included on line 9</li> <li>b Gross receipts, included on line 9, for public use of club facilities</li> <li>39a 0</li> <li>39a 0</li></ul>  |              | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,  |        |     | ~             |
| b       Did the organization file Form 1120-POL for this year?       37b       ✓         38a       Did the organization borow from, or make any loans to, any officer, furstee, or key employee or were any such bars made in a prior year and still outstanding at the end of the tax year covered by this return?       38a       ✓         b       If "Yes," complete Schedule L, Part II and enter the total amount involved       38b       39b         c       38a       39b       39b       39b         b       Gross receipts, included on line 9, for public use of club facilities       39b       39b       0         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I       40b       ✓         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0       40b       ✓         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. Note any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Schedule L, Part I       40c       ✓         d       List the states with which a copy of this return is filed ▶ co       Co <td>36</td> <td>during the year? If "Yes," complete applicable parts of Schedule N</td> <td></td> <td></td> <td>~</td>   | 36           | during the year? If "Yes," complete applicable parts of Schedule N   |        |     | ~             |
| any such loars made in a prior year and still outstanding at the end of the tax year covered by this return?       38a       ✓         b       if "Yes," complete Schedule L, Part II and enter the total amount involved       38b       38a         39       Section 501(c)(7) organizations. Enter:       38a       38b         400       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       39a       39b         400       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 ▶       0         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.       0         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.       0         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organization. Enter amount of tax inposed on organization bax any time during the tax year, was the organization ary to a prohibited tax shelfer transaction? If "Yes," complete Form 886-T.       40e       ✓         41       List the states with which a copy of this return is filed ▶ co       21P + 4 ▶       8053         d       Anory time during the calendar year, id di the organization ary ary aniorular contextontority over teacher wary and thing requirements for FinCEN Form 1   | b            | Did the organization file Form 1120-POL for this year?   | -      |     | ~             |
| <ul> <li>39 Section 501(c)(7) organizations. Enter:</li> <li>a Initiation fees and capital contributions included on line 9</li> <li>b Gross receipts, included on line 9, for public use of club facilities</li> <li>39 B</li> <li>40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4955 ▶ 0</li> <li>b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 0</li> <li>b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 0</li> <li>c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958</li> <li>c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization</li></ul>   |              | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a    |     | ~             |
| section 4911 ▶       0       ; section 4912 ▶       0       ; section 4955 ▶       0         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶       0         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reinbursed by the organization .       0         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       0         d       List the states with which a copy of this return is filed ▶ co       200         42a       The organization's books are in care of ▶       Shannon Workman       Telephone no. ▶       720-427.1971         Located at ▶       1685 Brown Court, Longmont, C0 80503       ZIP + 4 ▶       80503         b       At any time during the calendar year, did the organization maintain an office outside the U.S.?       420       ✓         fl "Yes," enter the name of the foreign country: ▶       Sectin 4947(a)(1) nonexempt charitable frusts f   | 39<br>a<br>b | Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9   | -      |     |               |
| <ul> <li>excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I</li> <li>C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958.</li> <li>G Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization</li></ul>  | 40a          | section 4911 ► ; section 4912 ► ; section 4955 ►   |        |     |               |
| on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   | b            | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year  | 40b    |     | ~             |
| <ul> <li>All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.</li> <li>41 List the states with which a copy of this return is filed ► CO</li> <li>42a The organization's books are in care of ► Shannon Workman</li> <li>Located at ► 1685 Brown Court, Longmont, CO 80503</li> <li>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)? If "Yes," enter the name of the foreign country: ►</li> <li>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>At any time during the calendar year, did the organization maintain an office outside the U.S.?</li> <li>If "Yes," enter the name of the foreign country: ►</li> <li>Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year</li> <li>Lid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>Did the organization neerive any payments for indoor tanning services during the year?</li> <li>Mode </li> <li>Ves No</li> <li></li></ul>  |              | on organization managers or disqualified persons during the year under sections 4912,<br>4955, and 4958  |        |     |               |
| <ul> <li>42a The organization's books are in care of ► Shannon Workman Telephone no. ► 720-427-1971 Located at ► 1685 Brown Court, Longmont, CO 80503 ZIP + 4 ► 80503</li> <li>b 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>c At any time during the calendar year, did the organization maintain an office outside the U.S.?</li></ul>   | е            | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter   | 40e    |     | ~             |
| <ul> <li>b 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)? If "Yes," enter the name of the foreign country: ►</li> <li>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►</li> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►</li> <li>44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li></ul>  | 42a          | The organization's books are in care of ► <u>Shannon Workman</u> Telephone no. ►   | 720-42 |     | 1             |
| <ul> <li>c At any time during the calendar year, did the organization maintain an office outside the U.S.?</li></ul>   | b            | 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)? If "Yes," enter the name of the foreign country: ►<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and |        |     | No<br>✓       |
| <ul> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here</li></ul>  | с            | At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42c    |     | ~             |
| <ul> <li>44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></li> <li>45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>45a</li> </ul>   | 43           | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here  |        | . 1 |               |
| <ul> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></li> <li>44d</li> <li>45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> </ul>  | 44a          |  | 44a    | Yes | No<br>V       |
| <ul> <li>c Did the organization receive any payments for indoor tanning services during the year?</li></ul>  | b            | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be   |        |     | ~             |
| <ul> <li>45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of</li> </ul>   | _            | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an  | 44c    |     | <i>v</i>      |
|  | -            | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |        |     | <b>マ</b><br>マ |

Form 990-EZ (2015)

|     |   |   |  |  |   | Yes              | No          |
|-----|---|---|--|--|---|------------------|-------------|
| 46  | Did the organization engage, directly or ir   | ndirectly, in political c   | ampaign activities on  | behalf of or in opposit  | tion  |                  |             |
|     | to candidates for public office? If "Yes," of   | complete Schedule C   | Part I   |  | . 46  | 1                | ~           |
| art | VI Section 501(c)(3) organizations  | s only  |  |  |   |                  |             |
|     | All section 501(c)(3) organization  | s must answer que   | stions 47–49b and  | 52, and complete the   | e tables f                                  | or lin           | es          |
|     | 50 and 51.  |   |  |  |   |                  |             |
|     | Check if the organization used Sc   | hedule O to respond   | to any question in t   | his Part VI  |   | <u> </u>         |             |
|     |   |   |  |  |   | Yes              | No          |
| 7   | Did the organization engage in lobbying   |   |  |  |   |                  |             |
|     | year? If "Yes," complete Schedule C, Par  |   |  |  |   |                  | V           |
| 8   | Is the organization a school as described in  |   | <i>, , , ,</i>   |  |   |                  | V           |
| 9a  | Did the organization make any transfers t   | •   | •  |  |   | -                | V           |
| b   | If "Yes," was the related organization a se   | ection 527 organizatio  | n2   |  | . 49b                                       |                  |             |
|     |   |   |  |  |   |                  | L           |
| 50  | Complete this table for the organization's  | s five highest compen   | sated employees (oth   | er than officers, direct   | ors, truste                                 | es an            |             |
| 50  |   | s five highest compen   | sated employees (oth   | ner than officers, direct<br>nization. If there is non   | ors, truste                                 | es an            |             |
| 50  | Complete this table for the organization's employees) who each received more than   | s five highest compen<br>n \$100,000 of comper<br>(b) Average                   | sated employees (oth<br>nsation from the orgar<br>(c) Reportable                 | her than officers, direct<br>nization. If there is none<br>(d) Health benefits,<br>contributions to employee                               | ors, truste                                 | es an<br>None.'  | ,           |
| 50  | Complete this table for the organization's  | s five highest compen<br>n \$100,000 of comper                                  | sated employees (oth<br>nsation from the orgar                                   | er than officers, direct<br>nization. If there is none<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | ors, truste<br>e, enter "N                  | ees an<br>None." | ,<br>unt o  |
|     | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | s five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation | her than officers, direct<br>nization. If there is none<br>(d) Health benefits,<br>contributions to employee                               | cors, truste<br>e, enter "N<br>(e) Estimate | ees an<br>None." | ,<br>unt of |
|     | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | s five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation | er than officers, direct<br>nization. If there is none<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | cors, truste<br>e, enter "N<br>(e) Estimate | ees an<br>None." | ,<br>unt of |
|     | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | s five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation | er than officers, direct<br>nization. If there is none<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | cors, truste<br>e, enter "N<br>(e) Estimate | ees an<br>None." | ,<br>unt of |
|     | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | s five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation | er than officers, direct<br>nization. If there is none<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | cors, truste<br>e, enter "N<br>(e) Estimate | ees an<br>None." | ,<br>unt of |
|     | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | s five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation | er than officers, direct<br>nization. If there is none<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | cors, truste<br>e, enter "N<br>(e) Estimate | ees an<br>None." | ,<br>unt of |
|     | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | s five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation | er than officers, direct<br>nization. If there is none<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | cors, truste<br>e, enter "N<br>(e) Estimate | ees an<br>None." | ,<br>unt of |
|     | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | s five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation | er than officers, direct<br>nization. If there is none<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | cors, truste<br>e, enter "N<br>(e) Estimate | ees an<br>None." | ,<br>unt of |
|     | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | s five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation | er than officers, direct<br>nization. If there is none<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | cors, truste<br>e, enter "N<br>(e) Estimate | ees an<br>None." | ,<br>unt of |
|     | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | s five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation | er than officers, direct<br>nization. If there is non<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred  | cors, truste<br>e, enter "N<br>(e) Estimate | ees an<br>None." | ,<br>unt o  |

f Total number of other employees paid over \$100,000  $\ldots$  .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|      | (a) Name and business address of each independent contractor   | <b>(b)</b> Type of service | (c) Compensation |
|------|--|----------------------------|------------------|
| None |  | _                          |                  |
|      |  | -                          |                  |
|      |  | -                          |                  |
|      |  | -                          |                  |
|      |  | -                          |                  |
| d    | Total number of other independent contractors each receiving   | over \$100,000 ►           |                  |
| 52   | Did the organization complete Schedule A? Note: All se completed Schedule A  |                            |                  |
|      | penalties of perjury, I declare that I have examined this return, including accompan<br>rrect, and complete. Declaration of preparer (other than officer) is based on all info |                            |                  |

| Sign<br>Here  | Signature of officer Ross Wehner, President     |  |      |  |                        |      |  |  |
|---|---|--|------|--|------------------------|------|--|--|
|   | Type or print name and title                    |  |      |  |                        |      |  |  |
| Paid<br>Preparer  | Print/Type preparer's name Preparer's signature |  | Date |  | Check if self-employed | PTIN |  |  |
| Use Only  | Firm's name                                     |  |      |  | Firm's EIN ►           |      |  |  |
|   | Firm's address ► Phone no.                      |  |      |  |                        |      |  |  |
| May the IRS discuss this return with the preparer shown above? See instructions |   |  |      |  |                        |      |  |  |

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

## N Attack to Farm 000 or Farm 000 F7

OMB No. 1545-0047

2015

|                          | Information about Schedule A (Form 990 of 990-EZ) and its instructions is at was | w.iis.gov/i0/iii990.  | Inspection |
|--------------------------|--|-----------------------|------------|
| Name of the organization |  | Employer identificati | on number  |

| bobal another of the model of the                       |   |  |                                   |  |                         | Open to Public                        |   |   |  |
|---|---|--|-----------------------------------|--|-------------------------|---------------------------------------|---|---|--|
| Name of the organization Employer identification number |   |  |                                   |  |                         |                                       |   |   |  |
|   | d Leadership Fou  | ndation                                  |                                   |  |                         |                                       |   | 90483   |  |
| Par   |   |  | rity Status (All                  | organizations must   | comple                  | te this p                             |   |   |  |
| The c   | The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) |  |                                   |  |                         |                                       |   |   |  |
| 1   | 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).      |  |                                   |  |                         |                                       |   |   |  |
| 2   |   |  |                                   | (Attach Schedule E (F  |                         |                                       |   |   |  |
| 3   |   |  |                                   | ganization described i   |                         |                                       |   |   |  |
| 4   |   | me, city, and state                      | •                                 | onjunction with a hosp   | oital desc              | ribed in s                            | section 170(b)(1)(A)                                    | (III). Enter the                                |  |
| 5   |   | tion operated for (b)(1)(A)(iv). (Com    |                                   | college or university  | owned o                 | r operate                             | ed by a government                                      | al unit described in                            |  |
| 6<br>7  | An organizat  |  | receives a subs                   | mental unit describec<br>tantial part of its sup<br>te Part II.)                                     |                         |                                       |   | n the general public                            |  |
| 8   | A community   | y trust described i                      | n <b>section 170(b</b> )          | )(1)(A)(vi). (Complete   | Part II.)               |                                       |   |   |  |
| 9   | receipts fror<br>support fror   | n activities related<br>n gross investme | d to its exempt<br>ent income and | re than 331/3% of its<br>functions—subject to<br>unrelated business<br>75. See <b>section 509(</b> a | o certain<br>taxable i  | exception<br>ncome (l                 | ns, and (2) no more<br>ess section 511 ta               | e than 331/3% of its                            |  |
| 10  | An organizat  | ion organized and                        | l operated exclu                  | sively to test for public  | c safety.               | See sect                              | ion 509(a)(4).  |   |  |
|   | An organizati   | ion organized and publicly supported     | operated exclusi                  | ively for the benefit of,<br>lescribed in <b>section 5</b><br>the type of supporting                 | to perfor<br>09(a)(1) o | m the fun<br>r <b>section</b>         | ctions of, or to carry<br>509(a)(2). See sect           | i <b>on 509(a)(3).</b> Check                    |  |
| а   | the suppor  | ted organization(s                       | s) the power to re                | supervised, or control<br>egularly appoint or ele<br>sections A and B.                               |                         |                                       |   |   |  |
| b   | control or i  | management of th                         | e supporting org                  | d or controlled in con<br>ganization vested in th<br>, Sections A and C.                             |                         |                                       |   |   |  |
| С   |   |  |                                   | ng organization opera<br>s). <b>You must comple</b>  |                         |                                       |   | y integrated with,                              |  |
| d   | that is not   | functionally integr                      | ated. The organi                  | porting organization c<br>zation generally must<br><b>mplete Part IV, Secti</b>                      | satisfy a               | distributi                            | on requirement and                                      | •         |  |
| е   |   |  |                                   | written determination<br>onally integrated supp  |                         |                                       |   | I, Type III                                     |  |
| f<br>g  |   | ber of supported of lowing information   |                                   | oorted organization(s).  |                         |                                       |   |   |  |
|   | (i) Name of support   | ed organization                          | (ii) EIN                          | (iii) Type of organization<br>(described on lines 1–9<br>above (see instructions))                   | listed in you           | organization<br>ur governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of other support (see instructions) |  |
|   |   |  |                                   |  | Yes                     | No                                    |   |   |  |
| (A)   |   |  |                                   |  |                         |                                       |   |   |  |
| (B)   |   |  |                                   |  |                         |                                       |   |   |  |
| (C)   |   |  |                                   |  |                         |                                       |   |   |  |

(D)

(E)

Total

| Part      | Ile A (Form 990 or 990-EZ) 2015 Il Support Schedule for Organiza   | tions Descri                         | bod in Socti                     | one 170/b)/1                | $(\Lambda)(iy)$ and 1              | 70/6/(1)//)//                | Page 2            |
|-----------|--|--------------------------------------|----------------------------------|-----------------------------|------------------------------------|------------------------------|-------------------|
| Fait      | (Complete only if you checked th   |                                      |                                  |                             |                                    |                              |                   |
|           | Part III. If the organization fails to   |                                      |                                  |                             | •                                  | •                            |                   |
| Sect      | ion A. Public Support  |                                      |                                  | , p.                        |                                    |                              |                   |
|           | dar year (or fiscal year beginning in) ►   | (a) 2011                             | <b>(b)</b> 2012                  | (c) 2013                    | (d) 2014                           | (e) 2015                     | (f) Total         |
| 1         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 93,765                               | 112,354                          | 116,731                     | 172,808                            | 143,838                      | 639,496           |
| 2         | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                                      |                                  |                             |                                    |                              |                   |
| 3         | The value of services or facilities furnished by a governmental unit to the organization without charge  |                                      |                                  |                             |                                    |                              |                   |
| 4         | Total. Add lines 1 through 3   | 93,765                               | 112,354                          | 116,731                     | 172,808                            | 143,838                      | 639,496           |
| 5         | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>shown on line 11, column (f) |                                      |                                  |                             |                                    |                              | 22,944            |
| 6         | Public support. Subtract line 5 from line 4.   |                                      |                                  |                             |                                    |                              | 616,552           |
| Secti     | on B. Total Support  |                                      |                                  |                             |                                    |                              |                   |
| Caler     | dar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2011                      | <b>(b)</b> 2012                  | (c) 2013                    | <b>(d)</b> 2014                    | <b>(e)</b> 2015              | <b>(f)</b> Total  |
| 7         | Amounts from line 4  | 93,765                               | 112,354                          | 116,731                     | 172,808                            | 143,838                      | 639,496           |
| 8         | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties and income from similar<br>sources  |                                      |                                  |                             |                                    |                              |                   |
| 9         | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on   |                                      |                                  |                             |                                    |                              |                   |
| 10        | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)  |                                      |                                  |                             |                                    |                              |                   |
| 11        | Total support. Add lines 7 through 10  |                                      |                                  |                             |                                    |                              | 639,496           |
| 12<br>13  | Gross receipts from related activities, etc.<br><b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop he</b>  | ne organization                      | 's first, second                 | d, third, fourth            | , or fifth tax ye                  | <b>12</b><br>ear as a sectio | ( )( )            |
| Secti     | on C. Computation of Public Suppor   |                                      |                                  |                             |                                    |                              | · · • 🗋           |
| 14        | Public support percentage for 2015 (line 6   | ¥                                    |                                  | 1 column (f))               |                                    | 14                           | 96.41 %           |
| 15<br>16a | Public support percentage from 2014 Sch<br>33 <sup>1</sup> / <sub>3</sub> % support test—2015. If the organization qua   | nedule A, Part I<br>zation did not o | I, line 14<br>check the box      | on line 13, and             | <br>I line 14 is 33 <sup>1</sup> / | <b>15</b><br>3% or more, cl  | 79 %<br>neck this |
| b         | <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2014.</b> If the organ check this box and <b>stop here.</b> The organ  | nization did no<br>ization qualifies | t check a box<br>s as a publicly | on line 13 or supported org | 16a, and line anization .          | 15 is 33 <sup>1</sup> /3%    | . 🕨 🗌             |
| 17a       | <b>10%-facts-and-circumstances test</b> — <b>20</b><br>10% or more, and if the organization me<br>Part VI how the organization meets the "f  | ets the "facts-a                     | and-circumsta                    | nces" test, che             | ck this box an                     | d <b>stop here.</b> E        | xplain in         |

| 15 is 10% or more, and if the organization meets the "facts-and-circur      | nstances" test, check this box and stop here.      |
|---|--|
| Explain in Part VI how the organization meets the "facts-and-circumstance   | es" test. The organization qualifies as a publicly |
| supported organization  |  |
| Private foundation. If the organization did not check a box on line 13, 16a | a, 16b, 17a, or 17b, check this box and see        |

10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

b

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Schedule A (Form 990 or 990-EZ) 2015

►

## 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.)

| Secti              | ion A. Public Support   |                 |          | <i>,</i> 1       | •        | ,        |                   |
|--------------------|---|-----------------|----------|------------------|----------|----------|-------------------|
| Calen              | ıdar year (or fiscal year beginning in) ►   | (a) 2011        | (b) 2012 | (c) 2013         | (d) 2014 | (e) 2015 | (f) Total         |
| 1                  | Gifts, grants, contributions, and membership fees   |                 |          |                  |          |          |                   |
|                    | received. (Do not include any "unusual grants.")  |                 |          |                  |          |          |                   |
| 2                  | Gross receipts from admissions, merchandise   |                 |          |                  |          |          |                   |
|                    | sold or services performed, or facilities furnished in any activity that is related to the                  |                 |          |                  |          |          |                   |
|                    | organization's tax-exempt purpose   |                 |          |                  |          |          |                   |
| 3                  | Gross receipts from activities that are not an  |                 |          |                  |          |          |                   |
|                    | unrelated trade or business under section 513   |                 |          |                  |          |          |                   |
| 4                  | Tax revenues levied for the   |                 |          |                  |          |          |                   |
|                    | organization's benefit and either paid  |                 |          |                  |          |          |                   |
|                    | to or expended on its behalf  |                 |          |                  |          |          |                   |
| 5                  | The value of services or facilities   |                 |          |                  |          |          |                   |
|                    | furnished by a governmental unit to the   |                 |          |                  |          |          |                   |
|                    | organization without charge   |                 |          |                  |          |          |                   |
| 6                  | Total. Add lines 1 through 5  |                 |          |                  |          |          |                   |
| 7a                 | Amounts included on lines 1, 2, and 3   |                 |          |                  |          |          |                   |
|                    | received from disqualified persons .  |                 |          |                  |          |          |                   |
| b                  | Amounts included on lines 2 and 3   |                 |          |                  |          |          |                   |
|                    | received from other than disqualified   |                 |          |                  |          |          |                   |
|                    | persons that exceed the greater of \$5,000  |                 |          |                  |          |          |                   |
|                    | or 1% of the amount on line 13 for the year   |                 |          |                  |          |          |                   |
| с                  | Add lines 7a and 7b   |                 |          |                  |          |          |                   |
| 8                  | Public support. (Subtract line 7c from  |                 |          |                  |          |          |                   |
|                    | line 6.)  |                 |          |                  |          |          |                   |
| Secti              | on B. Total Support   |                 |          |                  |          |          |                   |
| Calen              | Idar year (or fiscal year beginning in) ►   | <b>(a)</b> 2011 | (b) 2012 | (c) 2013         | (d) 2014 | (e) 2015 | (f) Total         |
| 9                  | Amounts from line 6   |                 |          |                  |          |          |                   |
| 10a                | Gross income from interest, dividends,  |                 |          |                  |          |          |                   |
|                    | payments received on securities loans, rents,   |                 |          |                  |          |          |                   |
|                    | royalties and income from similar sources .   |                 |          |                  |          |          |                   |
| b                  | Unrelated business taxable income (less   |                 |          |                  |          |          |                   |
|                    | section 511 taxes) from businesses  |                 |          |                  |          |          |                   |
|                    | acquired after June 30, 1975  |                 |          |                  |          |          |                   |
| С                  | Add lines 10a and 10b   |                 |          |                  |          |          |                   |
| 11                 | Net income from unrelated business  |                 |          |                  |          |          |                   |
|                    | activities not included in line 10b, whether  |                 |          |                  |          |          |                   |
|                    | or not the business is regularly carried on   |                 |          |                  |          |          |                   |
| 12                 | Other income. Do not include gain or  |                 |          |                  |          |          |                   |
|                    | loss from the sale of capital assets  |                 |          |                  |          |          |                   |
|                    | (Explain in Part VI.)   |                 |          |                  |          |          |                   |
| 13                 | Total support. (Add lines 9, 10c, 11,   |                 |          |                  |          |          |                   |
| - :                | and 12.)  |                 |          |                  |          |          |                   |
| 14                 | First five years. If the Form 990 is for the  | -               |          |                  | -        |          |                   |
| <u>.</u>           | organization, check this box and <b>stop he</b>   |                 |          |                  |          |          | · · ►             |
|                    | on C. Computation of Public Suppor  |                 |          | 0 1 (0)          |          | 45       |                   |
| 15                 | Public support percentage for 2015 (line 2)   |                 |          |                  |          |          | <u>%</u>          |
| <u>16</u><br>Socti | Public support percentage from 2014 Sch   |                 |          | <u></u>          |          | 16       | %                 |
|                    | on D. Computation of Investment In  |                 | -        | vino 12 oct      | mn (fl)  | 17       | %                 |
| 17<br>19           | Investment income percentage for 2015 (   |                 | ()       | •                | ( ))     |          | <u>%</u><br>%     |
| 18<br>100          | Investment income percentage from 2014<br>33 <sup>1</sup> / <sub>3</sub> % support tests-2015. If the organ |                 |          |                  |          |          |                   |
| 19a                | 17 is not more than $33^{1/3}$ %, check this box  |                 |          |                  |          |          |                   |
| L                  |   | -               | -        | -                |          | -        |                   |
| b                  |   |                 |          |                  |          |          |                   |
| 20                 | <b>Private foundation.</b> If the organization di   | -               | -        |                  |          |          |                   |
| 20                 |   | a not oneon a   |          | , 190, 01 190, 0 |          |          | 0 or 990-EZ) 2015 |

Schedule 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) purposes.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

| Schedu | le A (Form 990 or 990-EZ) 2015   |     | F   | Page 5 |
|--------|--|-----|-----|--------|
| Part   | V Supporting Organizations (continued)   |     |     |        |
|        |  |     | Yes | No     |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |     |     |        |
| а      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a |     |        |
| b      | A family member of a person described in (a) above?  | 11b |     |        |
| с      | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c |     |        |
|        | on B. Type I Supporting Organizations  |     |     |        |
|        |  |     | Yes | No     |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1   |     |        |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | 2   |     |        |
| Secti  | on C. Type II Supporting Organizations   |     |     |        |
|        |  |     | Yes | No     |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control  |     |     |        |

## Section D. All Type III Supporting Organizations

the supported organization(s).

|   |  |   | Yes | NO |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2 |     |    |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's   |   |     |    |

# significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

or management of the supporting organization was vested in the same persons that controlled or managed

## Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

1

3

Vee Ne

Yes No

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income   |    | (A) Prior Year | (B) Current Year<br>(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  |                |                                |
| Section B - Minimum Asset Amount  |    | (A) Prior Year | (B) Current Year<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see   |    |                |                                |
| instructions for short tax year or assets held for part of year):   |    |                |                                |
| a Average monthly value of securities   | 1a |                |                                |
| <b>b</b> Average monthly cash balances  | 1b |                |                                |
| c Fair market value of other non-exempt-use assets  | 1c |                |                                |
| d Total (add lines 1a, 1b, and 1c)  | 1d |                |                                |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):  |    |                |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2  |                |                                |
| 3 Subtract line 2 from line 1d  | 3  |                |                                |
| <b>4</b> 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  |                |                                |
| Section C - Distributable Amount  |    |                | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)   | 1  |                |                                |
| 2 Enter 85% of line 1   | 2  |                |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3  |                |                                |
| 4 Enter greater of line 2 or line 3   | 4  |                |                                |
| 5 Income tax imposed in prior year  | 5  |                |                                |
| 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-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

| Part     | V Type III Non-Functionally Integrated 509(a)(3  | ) Supporting Organi                            | zations (continued)                    |   |
|----------|--|--|--|---|
| Secti    | ion D - Distributions  | <u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u> |  | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish e  | exempt purposes                                |  |   |
| 2        | Amounts paid to perform activity that directly furthers exe  |  |  |   |
|          | organizations, in excess of income from activity   |  |  |   |
| 3        | Administrative expenses paid to accomplish exempt purp   | oses of supported orga                         | nizations                              |   |
| 4        | Amounts paid to acquire exempt-use assets  |  |  |   |
| 5        | Qualified set-aside amounts (prior IRS approval required)  |  |  |   |
| 6        | Other distributions (describe in Part VI). See instructions.   |  |  |   |
| 7        | Total annual distributions. Add lines 1 through 6.   |  |  |   |
| 8        | Distributions to attentive supported organizations to whic   | h the organization is res                      | ponsive                                |   |
|          | (provide details in <b>Part VI</b> ). See instructions.  | 5  |  |   |
| 9        | Distributable amount for 2015 from Section C, line 6   |  |  |   |
| 10       | Line 8 amount divided by Line 9 amount   |  |  |   |
| S        | ection E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions                    | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
| 1        | Distributable amount for 2015 from Section C, line 6   |  |  |   |
| 2        | Underdistributions, if any, for years prior to 2015  |  |  |   |
|          | (reasonable cause required-see instructions)   |  |  |   |
| 3        | Excess distributions carryover, if any, to 2015:   |  |  |   |
| а        |  |  |  |   |
| b        |  |  |  |   |
| С        |  |  |  |   |
| d        | From 2013  |  |  |   |
| е        | From 2014  |  |  |   |
| f        | Total of lines 3a through e  |  |  |   |
| g        | Applied to underdistributions of prior years   |  |  |   |
| h        | Applied to 2015 distributable amount   |  |  |   |
| i        | Carryover from 2010 not applied (see instructions)   |  |  |   |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |  |  |   |
| 4        | Distributions for 2015 from Section<br>D, line 7: \$   |  |  |   |
| а        | Applied to underdistributions of prior years   |  |  |   |
| b        | Applied to 2015 distributable amount   |  |  |   |
| c        | Remainder. Subtract lines 4a and 4b from 4.  |  |  |   |
| 5        | Remaining underdistributions for years prior to 2015, if   |  |  |   |
| J        | any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).                                   |  |  |   |
| 6        | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). |  |  |   |
| 7        | <b>Excess distributions carryover to 2016</b> . Add lines 3j and 4c.   |  |  |   |
| 8        | Breakdown of line 7:   |  |  |   |
| a        |  |  |  |   |
| b        |  |  |  |   |
| <u>с</u> | Excess from 2013   |  |  |   |
|          | Excess from 2014   |  |  |   |
| u        | Excess from 2015   |  |  |   |

Schedule A (Form 990 or 990-EZ) 2015



| SCHE  | DULE   | 0                    |
|-------|--------|----------------------|
| (Form | 990 oi | <sup>•</sup> 990-EZ) |

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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



Employer identification number

| World Leadership | Foundation |
|------------------|------------|
|------------------|------------|

27-0490483

| Form 990-EZ, Header, Line A - WLF Keystone Initiatives for 2015 World Leadership Foundation continues in its mission to "unleash the          |
|---|
| potential of global communities through technology, learning and collaboration." We fulfill our mission in two primary ways. First, World     |
| Leadership Foundation raised in 2014 \$74,192 in student donations that were invested in a total of 28 community projects at our partner      |
| schools in Asia, Africa, Latin America and the US. The projects include building critical school infrastructure such as classrooms,           |
| bathrooms, rainwater collection systems, playgrounds and sustainable community gardens. A specific list of all of our 2015 projects is here:  |
| http://www.worldleadershipfoundation.org/community-projects/ Second, World Leadership Foundation raised an additional \$69,645 in             |
| donations from corporations, grants and non-student donors. Of this money, we used \$23,440 in administrative expenses, including a salary    |
| for a Program Director, marketing, board meeting expenses and legal fees for a trademark on behalf of TabLab. The rest of the funds was       |
| used to continue our expansion of TabLab (www.tablabeducation.org), an initiative to transform the quality of rural education. TabLab is      |
| focused on the issue that 250 million kids around the world cannot read, write or do basic math. Most of these kids are in rural schools that |
| lack electricity and internet. Building computer labs in schools, and training large numbers of teachers, is very expensive. Large-scale      |
| technology initiatives for rural schools have failed because they do not provide long-term teacher training and support, nor do they address  |
| the long-term costs of operating a computer lab. Schools enrolled in TabLab receive a mobile tablet lab, which needs neither electricity or   |
| internet", plus a teacher trainer for two years. Our experience has shown that technology integration and teacher training is a gradual,      |
| long-term process. We adapt our strategies to suit the needs of the school, ensure that teachers and administrators are the principal agents  |
| of change, and use data to measure our impact. TabLab's goal is to transform our partner schools. Teachers start using technology for         |
| traditional learning and, over time, transition to student-centered approaches such as Project-Based Learning. During a 6-month pilot in      |
| Costa Rica, students showed gains in reading, writing and a 29 percent increase in the comprehension of complex concepts.                     |
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**Reasonable Cause Explanations** 

## Explanation

We forgot to file

## Other Expenses Structured Explanation

| Description    | Amount  |
|----------------|---------|
| Project Costs  | 117,697 |
| Insurance      | 1,328   |
| Bank Fees      | 193     |
| Travel         | 2,095   |
| Administration | 365     |
| Total:         | 121,678 |

## Other Changes In Net Assets Structured Explanation

| Description   | Amount |
|---------------|--------|
| contributions | 3,917  |
| Total:        | 3,917  |

## Other Assets Structured Explanation

| Description     | EOY Amount |
|-----------------|------------|
| Project Advance | 3,620      |
| Total:          | 3,620      |

### First Program Service Accomplishments Description

#### Description

primary ways. First, World Leadership Foundation raised in 2014 \$74,192 in student donations that were invested in a total of 28 community projects at our partner schools in Asia, Africa, Latin America and the US. The projects include building critical school infrastructure such as classrooms, bathrooms, rainwater collection systems, playgrounds and sustainable community gardens. A specific list of all of our 2015 projects is here: http://www.worldleadershipfoundation.org/community-projects/ Second, World Leadership Foundation raised an additional \$69,645 in donations from corporations, grants and non-student donors. Of this money, we used \$23,440 in administrative expenses, including a salary for a Program Director, marketing, board meeting expenses and legal fees for a trademark on behalf of TabLab. The rest of the funds was used to continue our expansion of TabLab (www.tablabeducation.org), an initiative to transform the quality of rural education. TabLab is focused on the issue that 250 million kids around the world cannot read, write or do basic math. Most of these kids are in rural schools that lack electricity and internet. Building computer labs in schools, and training large numbers of teachers, is very expensive. Large-scale technology initiatives for rural schools have failed because they do not provide long-term teacher training and support, nor do they address the long-term costs of operating a computer lab. Schools enrolled in TabLab receive a mobile tablet lab, which needs neither electricity or internet", plus a teacher trainer for two years. Our experience has shown that technology integration and teacher training is a gradual, long-term process. We adapt our strategies to suit the needs of the school, ensure that teachers and administrators are the principal agents of change, and use data to measure our impact. TabLab's goal is to transform our partner schools. Teachers start using technology for traditional learning and, over time, transition to student-centered approaches such as Project-Bas

| Sche | dule | В |
|------|------|---|
|------|------|---|

(Form 990, 990-EZ. or 990-PF)

#### Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

OMB No. 1545-0047

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

| Name of the organization       | Employer identification number |
|--------------------------------|--------------------------------|
| World Leadership Foundation    | 27-0490483                     |
| Organization type (check one): |                                |

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | ✓ 501(c)( 3 ) (enter number) organization  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |
|                    |  |

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

~ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals, Complete Parts I. II. and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X

Part I

Page 1 of 1 of Part I

Employer identification number 27-0490483

World Leadership Foundation

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)                                       | (b)  | (c)<br>Total contributions | (d)   |  |  |
|---|--|----------------------------|---|--|--|
| No.                                       | Name, address, and ZIP + 4   | I otal contributions       | Type of contribution  |  |  |
|   | Ericsson   |                            | Demons 🗔  |  |  |
| 1   | Ericsson   |                            | Person  |  |  |
|   | 6300 Legacy Dr   | · •                        | Payroll 🗌<br>Noncash  |  |  |
|   |  | \$\$                       |   |  |  |
|   | Plano, TX, 75024   |                            | (Complete Part II for<br>noncash contributions.)  |  |  |
|   |  |                            | noneash contributions.)   |  |  |
| (a)                                       | (b)  | (c)                        | (d)   |  |  |
| No.                                       | Name, address, and ZIP + 4   | Total contributions        | Type of contribution  |  |  |
|   | Bruce Miller   |                            |   |  |  |
| 2   |  |                            | Person 🗸  |  |  |
|   | 2279 Owensville Rd   |                            | Payroll   |  |  |
|   |  | \$ 8,000                   | Noncash 🗌   |  |  |
|   | Charlottesville, VA, 22902   |                            | (Complete Part II for   |  |  |
|   |  |                            | noncash contributions.)   |  |  |
|   |  |                            |   |  |  |
| (a)<br>No.                                | (b)<br>Nome address and ZID + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| NO.                                       | Name, address, and ZIP + 4   |                            |   |  |  |
| -   | St Marys Academy   |                            | <b>D</b> ama an   |  |  |
| 3   | St Marys Academy   |                            | Person 🖌<br>Payroll 🗌   |  |  |
|   | 4545 S University Blvd   |                            | Noncash   |  |  |
|   |  | \$\$                       |   |  |  |
|   | Englewood, CO, 80113   |                            | (Complete Part II for<br>noncash contributions.)  |  |  |
|   |  |                            | nonodon contributiono.  |  |  |
|   |  |                            | (d)   |  |  |
| (a)                                       | (b)  | (c)                        | (d)<br>Turna af agustriburtian  |  |  |
| (a)<br>No.                                | Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| No.                                       | Name, address, and ZIP + 4           Parish  | (c)<br>Total contributions | Type of contribution  |  |  |
|   | Name, address, and ZIP + 4         Parish         Parish Episcopal School  | (c)<br>Total contributions | Type of contribution Person   |  |  |
| No.                                       | Name, address, and ZIP + 4       Parish  | Total contributions        | Type of contribution     Person <ul> <li>Payroll</li> <li>Payroll</li> </ul>  |  |  |
| No.                                       | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd  | (c)<br>Total contributions | Type of contribution      Person    ✓      Payroll    □      Noncash    □   |  |  |
| No.                                       | Name, address, and ZIP + 4         Parish         Parish Episcopal School  | Total contributions        | Person     Payroll     Noncash     (Complete Part II for  |  |  |
| No.                                       | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd  | Total contributions        | Type of contribution      Person    ✓      Payroll    □      Noncash    □   |  |  |
| No.<br>4                                  | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)  | Total contributions        | Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d)   |  |  |
| <u>No.</u>                                | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244  | Total contributions        | Type of contribution         Person       ✓         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)   |  |  |
| No.<br>4<br>(a)                           | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth  | Total contributions        | Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d)   |  |  |
| No.<br>4                                  | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4   | Total contributions        | Type of contribution         Person <ul> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul> (d)         Type of contribution         Person   |  |  |
| No.<br>4<br>(a)<br>No.                    | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth  | Total contributions        | Type of contribution         Person       ✓         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       ✓         Payroll       □   |  |  |
| No.<br>4<br>(a)<br>No.                    | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School         211 Ensworth Ave   | Total contributions        | Type of contribution         Person <ul> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul> (d)         Type of contribution         Person   |  |  |
| No.<br>4<br>(a)<br>No.                    | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School  | Total contributions        | Type of contribution         Person       ✓         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       ✓         Payroll       □         Noncash       □         (Complete Part II for       □         (complete Part II for       □   |  |  |
| No.<br>4<br>(a)<br>No.                    | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School         211 Ensworth Ave   | Total contributions        | Type of contribution         Person       ✓         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       ✓         Payroll       □         Noncash       □   |  |  |
| No.<br>(a)<br>5                           | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School         211 Ensworth Ave         Nashville, TN, 37205  | Total contributions        | Type of contribution         Person       □         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       □         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)   |  |  |
| No.<br>4<br>(a)<br>No.                    | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School         211 Ensworth Ave   | Total contributions        | Type of contribution         Person       ✓         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       ✓         Payroll       □         Noncash       □         (Complete Part II for       □         (complete Part II for       □   |  |  |
| No.<br>(a)<br>5                           | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School         211 Ensworth Ave         Nashville, TN, 37205         (b)         Name, address, and ZIP + 4   | Total contributions        | Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) (Complete Part II for noncash contributions.)   |  |  |
| No.<br>4<br>(a)<br>No.<br>5<br>(a)<br>No. | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School         211 Ensworth Ave         Nashville, TN, 37205         (b)         Name, address, and ZIP + 4   | Total contributions        | Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) (Complete Part II for noncash contributions.)   |  |  |
| No.<br>(a)<br>5                           | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School         211 Ensworth Ave         Nashville, TN, 37205         (b)         Name, address, and ZIP + 4   | Total contributions        | Type of contribution         Person       □         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       □         Payroll       □         Noncash       □         (complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)   |  |  |
| No.<br>4<br>(a)<br>No.<br>5<br>(a)<br>No. | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School         211 Ensworth Ave         Nashville, TN, 37205         (b)         Name, address, and ZIP + 4         Handwriting         Handwriting without Tears | Total contributions        | Type of contribution         Person       □         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contribution         Person       □         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       □         (Complete Part II for noncash contributions.)       □         (Complete Part II for noncash contributions.)       □         Person       □         Person       □ |  |  |
| No.<br>4<br>(a)<br>No.<br>5<br>(a)<br>No. | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School         211 Ensworth Ave         Nashville, TN, 37205         (b)         Name, address, and ZIP + 4         Handwriting         Handwriting without Tears | Total contributions        | Type of contribution         Person       □         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       □         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)         (Payroll         Person       □         Person       □         Person       □         Payroll       □                     |  |  |
| No.<br>4<br>(a)<br>No.<br>5<br>(a)<br>No. | Name, address, and ZIP + 4         Parish         Parish Episcopal School         4101 Sigma Rd         Dallas, TX, 75244         (b)         Name, address, and ZIP + 4         Ensworth         Ensworth School         211 Ensworth Ave         Nashville, TN, 37205         (b)         Name, address, and ZIP + 4   | Total contributions        | Type of contribution         Person       □         Payroll       □         Noncash       □         (Complete Part II for<br>noncash contributions.)       (Complete Part II for<br>noncash contribution         Person       □         Payroll       □         Noncash       □         (Complete Part II for<br>noncash contributions.)       □         Person       □         Payroll       □         Noncash       □  |  |  |

Employer identification number 27-0490483

World Leadership Foundation

Part II N

Name of organization

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
|                           |  | \$\$   |                      |
| a) No.<br>from<br>Part I  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$\$   |                      |
| a) No.<br>from<br>Part I  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
| a) No.<br>from<br>Part I  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
| a) No.<br>from<br>Part I  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
| a) No.<br>from<br>Part I  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |

| Schedule B (F             | Form 990, 990-EZ, or 990-PF) (2015)   |  |  |                                     | Page   | of        | of Part III      |
|---------------------------|---|--|--|-------------------------------------|--|-----------|------------------|
| Name of or                | ganization  |  |  |                                     | Employer ide                                 | entificat | ion number       |
| World Lead                | dership Foundation  |  |  |                                     | 27   | -049048   | 33               |
| Part III                  | Exclusively religious, charitable, e<br>(10) that total more than \$1,000 for<br>the following line entry. For organiza<br>contributions of \$1,000 or less for t | or the year from any<br>ations completing Pa<br>the year. (Enter this in | one contributor.<br>In III, enter the totan<br>Information once. S | Complete<br>I of <i>exclusi</i>     | columns <b>(a)</b><br><i>ively</i> religious | throug    | h <b>(e) and</b> |
|                           | Use duplicate copies of Part III if ac  | Iditional space is nee   | eded.  | 1                                   |  |           |                  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  |  | (d) Description of how gift is held |  |           |                  |
|                           |   |  |  |                                     |  |           |                  |
|                           | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee   |  |  |                                     |  | Ð         |                  |
|                           |   |  |  |                                     |  |           |                  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use  | of gift  | (d) Description of how gift is held |  | t is held |                  |
|                           |   |  |  |                                     |  |           |                  |
|                           | (e) Transfer of gift<br>Transferee's name, address, and ZIP + 4 Rela  |  | -  | nship of tra                        | nsferor to tra                               | nsferee   | 9                |
| <br><br>(a) No.           |   |  |  |                                     |  |           |                  |
| (a) NO.<br>from<br>Part I | (b) Purpose of gift (c) Use of gift (d) Description of how  |  | now gif  | t is held                           |  |           |                  |
|                           | (e) Transfer of gift  |  |  |                                     |  |           |                  |
|                           | Transferee's name, address, and ZIP + 4 Relation  |  | nship of transferor to transferee                                  |                                     |  |           |                  |
|                           |   |  |  |                                     |  |           |                  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift (c) Use of gift   |  | (d) De   | scription of h                      | now gif                                      | t is held |                  |
|                           | (e) Transfer of gift  |  |  |                                     |  |           |                  |
|                           | Transferee's name, address, and ZIP + 4 Relation  |  | nship of tra   | nsferor to tra                      | nsferee                                      | 3         |                  |
|                           |   |  |  | Schedule                            | B (Form 990, 99                              | 90-EZ, or | r 990-PF) (2015) |