Extended to February 15, 2017 Form **990-T Exempt Organization Business Income Tax Return** OMB No 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning APR = 1, 2015, and ending MAR = 31, 2016Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). DEmployer identification number (Employees' trust, see X Check box if Name of organization (Check box if name changed and see instructions.) address changed instructions) Print Foundation for Economic Education, Inc. 13-6006960 **B** Exempt under section Unrelated business activity codes X 501(c)(3) Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions) Type 1819 Peachtree Road NE, No. 300 408A ... City or town, state or province, country, and ZIP or foreign postal code ___530(a) Atlanta, GA 30309 310000 529(a) C Book value of all assets F Group exemption number (See instructions.) 7,927,895. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. > S-Corporation income X No 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ▶ Wayne Olson, Executive Director (404)554-9980 Telephone number Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b -65 -65. c Capital loss deduction for trusts 4c 296,213. 296,213. Income (loss) from partnerships and S corporations (attach statement) 5 6 Rent income (Schedule C) 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled organizations (Sch. F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 296,148 296,148. 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 Repairs and maintenance 16 17 Bad debts Interest (attach schedule) 18 12,665. Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 22a 22b JAN 1 7 2017 Depletion 23 હ⊙24 Contributions to deferred compensation plans 24 ≈325 25 Employee benefit programs ≥ 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) See Statement 2 25,308. 28 28 Other deductions (attach schedule)

91

29

30

31 32

33

34

257,175. Form **990-T** (2015)

37,973.

258,175.

258,175.

1,000.

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Total deductions. Add lines 14 through 28

29

30

31

32

33

34

line 32

Form 990-T (Foundation for Economic Education, Inc. 13-600	6960	Page 2
Part III	Tax Computation	-	
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here See instructions and:		
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	1 !	
	(1) \$ (2) \$ (3) \$	1 1	
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)	1 1	
	income tax on the amount on line 34	35c	83,548.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		03/310:
00	Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax See instructions	37	
	Alternative minimum tax	38	83,548.
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies / Tax and Payments	39	03,340.
			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	 	
	Other credits (see instructions)	4 1	
	General business credit. Attach Form 3800 40c 827.	4 1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	4	0.07
	Total credits Add lines 40a through 40d	40e	827.
	Subtract line 40e from line 39		82,721.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42	
	Total tax. Add lines 41 and 42	43	82,721.
	Payments: A 2014 overpayment credited to 2015 44a 3, 732.	1 1	
	2015 estimated tax payments 44b 60, 425.	1 1	
	Tax deposited with Form 8868]]	
	Foreign organizations: Tax paid or withheld at source (see instructions)] [
	Backup withholding (see instructions)	1 (
f (Credit for small employer health insurance premiums (Attach Form 8941)]	
g (Other credits and payments. Form 2439		
	Form 4136 Other Total ► 44g	<u> </u>	
45	Total payments. Add lines 44a through 44g	45	<u>64,157.</u>
46 E	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨	46	1,081.
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	19,645.
48	Overpayment If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	
	Inter the amount of line 48 you want: Credited to 2016 estimated tax	49	
Part V	Statements Regarding Certain Activities and Other Information (see instructions)		
1 At an	y time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial acc	count (bank,	Yes No
secur	ities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Final	ncial	
Acco	unts. If YES, enter the name of the foreign country here		X
2 During If YES	unts. If YES, enter the name of the foreign country here the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?, see instructions for other forms the organization may have to file		X
3 Enter	the amount of tax-exempt interest received or accrued during the tax year ▶\$		
Schedu	Ile A - Cost of Goods Sold. Enter method of inventory valuation ► N/A		
1 Inven	itory at beginning of year 1 6 Inventory at end of year	6	
2 Purci	hases 2 7 Cost of goods sold Subtract line 6		
3 Cost	of labor 3 from line 5 Enter here and in Part I, line 2	7	
4a Additi	onal section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to		Yes No
b Other	costs (attach schedule) 4b property produced or acquired for resale) apply to		
5 Total	Add lines 1 through 4b 5 the organization?		
		wledge and belief, i	t is true,
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowness, and the best of	and the IDC desires	
Here		ay the IRS discuss to e preparer shown be	
		structions)? X	,
		f PTIN	
D - 1-1	Lori A. self-employed	. [
Paid	Collinggrowth (401: 0 /00/00017) 10/20/16	P0063	9819
Prepar	er Frankrans & Bogova & Company DITC	58-26	
Use O	8300 Boone Boulevard, Suite 600		
		703) 89	3-0300
500711 711			990-T ₍₂₀₁₅₎
523711 01-0	70° 10	LOUI	(ZU13)

Form 990-T (2015) Foundation Schedule C - Rent Income							13-600 ed With Real Pro		Page 3
Description of property									
(1)					 				
(2)									
(3)									
_(4)	2 Rent receiv	ed or accrue							
					1		3(a) Deductions directl	y connected with	the income in
(a) From personal property (if the personal property is mor 10% but not more than 50%	e than	(a) F	frent for p	nd personal proper ersonal property ex t is based on profit	kceeds 50% o	entage or if	columns 2(a) a	ind 2(b) (attach sci	nedule)
(1)									
(2)	_								
(3)	_								
(4)									
Total	0.	Total				0.			
(c) Total income Add totals of columns	2(a) and 2(b) En	ter					(b) Total deductions.		
here and on page 1, Part I, line 6, column	n (A)					0.	Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	ot-Financed	Incom	e (see	instructions)					
				2 Gross in	como from		3 Deductions directly control to debt-finant		ocable
4				or allocable	e to debt-	(a)	Straight line depreciation		er deductions
Description of debt-fi	nanced property			financed	property	\-'	(attach schedule)		n schedule)
(1)									
	· · · · · · · · · · · · · · · · · · ·			-		_	 		
(2)				<u> </u>			· · · · · · · · · · · · · · · · · · ·		
_(3)									
(4)	_			 -					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted ba allocable to nced propert n schedule)		6 Column by colu			7. Gross income reportable (column 2 x column 6)	(column 6	able deductions x total of columns a) and 3(b))
(1)			-	·	%		 _	 -	
(1)	 				%				
(2)				 					
_(3)					%	-			
(4)	<u> </u>			<u></u> _	<u> %</u>	,			
							nter here and on page 1, Part I, line 7, column (A)	Part I, line	and on page 1, 7, column (B)
Totals)	▶	0	•	0.
Total dividends-received deductions in	icluded in column	8						<u> </u>	0.
Schedule F - Interest, Annu	uities, Royal	ties, an	d Ren	its From C	ontrolle	d Orga	nizations (see ins	tructions)	
			Exemp	t Controlled C	rganizatio	ns			
1. Name of controlled organization	Employer ide numb			3. irelated income see instructions)		4 of specified ents made	5 Part of column 4 th included in the control organization's gross in	Iling connec	uctions directly ed with income column 5
(4)	+				 				
(1)					 				
(2)					 				· · · · · · · · · · · · · · · · · · ·
(3)					 				
					L				
Nonexempt Controlled Organization	s	_							
7. Taxable Income 8.	Net unrelated incom (see instructions		9 . Tot	tal of specified pay made	ments	in the con	column 9 that is included trolling organization's ross income	11 Deductions with income	directly connected n column 10
(1)	=								
(1)									
(2)									
(3)									
(4)						-			
						Enter here	olumns 5 and 10 and on page 1, Part I, 8, column (A)	Add column Enter here and o line 8, co	n page 1, Part I,
							, ,		
Totals					<u> </u>		0.		0.
523721 01-06-16				_		_		Fo	rm 990-T (2015)

(see inst	ruction	ns)				9 ~	duntur -			[E +
1 Desc	ription o	f income			2. Amount of income	directly	ductions connected schedule)		Set-asides ach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(1) (2) (3)										
(3)										
(4)										
					Enter here and on page 1, Part I, line 9, column (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals				>	0.					0.
Schedule I - Exploited (see instru			Income	e, Other	Than Advertis	ing Inco	ome			
	10110110	,		— т	4 Net income (loss)			_		
1 Description of exploited activity	1 0	2 Gross elated business ncome from de or business	3. Expedirectly consisted with process of unrestants.	nnected Juction Jated	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	from ac	is income tivity that inrelated is income		Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	p.	er here and on age 1, Part I, e 10, col (A)	Enter here page 1, line 10, c	Part I, col (B)						Enter here and on page 1, Part II, line 26
Totals		0.		0.						0.
Schedule J - Advertisi	ng In	come (see i	nstructions	3)						
Part I Income From	Perio	dicals Rep	orted or	a Cons	solidated Basis	i				
1. Name of periodical	İ	2. Gross advertising income		Direct tising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, computable 5 through 7		rculation come	6	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						+				<u></u>
(2)	-					<u> </u>				
(3)					┥					
(4)					┥	 				
<u> </u>						+				
Totals (carry to Part II, line (5))	>		0.	0		-				0.
Part II Income From	Perio	dicals Rep	orted or	a Sepa	rate Basis (For	each perio	odical listed	l ın Pa	rt II, fill in	
columns 2 through					•					
1. Name of periodical		2 Gross advertising income		Direct	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation come	6 1	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1				
(2)						1 -				
(3)										
(4)										
Totals from Part I			0.	0	•					0.
Totals, Part II (lines 1-5)	•		pagi line	here and on e 1, Part I, I1, col (B)						Enter here and on page 1, Part II, line 27
Schedule K - Compens	satio	n of Officer	s, Direc	tors, an	d Trustees (see	instruction	ons)			
1 N	lame				2 Title		3. Percentime devote busines	ed to		ensation attributable elated business
(1)								%		
(2)								%		
(3)								%		
(4)								%		
Total Enter here and on page 1, F	Part II, li	me 14						▶		0.
529731										Form 990-T (2015

Internal Revenue Service

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return

▶ Information about Form 4626 and its separate instructions is at www irs gov/form4626

OMB No 1545-0123

Name			Employer identification number
	Foundation for Economic Education, Inc.		13-6006960
	Note: See the instructions to find out if the corporation is a small corporation exempt	T	
	from the alternative minimum tax (AMT) under section 55(e).		
		Ì	
1	Taxable income or (loss) before net operating loss deduction	1_	257,175.
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
C	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
е	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
- 1	Depletion	21	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	·
0	Other adjustments and preferences	20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20	3	257,175.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions 4a 257,175	.	
b		7	
	negative amount (see instructions) 4b 0	.	
С	Multiply line 4b by 75% (.75). Enter the result as a positive amount	7	
	Enter the excess, if any, of the corporation's total increases in AMTI from prior	7	
	year ACE adjustments over its total reductions in AMTI from prior year ACE		
	adjustments (see instructions). Note . You must enter an amount on line 4d		
	(even if line 4b is positive) 4d		
е	ACE adjustment.	1	
_	• If line 4b is zero or more, enter the amount from line 4c		
	If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	5	257,175.
6	Alternative tax net operating loss deduction (see instructions)	6	····
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a residual		
	interest in a REMIC, see instructions	7	257,175.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled	1	
	group, see instructions). If zero or less, enter -0-	.	
b	Multiply line 8a by 25% (.25) 8b 26,794		
	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled	1	
	group, see instructions). If zero or less, enter -0-	8c	13,206.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	243,969.
10	Multiply line 9 by 20% (.20)	10	48,794.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	48,794.
13	Regular tax liability before applying all credits except the foreign tax credit	13	83,548.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here and on		
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0.
JWA	For Paperwork Reduction Act Notice, see separate instructions		Form 4626 (2015)

	► See ACE Worksheet I	nstructions.		
Pre-adjustment AMTI. Enter the amount from	n line 2 of Form 4626			257,175.
 Pre-adjustment AMTI. Enter the amount from ACE depreciation adjustment; 	11 IIII		1	231,113.
AMT depreciation		2a]	1 1	
•				
b ACE depreciation:	26/43		, l	
(1) Post-1993 property	2b(1)		1 1	
(2) Post-1989, pre-1994 property	2b(2)			
(3) Pre-1990 MACRS property	2b(3)	- 		
(4) Pre-1990 original ACRS property	2b(4)		1 1	
(5) Property described in sections	[]			
168(f)(1) through (4)	2b(5)		1 1	
(6) Other property	2b(6)	 		
(7) Total ACE depreciation. Add lines 2b(2b(7)		
c ACE depreciation adjustment. Subtract line 2			2c	
3 Inclusion in ACE of items included in earning	s and profits (E&P):		1 1	
a Tax-exempt interest income		3a		
b Death benefits from life insurance contracts		3b		
c All other distributions from life insurance coi	ntracts (including surrenders)	3c		
d Inside buildup of undistributed income in life	insurance contracts	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix)		1	
for a partial list)		3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e				
4 Disallowance of items not deductible from Ea	ፄP:			_
a Certain dividends received		4a		
b Dividends paid on certain preferred stock of	public utilities that are deductible			
under section 247		4b		
c Dividends paid to an ESOP that are deductible	le under section 404(k)	4c		
d Nonpatronage dividends that are paid and de	eductible under section			
1382(c)		4d		
e Other Items (see Regulations sections 1.56(g	g)-1(d)(3)(ı) and (ıı) for a			
partial list)		4e	1 1	
f Total increase to ACE because of disallowand	ce of items not deductible from E&P. Ad	d lines 4a through 4e	4f	
Other adjustments based on rules for figuring	g E&P:			
a Intangible drilling costs		5a		
b Circulation expenditures		5b		
c Organizational expenditures		5c		
d LIFO inventory adjustments		5d		
e Installment sales		5e		
f Total other E&P adjustments. Combine lines	5a through 5e		5f	
6 Disallowance of loss on exchange of debt po	ols		6	
7 Acquisition expenses of life insurance compa	anies for qualified foreign contracts		7	
8 Depletion	- -		8	
9 Basis adjustments in determining gain or los	s from sale or exchange of pre-1994 pro	operty	9	
O Adjusted current earnings. Combine lines 1		•		
Form 4626	•		10	257,175.

AMT Domestic Production Activities Deduction (DPAD) Adjustment	Statement 4
1) AMTI before DPAD	281,383 268,976
3) Smaller of line 1 or line 2 but not less than 0	268,976 24,208 571,945 285,973
7) Smaller of line 4 or line 6	24,208
9) AMT DPAD (add lines 7 and 8)	24,208 24,208
11) AMT DPAD adjustment (line 10 less line 9)	0

Form 990-T	Other Deductions				2
Description				Amount	
Accounting Fees Domestic Production Activ	1,100. 24,208.				
Total to Form 990-T, Pag	25,3	08.			
			 		
Form 990-T In	come (Loss) fro	m S Corporat	lons	Statement	
S Corporation Name	Gross Income	Losses	Deductions	Net Incom or (Loss	
Metalcraft of Mayville,	316,440.	0.	20,227.	296,2	13.

Footnotes	Statement 1
Form 990-T, Part I, Lines 4 and 5 Information related to investment in an S corporation Name of S corporation:	
Metalcraft of Mayville, Inc.	
Calculation of organization's unrelated business taxable income from the S corporation:	
All items of income, loss, or deduction (except capital gains and losses)	
Ordinary business income (loss) Interest income Cash contributions Section 59(e)(2) expenditures	316,368. 72. -3,488. -16,739.
Net income (reported on line 5)	296,213.
Capital gains or losses from S corporation (reported on Line 4)	
Net Section 1231 loss	-65.
DPAD deduction (reported on Line 28)	24,208.
State taxes paid (reported on Line 19)	12,665.
S-Corporation net income	259,275.

Department of the Treasury Internal Revenue Service (99)

General Business Credit

▶ Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name(s) shown on return

Attachment Sequence No 22

Fo	undation for Economic Education, Inc.	13-6006960	
Pa	art I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT	7	
	(See instructions and complete Part(s) III before Parts I and II)		
1	General business credit from line 2 of all Parts III with box A checked	1	827.
2	Passive activity credits from line 2 of all Parts III with box B checked		
3	Enter the applicable passive activity credits allowed for 2015 (see instructions)	3	
4	Carryforward of general business credit to 2015 Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	
5	Carryback of general business credit from 2016 Enter the amount from line 2 of Part III with		
	box D checked	5	
6	Add lines 1, 3, 4, and 5	6	827.
Pa	art II Allowable Credit		
7	Regular tax before credits		
	● Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or		
	the sum of the amounts from Form 1040NR, lines 42 and 44]	
	● Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the	7	83,548.
	applicable line of your return		
	● Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,	(
	lines 1a and 1b, or the amount from the applicable line of your return		
8	Alternative minimum tax		
	● Individuals Enter the amount from Form 6251, line 35	1	
	● Corporations Enter the amount from Form 4626, line 14	8	0.
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56		
	,		00 540
9	Add lines 7 and 8	9	83,548.
40	5	1	
	Foreign tax credit	ł	
	Certain allowable credits (see instructions)	10-	
C	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	83,548.
•	The medical case and the feet for mine of the end of the throught for and officer of our mine for	<u> </u>	
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-		
		1	1
13	Enter 25% (25) of the excess, if any, of line 12 over \$25,000 (see instructions) 13 14,637.		
14	Tentative minimum tax		
	 Individuals Enter the amount from Form 6251, line 33]	
	• Corporations Enter the amount from Form 4626, line 12		
	Estates and trusts Enter the amount from Schedule I	1	
	(Form 1041), line 54	-	
15	Enter the greater of line 13 or line 14	15	48,794.
			<u> </u>
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	34,754.
17	Enter the smaller of line 6 or line 16	17	827.
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganization	<u> </u>	L

		<u> 13-6006960</u>	Page 2
	art II Allowable Credit (Continued)		
Not	e. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter 0 on	line 26	
18	Multiply line 14 by 75% (75) (see instructions)	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23 24	Passive activity credit from line 3 of all Parts III with box B checked Enter the applicable passive activity credit allowed for 2015 (see instructions)	24	
	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the		
	smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	68,911.
28	Add lines 17 and 26	28	827.
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	68,084.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	·
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2015 (see instructions)	33	
34	Carryforward of business credit to 2015 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	··· <u>·</u> ·
35	Carryback of business credit from 2016 Enter the amount from line 5 of Part III with box D checked (see instructions)	35	
36	Add lines 30, 33, 34, and 35	_36	
37	Enter the smaller of line 29 or line 36	37	0.
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Form 1040, line 54, or Form 1040NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c		
	Estates and trusts Form 1041, Schedule G, line 2b	38	827.

Name(s) shown on return Identifying number Foundation for Economic Education, 13-6006960 Part III | General Business Credits or Eligible Small Business Credits(see instructions) Complete a separate Part III for each box checked below (see instructions) General Business Credit From a Non-Passive Activity Reserved General Business Credit From a Passive Activity Reserved C G General Business Credit Carryforwards Eligible Small Business Credit Carryforwards Н D General Business Credit Carrybacks Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III (a) Description of credit (c) Note. On any line where the credit is from more than one source, a separate Part III is If claiming the credit from a cass-through entity, enter the EIN Enter the appropriate amount needed for each pass-through entity Investment (Form 3468, Part II only) (attach Form 3468) 1a 1b Reserved b 39-1140320 Increasing research activities (Form 6765) 1c C 1d d Low-income housing (Form 8586, Part I only) е Disabled access (Form 8826) (see instructions for limitation) 1e f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) 1g g Orphan drug (Form 8820) 1h h New markets (Form 8874) 1i i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) 1n n Nonconventional source fuel 10 Energy efficient home (Form 8908) 1p Energy efficient appliance 1q q Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 1s t Reserved 1t Mine rescue team training (Form 8923) 1u 1v Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) 1w Carbon dioxide sequestration (Form 8933) 1x X ٧ Qualified plug-in electric drive motor vehicle (Form 8936) 1y Qualified plug-in electric vehicle (carryforward only) 1z New hire retention (carryforward only) 1aa 1bb bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1zz zz Other 2 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II 3 Investment (Form 3468, Part III) (attach Form 3468) 4a 4a Work opportunity (Form 5884) 4b b 4c Biofuel producer (Form 6478) С d Low-income housing (Form 8586, Part II) 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e Employer social security and Medicare taxes paid on certain employee 4f tips (Form 8846) Qualified railroad track maintenance (Form 8900) 4g Small employer health insurance premiums (Form 8941) 4h Reserved 4i 4j Reserved j 4z 5 Add lines 4a through 4z and enter here and on the applicable line of Part II 5 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 6