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Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public Inspection

A F.	4 1	201E		inning 00 01 2015 and and a 02 21	2016			
			lendar year, or tax year beg C Name of organization	inning 09-01-2015 , and ending 08-31-	2016	D Empl	over id	entification number
	dress ch	plicable	Amazıng Things Art Center Inc				-	
•	ame cha	-				20-1	33231	10
_	ıtıal retu		Doing business as					
Fı			Number and short (suppose	ox if mail is not delivered to street address) Roon	- /	E Teleph	none nur	mber
_ `	termina'		160 Hollis Street	x ir maii is not delivered to street address) Roon	n/suite	(508)405-	2787
	ended r	return pending	City or town state or province	e, country, and ZIP or foreign postal code		(300	7 +03	2707
I AP	plication	pending	Framingham, MA 01702	, country, and 21 or foreign postal code		G Gross	receipts	\$ \$ 239,769
			F Name and address of pr	rıncıpal officer	H(a)	Is this a grou	n rotur	n for
			Joe Fredette		11(4)	subordinates		Yes 🗸
			160 Holis Streer Framingham, MA 01702			No		
T Ta	x-exem	pt status	<u> </u>	\ 4 /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Н(b)	Are all subord included?	lınates	□Yes □ No
		•	▼ 501(c)(3)) ◀ (insert no) 4947(a)(1) or 527			h a list	(see instructions)
J W	ebsit e	:► www	w amazıngthıngs org		H(c)	Group exemp	tion nu	ımber ▶
K Forr	n of orq	anızatıon	✓ Corporation	Association Other ►		ear of formation 2		M State of legal domicile M
				·				
Pa	rt I		mary	-				
				ssion or most significant activities gs together a diverse community of artis	te arte ei	innorters and a	rte ann	preciators of all ages
	l .			a nurturing environment in which to meet				
Çe								
Ter.	_							
Ke II	2 -	hock th	us hov • 🗖 If the organizati	on discontinued its operations or dispos	ad of mara	than 3 5% of it	c not s	occotc
Ġ J	2 0	пески	is box P If the organizati	on discontinued its operations of dispos	ed of filore	: than 25% or it	S Het a	155615
ð	3 N	umber	of voting members of the go	verning body (Part VI, line 1a)			з	9
Activities & Governance			_	ers of the governing body (Part VI, line			4	9
E			· -	d ın calendar year 2015 (Part V , line 2a	•		5	6
ACI	6 T	otal nur	nber of volunteers (estimate	e if necessary)			6	150
				om Part VIII, column (C), line 12			7a	24
	b Ne	et unrela	ated business taxable incom	ne from Form 990-T, line 34			7b	
						Prior Year		Current Year
	8	Contri	butions and grants (Part VI	II, line 1h)		143	,543	63,79
랼	9	Program service revenue (Part VIII, line 2g)						175,95
Ravenue	10	Inves	tment income (Part VIII, co	Dlumn (A), lines 3, 4, and 7d)			285	24
æ	11	Other	revenue (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	I
	12		revenue—add lines 8 throug	h 11 (must equal Part VIII, column (A),	line	289	971	239,769
		12)						
	13		•	(Part IX, column (A), lines 1-3)			0	
	14		·	Part IX, column (A), line 4)			0	(
82	15	Saları 5-10)		ployee benefits (Part IX, column (A), line	es	106	,753	103,26
Expenses	16a		•	rt IX, column (A), line 11e)	—		0	1
kb e	ь		ındraısıng expenses (Part IX, colur					
ū	17			(A), lines 11a-11d, 11f-24e)	-	206	,432	210,09
	18			(must equal Part IX, column (A), line 25			,185	313,350
	19		•	line 18 from line 12	· —		,214	-73,58
<u>ه</u> ح			·		Requi	nning of Current	Vaar	End of Year
Net Assets or Fund Balances					Begin	nning of Current		
Ba	20		assets (Part X, line 16) .		·		,973	268,32
귤	21	Total	liabilities (Part X, line 26)		· ·	135	,405	124,340
	22			tract line 21 from line 20	-	217	,568	143,98
	t II		ature Block	e examined this return, including accom	nanwing co	shodulos and st	atomo	nts and to the best of
				e examined this return, including accom I complete Declaration of preparer (othe				
			nowledge			·		
		****	**			2016 12 11		
Ci~-			ature of officer			2016-12-14 Date		
Sign Here		, -	Fredette Chair					
			or print name and title					
			rint/Type preparer's name	Preparer's signature	Date	Charle F.	PTIN	
Paid	t	LE	dward Liss Mann	Edward Liss Mann	<u> </u>	Check ıf self-employed	P0002	25350
	- pare	r [irm's name 🕨 E L MANN PC			Firm's EIN ▶	04-3740	667
	Onl	1 -	irm's address 🟲 1290 Worcester R	Road		Phone no (50	8) 872-	4400
Jot	JIII,	y	Framıngham, MA	017025254				

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

. ✓Yes No

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

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

21	Did the organization report more than $\$5,000$ of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d		

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

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

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

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

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

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

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

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

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

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

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

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

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

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

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

24a

24b

24c

24d

25a

25b

26

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28a

28b

28c

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35b

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Yes

Form 990 (2015)

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Nο

Part V Statements Regarding Other IRS Filings and Tax Complian
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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		eneak in seneaule o contains a response of note to any line in this	- GIC	v	·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	23			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		L ie organization comply with backup withholding rules for reportable payments to	o venc	fore and reportable			
·		ig (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	3.	6			
.	•	s return	2a		2b	Yes	
D		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	/ear?	3a		No
ь	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		
	accou	int)?			70		No
b		s," enter the name of the foreign country					
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	k and i	Financial Accounts			
5a	•	·' he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		ŀ	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			טט		-
C	11 16	3, to fine 3a of 3b, and the organization line (offil 6666-17			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
_	-	ization solicit any contributions that were not tax deductible as charitable cont		ŀ			
D		s," did the organization include with every solicitation an express statement th not tax deductible?	iat sud	cn contributions or giπs	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		No
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services p			7b		
С		le organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?		which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \ldots .	7d				
•	Dud th	ie organization receive any funds, directly or indirectly, to pay premiums on a p	ercon	al hanefit contract?			
е	Dia tii	le organization receive any lunus, unectly of muliectly, to pay premiums on a p	erson	ar benefit contract,	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal be	enefit contract?	7 f		
g		organization received a contribution of qualified intellectual property, did the o	rganız	ation file Form 8899 as	- -		
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles		the organization file a	7g		
"		1098-C?	•	· · · · ·	7h		
8	-	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess but the year?	siness	s holdings at any time			
٥-	_	,			8		
		e sponsoring organization make any taxable distributions under section 4966			9a		
		le sponsoring organization make a distribution to a donor, donor advisor, or rela on 501(c)(7) organizations . Enter	ated p	erson/	9b		
10		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
-	faciliti	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
11	Section	on 501(c)(12) organizations. Enter					
		Income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
4.0.	_			u of Form 10413	4.		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 s," enter the amount of tax-exempt interest received or accrued during the	ın ne 	u 01 F01111 1041 /	12a		
ט	year	s, enter the amount of tax-exempt interest received of accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? N	lote S	ee the instructions for			
-		onal information the organization must report on Schedule O		22 3.350 460013 101	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		the amount of reserves on hand	13c	<u> </u>	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•	•	14a		140
	11 10	5, 1.45 it med a form 725 to report these payments in 140, provide an explana		Concaute O I I	_70		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
Se	Check if Schedule O contains a response or note to any line in this Part VI		• •	√
36	ction A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		163	140
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo

organization's exempt status with respect to such arrangements? Section C. Disclosure

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

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

		-	
18	Section 6104 requires an organization to	make its Form 1023 (or 1024 if a	applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection	Indicate how you made these ava	allable Check all that apply

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

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

- Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
 - State the name, address, and telephone number of the person who possesses the organization's books and records ▶The Organization 160 Hollis Street Framingham, MA 01702 (508) 405-2787

15b

16a

16b

Νo

Νo

Part VII

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

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

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

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

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

Check this box if neither the organization no	T									
(A) Name and Tıtle	(B) Average hours per week (list any hours	more pers	than on is	one bot rect	not bo: h ar or/ti	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Joe Fredette Chair	10 00	х		х				0	0	0
(2) Bryan Christensen Treasurer	5 00	х		х				0	0	0
(3) Janet Sheeham Drummey Director	5 00	x						0	0	0
(4) Helen Lemoine Director	5 00	×						0	0	0
(5) Phil Reitz Director	5 00	×						0	0	0
(6) Roger Sturgis Director	5 00	x						0	0	0
(7) Robin Welch Director	5 00	×						0	0	0
(8) Chris Brown Director	5 00	×						0	0	0
(9) Ellen Sturgis Executive director	40 00			×				48,000	0	0

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	han d n is	ne b both	oox, an c	officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b c	Sub-Total Total from continuation sheet						>				
d	Total (add lines 1b and 1c) .	•			٠.	٠.	•		48,000	0	0
2	Total number of individuals (in \$100,000 of reportable compa						d abov	e) wl	no received more th	an	

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
	on line 1a? If "Yes." complete Schedule I for such individual

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

Yes No 3 Νo 4 Νo

5

Section	В.	Inde	pendent	Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's (A) (B) Description of services	s tax year	
		(C) Compensation

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

Νo

Part V	Ш	Statement o	f Revenue					
		Check If Schedu	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ হ	1a	Federated cam	paigns 1a					
ant Jun	b	Membership du	es 1b	12,884				
ا يِّجَ <u>.</u> وَ	С	Fundraising eve	ents 1c					
ar /	d	Related organiz	ations 1d					
	е	Government grants	s (contributions) 1e	27,100				
ution her Si	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	23,810				
	g	Noncash contribution 1a-1f \$	ons included in lines					
Con	h	Total. Add lines	s 1a-1f	🗼	63,794			
				Business Code				
i i	2a	Program ticket sale	es	711300	139,905	139,905		
<u>\$</u>	b	Program merchand	lise	711190	23,195	23,195		
٠ د	С	Art sales and other		711300	12,451	12,451		
Serv	d	Program advertisin	g	711300	400	400		
gram	e f	All other progra	am service revenue					
ěξ	g	Total. Add lines	s 2a – 2f	▶	175,951			
	3		ome (including dividend		24		24	
	4	and other similar Income from inves	ar amounts) tment of tax-exempt bond p	-				
Other Revenue Contributions, Gifts, Grants and Other Similar Amounts	5	Royalties		▶ ↑				
	6a	Gross rents	(ı) Real	(II) Personal				
	h	Less rental						
	,	expenses Rental income						
	۔	or (loss)						
	d	Net rental incol	me or (loss) (i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	(i) securities	(ii) o tile!				
	b	Less cost or other basis and sales expenses						
Other Revenue Program Service Revenue	С	Gain or (loss)						
	d		s)					
Other Revenue Contributions, Gifts, Grants and Other Similar Amounts	oa	Gross income f events (not inc \$ of contributions See Part IV, lin	luding reported on line 1c)					
her			a .					
δ	b c		penses b [(loss) from fundraising e	events				
			rom gaming activities	vents p				
			a					
			penses b [(loss) from gaming activ	uties				
			· · · · · · · · · · · · · · · · · · ·	*				
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold b					
		_	loss) from sales of inve	ntory ►				
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	C	A II a th						
	d e	All other revenue Total. Add lines	L					
	е			•				
	12	Total revenue.	See Instructions	· · · •	239,769	175,951	24	(

orm	990 (2015)				Page 10
Part	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	48,000	28,800	12,000	7,200
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	47,352	37,069	6,560	3,723
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,913	5,301	1,583	1,029
11	Fees for services (non-employees)	7,913	3,301	1,303	1,029
	Management				
a	-				
b	Legal	1 017		1.017	
C	Accounting	1,817		1,817	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2.112			
12	Advertising and promotion	3,438	3,438		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2,598	2,338	260	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,446	28,357	7,089	
23	Insurance	10,118	6,376	3,367	375
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Production costs	86,816	86,816		
b	Utilities	16,976	13,581	2,546	849
c	Bank and credit card fe	11,160	7,812	1,116	2,232
d	Food and merchandise co	10,889	10,889		
e	All other expenses	30,833	23,022	6,131	1,680
25	Total functional expenses. Add lines 1 through 24e	313,356	253,799	42,469	17,088
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

30

31

32

33

34

143,981

268,327

Form 990 (2015)

217,568

352,973

Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 38,871 8,999 1 Cash-non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . 3 Accounts receivable, net . . 24,328 5,000 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of 7 Notes and loans receivable, net . . . 7 8 Inventories for sale or use . 8 9 q Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other basis 477 903 Complete Part VI of Schedule D 10a 231,275 282,074 10b **10**c 246.628 b Less accumulated depreciation . 11 11 Investments—publicly traded securities . Investments—other securities See Part IV, line 11 12 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 7.700 15 7 700 Other assets See Part IV, line 11 . . . 15 352,973 268,327 16 **Total assets.**Add lines 1 through 15 (must equal line 34) 16 17 39,727 17 21 871 Accounts payable and accrued expenses 18 Grants payable 18 3,178 4,975 19 Deferred revenue . 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 92,500 23 92,500 23 Secured mortgages and notes payable to unrelated third parties 5,000 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 135,405 124,346 26 Total liabilities. Add lines 17 through 25 . . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 192,568 27 138,981 Unrestricted net assets . 25,000 5,000 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34.

30

31

32

33

34

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

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

Retained earnings, endowment, accumulated income, or other funds

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

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

Single Audit Act and OMB Circular A-133?

Nο

3a

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

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

SCHEDULE A

(Form 990 or

Internal Revenue Service

Name of the organization

Amazing Things Art Center Inc

990EZ)

Part I

1

2 3

Treasury

Department of the

DLN: 93493349013026

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Employer identification number

20-1332310

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

2015
Open to Public

Inspection

OMB No 1545-0047

ь		A lederal, state, or loc	ai governmen	i or governmental unit	described iii se	ccion 150(D)(1)(A)(V).	
7		described in section 1	70(b)(1)(A)(v	/i). (Complete Part II)	-	ental unit or from the g	eneral public
8		A community trust des	scribed in sect	ion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	∵	receipts from activitie from gross investmen organization after Jun	es related to it it income and i e 30,1975 S	s exempt functions—sunrelated business tax eesection 509(a)(2).	subject to certa xable income (l (Complete Part	in exceptions, ess section 5: III)	ributions, membership , and (2) no more than : 11 tax) from businesse	331/3% of its support
10		An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See sectio	on 509(a)(4).	
11 a	Г	one or more publicly s the box in lines 11a th Type I. A supporting o	upported orga nrough 11d tha organization op n(s) the power	nizations described in at describes the type o erated, supervised, oi to regularly appoint o	section 509(a of supporting or r controlled by i r elect a majori)(1) or sectior ganization and ts supported (nctions of, or to carry on 509(a)(2) See sectio discomplete lines 11e, 1 organization(s), typical tors or trustees of the	n 509(a)(3). Check 1f, and 11g ly by giving the
b		Type II. A supporting	organization s pporting orgar	upervised or controlle nization vested in the s	d in connection		orted organization(s), t manage the supported	
c	Г		integrated. A	supporting organizatio			n, and functionally integ	grated with, its
d e	Г Г	Type III non-function not functionally integr (see instructions) You Check this box if the o	ally integrated ated The orga u must comple organization re	d. A supporting organi inization generally mu i te Part IV, Sections A ceived a written deter	zation operated st satisfy a dist and D, and Pai mination from t	in connection ribution requi t V. he IRS that it	n with its supported org rement and an attentiv is a Type I, Type II, T	eness requirement
		integrated, or Type III		, , , , , , , , ,	5 5			
T	Ente	r the number of support					· · · · · · · · · —	
g		Provide the following i	nformation abo	out the supported orga	anization(s)			
Nan	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Tota	1							

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on his	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

Section A. Public Support
Calendar year

(f)Total

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a)2011

(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.)

(c)2013

(d)2014

(e)2015

(b)2012

(OF I	iscal year beginning in)							
1	Gifts, grants, contributions, and	56,939	69,028	62,904	138,043		63,794	390,708
	membership fees received (Do not include any "unusual grants")	30,535	03,020	02,904	138,043		03,734	390,700
2	Gross receipts from admissions,							
-	merchandise sold or services							
	performed, or facilities furnished	235,268	194,676	184,515	151,643		199,267	965,369
	in any activity that is related to	255,200	154,070	104,515	151,045		133,207	303,303
	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	202.207	262.704	247.440	200.505		262.064	4 256 077
6	Total. Add lines 1 through 5	292,207	263,704	247,419	289,686		263,061	1,356,077
7a	A mounts included on lines 1, 2,							0
	and 3 received from disqualified persons							O
h	Amounts included on lines 2 and							
_	3 received from other than							
	disqualified persons that exceed				30,500		1,000	31,500
	the greater of $$5,000$ or 1% of							
	the amount on line 13 for the year							
	Add lines 7a and 7b				30,500		1,000	31,500
8	Public support. (Subtract line 7c from line 6)							1,324,577
Sa	ction B. Total Support							
	Calendar year						$\overline{}$	
(or f	iscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
9	A mounts from line 6	292,207	263,704	247,419	289,686		263,061	1,356,077
10a	Gross income from interest,			·				
	dividends, payments received on	27	275	347	285		24	958
	securities loans, rents, royalties		2,3	317	203		- [330
	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	27	275	347	285		24	958
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on						\longrightarrow	
12	Other income Do not include							
	gain or loss from the sale of							
	gain or loss from the sale of capital assets (Explain in Part							
13	gain or loss from the sale of	202 224	262.070	247 766	280.071		262.085	1 257 025
13	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	292,234	263,979	247,766	289,971		263,085	1,357,035
13 14	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is to	,	<u> </u>	•	,		<u> </u>	3) organization,
14	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is to check this box and stop here	for the organization	on's first, second	•	,		<u> </u>	
14	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is 1 check this box and stop here Ction C. Computation of Pub	for the organization	on's first, second	, thırd, fourth, or f	,		<u> </u>	3) organization,
14	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is to check this box and stop here	for the organization	on's first, second	, thırd, fourth, or f	,		<u> </u>	3) organization,
14 S e	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is 1 check this box and stop here Ction C. Computation of Pub	for the organization lic Support Po	on's first, second ercentage f) divided by line	, thırd, fourth, or f	,	section 5	<u> </u>	3) organization,
14 Se 15 16	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is to check this box and stop here Ction C. Computation of Pub Public support percentage for 2015	for the organization of the organization of the Support Post (line 8, column (14 Schedule A, P	on's first, second ercentage f) divided by line art III, line 15	third, fourth, or f	,	section 5	<u> </u>	97 610 %
14 Se 15 16	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is to check this box and stop here Ction C. Computation of Pub Public support percentage for 2015 Public support percentage from 20	for the organization of the organization of the second of	ercentage f) divided by line art III, line 15 me Percenta	third, fourth, or f	ifth tax year as a	15 16	<u> </u>	97 610 % 99 930 %
14 Se 15 16	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is the check this box and stop here ction C. Computation of Pub Public support percentage for 2015 Public support percentage from 2015 Ction D. Computation of Inv	for the organization of the organization of the second of	ercentage f) divided by line art III, line 15 me Percenta blumn (f) divided	third, fourth, or f	ifth tax year as a	15 16 17	<u> </u>	97 610 % 99 930 %
14 Se 15 16 Se 17 18	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is to check this box and stop here ction C. Computation of Pub Public support percentage for 2015 Public support percentage from 2015 ction D. Computation of Inv Investment income percentage for Investment income percentage from Investment Invest	for the organization of the organization of the second of	ercentage f) divided by line art III, line 15 me Percenta blumn (f) divided A, Part III, line 1	third, fourth, or f	rifth tax year as a	15 16	01(c)(3	97 610 % 99 930 % 0 070 % 0 070 %
14 Se 15 16 Se 17 18	gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is to check this box and stop here ction C. Computation of Pub Public support percentage for 2015 Public support percentage from 20 ction D. Computation of Inv Investment income percentage for	for the organization of the organization organiza	ercentage f) divided by line art III, line 15 me Percenta blumn (f) divided A, Part III, line 1 not check the bo	third, fourth, or 1 13, column (f)) ge by line 13, colum 7 x on line 14, and	ifth tax year as a	15 16 17 18 18 han 33 1/	3%, and	97 610 % 99 930 % 0 070 % 0 070 %

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of a comparison of eventual to be discussed by the eventuality of the eventuality		Yes	No
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	1		
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	2		
	509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?	1		
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	70		
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	4c		
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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5 C		
_	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
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 II of Schedule L (Form 990)	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
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)	10 b		
1	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?	11 a		
b	A family member of a person described in (a) above?	11b		
c	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	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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 Part VI 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 Part VI 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 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	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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	2a	
	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	2b	
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 3a 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

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functional	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e 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 D, line 7 \$			
a 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 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 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

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OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Supplemental Financial Statements

Inspection

Na	me of the organization azing Things Art Center Inc		Empl	oyer identificat	ion numb	er
AIII	azing mings art center inc		20-1	332310		
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unds	or Accounts.		
		(a) Donor advised funds	(b)	Funds and othe	raccount	:s
L	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	sed	☐ Yes	□No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			r purpose	☐ Yes	□ No
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	n 990. Part IV	•	NO
<u> </u>	Purpose(s) of conservation easements held by th		01110111	11 330 1 41 6 1 4	<i>,</i> e <i>,</i> .	
	Preservation of land for public use (e.g., recre					
	education)	Preservation of a	an histor	ically important	land are	a
	Protection of natural habitat	Preservation of	a certifie	d historic struc	ture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservat	on	
	easement on the last day of the tax year			Held at the	End of th	e Year
а	Total number of conservation easements		2a	neid de ene		ic rour
b	Total acreage restricted by conservation easeme	ents	2b			
c	Number of conservation easements on a certified	historic structure included in (a)	2c			
d	Number of conservation easements included in (chistoric structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminat	ted by th	e organization c	uring the	
	tax year >					
1	Number of states where property subject to cons	ervation easement is located >				
5	Does the organization have a written policy regard	ding the periodic monitoring, inspection, hai	ndling of			
	violations, and enforcement of the conservation e	easements it holds?		ΓYe	es 🗀 l	No
5	Staff and volunteer hours devoted to monitoring, i year	inspecting, handling of violations, and enforc	cing cons	servation easen	nents dur	ing the
	-					
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing of	conserva	ition easements	during th	he year
3	Does each conservation easement reported on Iir (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)	es	No
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the organization's financia				
ar		tions of Art, Historical Treasures,	or Oth	ner Similar A	ssets.	
La	Complete if the organization answere If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education	, or resea	arch in furtherai		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education	stateme	ent and balance		olic
((i) Revenue included on Form 990, Part VIII, line 1		b ¢			
		L				
() -	ii) Assets included in Form 990, Part X	nictorical transcures, or other similar		sial gain, provid		
۷ .	If the organization received or held works of art, he following amounts required to be reported under S			arar yanı, provid	e uie	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		
b	Assets included in Form 990, Part X			> \$		

Pari	311	Organizations Maintaining	Collections of Ar	t Hid	storic	cal Tr	.036	:IIFAC I	or (Other Sim	ilar A	ccate	
		(continued)	Collections of Al	c, 11113	300110	cai ii	Cus	oures,	<u> </u>	Julier Silli	iidi A	33613	
3	_	the organization's acquisition, acce ction items (check all that apply)	ession, and other reco	rds, cl	heck a	n y of t	he fo	llowing t	that	are a sıgnıfı	cant use	e of its	1
а		Public exhibition		d	Γ	Loan	or e	xchange	prog	grams			
b	_ :	Scholarly research		e	Γ	O the	r						
c		Preservation for future generations											
4	Provi Part >	de a description of the organization's KIII	s collections and expl	ain ho	w they	furthe	r the	organız	atıor	n's exempt p	urpose	ın	
5		g the year, did the organization solic is to be sold to raise funds rather tha									┌ Yes		- No
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990,	Part I	V, lı	ne 9, o	r re	ported an		<u> </u>	
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	ediary	for co	ontribu	tions	or othe	rass	sets not	┌ Yes	; _Г	- No
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowine	n tahle					A mo	ount	
C		ginning balance	are ATTT and complete	circ io		, table		١	1 c		A.111		
d		ditions during the year							1d				
e		tributions during the year							1e				
f		ding balance							1f				
2 a		ne organization include an amount or	n Form 990 Part X Jur	ie 21	for es	crow o	r cus	ا بجامانا:					
_											•		No □
b	If "Ye rt V	es," explain the arrangement in Part Endowment Funds. Complet											<u>. ⊔</u>
Fa	L V	Endowment i unus. Comple	(a)Current year		nor year					(d)Three yea		(e) Fou	ur years back
1a	Begir	nning of year balance	(=)====================================	(-)·	,		<u> </u>	,		(-,		(-,-	,
b	C ont	ributions · · · · · · ·											
c	Net i losse	nvestment earnings, gains, and es											
d	Gran	ts or scholarships											
e		r expenditures for facilities programs											
f	A dmı	nistrative expenses											
g		of year balance											
2	Provi	· · · · · · · · de the estimated percentage of the c	Lurrent vear end halan	ce (lu	ne 1 a	columi	n (a)) held as					
a		I designated or quasi-endowment	current year end baran	cc (III	10 19,	coranni	(a)	, nera as	,				
b		anent endowment											
С		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c :	should equal 100%										
3a		nere endowment funds not in the pos ization by	session of the organiz	ation	that a	re held	land	admınıs	tere	d for the		Y	es No
	(i) un	related organizations									3a		
		lated organizations		٠, ٠							-	(ii)	
		es" on 3a(II), are the related organiza	·				٠		•		3	b	
4 Dete	t VI	ribe in Part XIII the intended uses of Land, Buildings, and Equip		idowii	ient iu	nus							
	<u> </u>	Complete if the organization a		rm 9	90, P	art IV	, lın	e 11a.S	See	Form 990,	Part X	, line	10.
		Description of property		(Cost or d	(a) other ba stment)	SIS	Cost o			mulated eciation	(d) Book value
1 a	Land												
b	Buildin	gs		.[0
c	Leasel	nold improvements				373,	615				165,76	55	207,850
d	Eauipn	nent				104,	288				65,51	.0	38,778

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

0

246,628

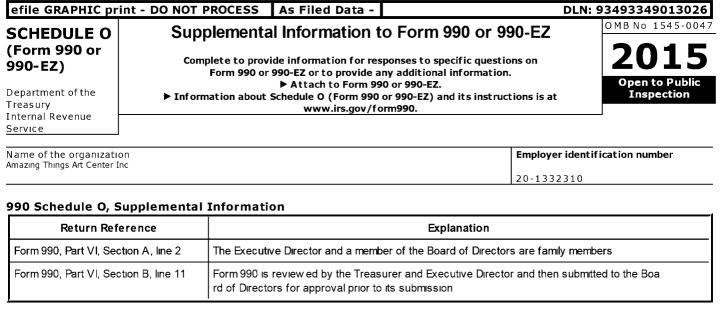
	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
1) Financia	al derivatives			Cost of end-of-year market valu
2) Closely-	-held equity interests			
3) O ther				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12	} ▶		
art VIII	Investments—Program Related	•		
	Complete if the organization answe	red 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiz	-	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	-	n Form 990, Part IV , line	11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) De	ation answered 'Yes' description		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De (a) De (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the complete if the complete in the complet	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
Part IX Otal. (Colu Part X	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
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Schedule D (Form 990) 2015

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII)			
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) .		5	
Part	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expense	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, li			Т
1	Total expenses and losses per audited financial statements		1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII)			
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).		5	
Par	rt XIII Supplemental Information			
Part	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par rt V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also c ormation			de any additional
	Return Reference Explanation			

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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



990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990 Part VI Section Regard members are required annually to review the Organization's conflict of interest policy and sign a statement

Form 990, Part VI, Section B, line 12c	Board members are required annually to review the Organization's conflict of interest policy and sign a statement affirming their understanding and compliance with its requirmenets
Form 990, Part VI, Section C, line 19	Furnished upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 24e	Technology costs Program service expenses 7,684 Management and general expenses 1,441 Fundraising expenses 480 Total expenses 9,605 Supplies Program service expenses 3,868 Management and general expenses 1,773 Fundraising expenses 310 Total expenses 5,951 Printing Program service expenses 4,804 Management and general expenses 0 Fundraising expenses 533 Total expenses 5,337 Telecommunications Program service expenses 1,496 Management and general expenses 769 Fundraising expenses 0 Total expenses 2,265 Postage Program service expenses 1,731 Management and general expenses 102 Fundraising expenses 204 Total expenses 2,037 Licenses and fees Program service expenses 1,412 Management and general expenses 237 Fundraising expenses 0 Total expenses 1,649 Repairs and maintenance Program service expenses 929 Management and general expenses 619 Fundraising expenses 0 Total expenses 1,548 Miscellaneous Program service expenses 307 Management and general expenses 954 Fundraising expenses 0 Total expenses 1,261 Payroll service fee Program service expenses 791 Management and general expenses 236 Fundraising expenses 1,53 Total expenses 1,180
Form 990, Part XII, Line 2c	THE FINANCIAL STATEMENTS ARE REVIEWED BY THE TREASURER AND EXECUTIVE DIRECTOR AND THEN PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FINALIZATION