

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

	ĀF	or the	2015 calenda	ar year, or tax year beginning	October 1	, 2015, and e	nding	Septeml	per 30	, 20 16		
	Вс	heck if ap	of applicable C Name of organization C					D Employer	identification n	umber		
		Address c	hange	Gateway to the Midwest Investment Cente	er				47-3917635			
	=		ne change Number and street (or P O box, if mail is not delivered to street address) Room/suite						E Telephone number			
	_	nıtıal retur		7733 Forsyth Blvd		2:	300		314-615-7663			
	=	-inai retur Amended	n/terminated	City or town, state or province, country, and ZIP of	or foreign postal code			F Group E	cemption			
	=		n pending	Saint Louis, Missouri 63105				Number	>			
	G A	ccount	ting Method	☐ Cash	-		НС	heck ▶ 🗸	if the organiz	ation is not		
	I W	Vebsite	e: Nww.s	stlouiseb5.com					ittach Schedul			
	J Ta	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947	7(a)(1) or	27 (1	orm 990, 9	90-EZ, or 990	-PF).		
						Other						
				7b to line 9 to determine gross receipts. If gro			or if total a	assets				
	(Par	t II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead	d of Form 990-EZ.			▶	\$	120,000		
	P	art I	Revenu	e, Expenses, and Changes in Net .	Assets or Fund E	Balances (s	ee the i	nstructio	ns for Part I			
			Check if	the organization used Schedule O to	respond to any que	estion in this	Part I			🗸		
		1	Contribution	ons, gifts, grants, and similar amounts re	ceived			1		100,000		
		2	Program se	ervice revenue including government fee	es and contracts			2		20,000		
		3	Membersh	ip dues and assessments				3				
		4	Investment	Income				4				
		5a	Gross amo	unt from sale of assets other than inven	tory	5a						
		ь	Less: cost	or other basis and sales expenses		5b		3.50				
		C	Gain or (los	ss) from sale of assets other than invent	ory (Subtract line 5b	from line 5a)	5c				
	-	6	Gaming an	d fundraising events					:			
		а		ome from gaming (attach Schedule	G if greater than							
	ž		\$15,000) .			6a			3=11/1	FN		
76	Revenue	b		me from fundraising events (not includir			ributions		CEIV			
Š				aising events reported on line 1) (attact				1 1		100		
2			sum of suc	th gross income and contributions exceed	eds \$15,000)	6b		12	AN 30 2	1017 13		
SCANNED		C	Less: direc	t expenses from gaming and fundraising	g events	6c		10	AN DO.	2017 SH		
T		d		e or (loss) from gaming and fundraising		6a and 6b	and sub	trabiji	1	TIT		
		_	line 6c) .			<i>.</i> .	• •	· 66	RUDFN	<u>. UI.</u>		
MAR		7a		s of inventory, less returns and allowand		7a		1_8		-		
2		b		of goods sold		7b						
7		C		it or (loss) from sales of inventory (Subtr					-	 		
N		8										
2017		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and			• •			120,000		
Ĩ		10 11		I similar amounts paid (list in Schedule Caid to or for members	•			<u>10</u> 11				
	(A	12	•	ther compensation, and employee bene	fito		• •	12		50.707		
	ses			al fees and other payments to independ			• •	13		52,707		
	ĕ	13 14		y, rent, utilities, and maintenance				13		70,295		
	Expense	15		ublications, postage, and shipping				─		388		
	_	16		enses (describe in Schedule O)						23,291		
		17		enses. Add lines 10 through 16						146,681		
		18	Excess or	(deficit) for the year (Subtract line 17 from	m line 9)	<u> </u>	• •	18				
	Net Assets	19		or fund balances at beginning of year	•					(26,681)		
	158	-		r figure reported on prior year's return)						102,728		
	at A	20	•	nges in net assets or fund balances (exp				<u> </u>		102,720		
	ž	21		or fund balances at end of year. Combi						76,047		

For Paperwork Reduction Act Notice, see the separate instructions.

9-13 14

Cat. No. 106421

Form 990-EZ (2015)

Pai						Page 2
	Balance Sheets (see the instructions t			2-411		Ca
	Check if the organization used Schedule	O to respond to a		A) Beginning of year	• •	(B) End of year
22	Cash, savings, and investments			106,092		57,557
23	Land and buildings				23	37,337
24	Other assets (describe in Schedule O)			7,143		23,572
25	Total assets		[113,235		81,129
26	,		· · · · · ·	10,507		5,082
27	Net assets or fund balances (line 27 of column			102,728	27	76,047
Par	Statement of Program Service Accom Check if the organization used Schedule					Expenses
What	t is the organization's primary exempt purpose?	O to respond to a	ny question in triis i	Part III ∐		uired for section
	cribe the organization's program service accomplis	chments for each o	f its three largest of	rogram sonicos		c)(3) and 501(c)(4) nizations; optional for
	neasured by expenses. In a clear and concise m				othe	
	ons benefited, and other relevant information for ea					
28	SERVE AS AN EB-5 REGIONAL CENTER; CREATE IN	ICREASED PERMAN	ENT EMPLOYMENT V	VITHIN THE		
	ST LOUIS METROPOLITAN AREA THROUGH THE CE	REATION OF SUSTAI	NABLE			
	BUSINESS PROJECTS					
29	(Grants \$) If this amount				28a	146,681
25						
						İ
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29 a	
30						
			nts, check here .		30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount		ants, check here		31a	
32	Total program service expenses (add lines 28a t	through 31a)	ints, check here .	· · · · - -	32	146,681
Part						
			I OHE EVEN II HOLOUND	pensateu—see the ii	เรนนต	LIUTIS IUI FAILIY
	Check if the organization used Schedule		ny question in this l		· ·	
		O to respond to a	ny question in this I	Part IV		· · · · · <u> </u>
	Check if the organization used Schedule (a) Name and title	O to respond to a	(c) Reportable compensation (Forms W-2/1099-MISC)	art IV	 (e)	· · · · · <u> </u>
	(a) Name and title	O to respond to a (b) Average hours per week	(c) Reportable	Part IV	 (e)	Estimated amount of
SHEII		O to respond to a (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	art IV	 (e)	Estimated amount of
	(a) Name and title	O to respond to a (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	art IV	 (e)	Estimated amount of
	(a) Name and title	O to respond to a (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	art IV	 (e)	Estimated amount of
RODI	(a) Name and title	O to respond to a (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	art IV	 (e)	Estimated amount of
RODI	(a) Name and title LA SWEENEY, PRESIDENT NEY CRIM, VICE PRESIDENT AND SECRETARY	O to respond to a (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	art IV	 (e)	Estimated amount of
RODI GREC	(a) Name and title LA SWEENEY, PRESIDENT NEY CRIM, VICE PRESIDENT AND SECRETARY GORY PRESTEMON, VICE PRESIDENT, TREASURER,	O to respond to a (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	art IV	 (e)	Estimated amount of
RODI GREC AND JOYC	(a) Name and title LA SWEENEY, PRESIDENT NEY CRIM, VICE PRESIDENT AND SECRETARY GORY PRESTEMON, VICE PRESIDENT, TREASURER, ASST SECRETARY CE E. STEIGER, ASST SECRETARY	O to respond to a (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	art IV	 (e)	Estimated amount of
RODI GREC AND JOYC	(a) Name and title LA SWEENEY, PRESIDENT NEY CRIM, VICE PRESIDENT AND SECRETARY GORY PRESTEMON, VICE PRESIDENT, TREASURER, ASST SECRETARY	O to respond to a (b) Average hours per week devoted to position 1 1	(c) Reportable compensation (Forms W-2/1099-MISC)	art IV	 (e)	Estimated amount of
RODI GREC AND JOYC	(a) Name and title LA SWEENEY, PRESIDENT NEY CRIM, VICE PRESIDENT AND SECRETARY GORY PRESTEMON, VICE PRESIDENT, TREASURER, ASST SECRETARY CE E. STEIGER, ASST SECRETARY	O to respond to a (b) Average hours per week devoted to position 1	(c) Reportable compensation (Forms W-2/1099-MISC)	art IV	 (e)	Estimated amount of
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
•	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	Ç		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NONE; section 4912 ▶ NONE; section 4955 ▶ NONE			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ NONE			
42a		314-61		3
b	Located at ► 7733 FORSYTH BLVD STE 2300 ST. LOUIS, MO At any time during the calendar year, did the organization have an interest in or a signature or other authority over	631	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	√
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. I	▶ ∐
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
c	Did the organization receive any payments for indoor tanning services during the year?	44c		V
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

ronn 9	U-EZ (2	015)						٢	age 4
40	D: 4					<i>f</i>		Yes	No
46	to ca	he organization engage, directly or in ndidates for public office? If "Yes," o	idirectiy, in political c complete Schedule C	ampaign activities	on behalf o	or in opposi	tion	<u> </u>	
Part		Section 501(c)(3) organizations		, raiti . ,	<u> </u>		. 46	لــــا	✓
rait		All section 501(c)(3) organization		etione 47_40h ar	nd 52 and	complete th	a tablee f	or line	20
		50 and 51.	s must answer que	3110113 47 -43D al	iu 52, anu	complete in	e lables i	01 11111	55
		Check if the organization used Sci	nedule O to respond	l to any guestion i	n thic Part	VI			
—		Officer if the organization used oci	ledule O to respond	rto any question i	II tills Fait	<u>vi</u>		Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501/h) elec	rtion in effe	ct during the	tay	163	NO
••		If "Yes," complete Schedule C, Par				-			1
48	-	organization a school as described in					1 77	 	7
49a		he organization make any transfers to							7
b		es," was the related organization a se							7
50		plete this table for the organization's						es an	d kev
		oyees) who each received more than							u,
	<u> </u>			T		alth benefits,	·		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		ons to employee	(e) Estimate		
			devoted to position	(Forms W-2/1099-MIS		ans, and deferred	other con	ipensat	ion
NONE				 					
INCINE	·								
				 					
				Į.					
									
				1					
			·	<u> </u>					
	·								
				 	+				
	Total	number of other employees paid ov	er \$100 000	► NO	NE		L		
51 51		plete this table for the organization				- tore who each	h rocowod	moro	than
31	\$100	,000 of compensation from the orga	nization. If there is no	one. enter "None."	siit Contract	iois willo eaci	ii received	111010	uiaii
				1		Т			
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(c)) Compensati	on	
NONE									
1131111									
				<u> </u>			·		
				 					
				}		1			
				 	·				
				1		1			
				t					
				1					
d	Total	number of other independent contra	ectors each receiving	over \$100,000		NO	ONE		
52		the organization complete Schedu	· ·	. ,	manizations	must attacl	h a		
		pleted Schedule A					. ▶ ∐ Yes		No
Under o	enalties	of penury, I declare that I have examined this i	etum, including accompan	ving schedules and stat	ements, and to	the best of my ki			
		d complete Declaration of preparer (other than							
	T	1 marce of 11/4	INEX			1-20-1	4.		
Sign		Signature of officer	7			Date	-		
Here	1	JOYCE E. STEIGER, ASSISTANT S	ECRETARY						
	Į	Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
_	are-					self-emplo			
Prep Use		Firm's name ▶				Firm's EIN ▶			
U3E	Unity	Firm's address ▶				Phone no.			
May ti	ne IRS	discuss this return with the prepared	shown above? See	instructions			► ✓ Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Mairie	or nie o	organization					Employer identification	Hullibei
		the Midwest Investment Cente				Al-:	47-39	
Par		Reason for Public Char						ns.
1 ne c		zation is not a private founda church, convention of church				-	•	
2		school described in section						
3		hospital or a cooperative hos						
4		medical research organization						iii). Enter the
7	_	spital's name, city, and state	-	nijanouon with a noop)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,. 2.110. 0.10
5	☐ An	organization operated for the organization 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned o	r operate	d by a government	al unit described in
6								
7		organization that normally						the general public
		escribed in section 170(b)(1)			-	J		
8	□ A d	community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		organization that normally				rom con	tributions, members	hip fees, and gross
	rec	ceipts from activities related	to its exempt	functions—subject to	certain	exception	ns, and (2) no more	than 331/3% of its
		pport from gross investme quired by the organization a						x) from businesses
10	☐ An	n organization organized and	operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).	
11		organization organized and						
		e or more publicly supported box in lines 11a through 11d						
а		Type I. A supporting organiza						
		the supported organization(s organization. You must com			ct a majo	rity of the	e directors or trustee	es of the supporting
b		Type II. A supporting organiz						
		control or management of the			e same p	ersons th	nat control or manag	e the supported
		organization(s). You must co						
C		Type III functionally integra ts supported organization(s)						y integrated with,
d		Type III non-functionally int						
		that is not functionally integra						an attentiveness
		requirement (see instructions	•	=				(T . W
е		Check this box if the organiz functionally integrated, or Ty						ı, rype iii
f		er the number of supported of	•	-	orang or	garnzacio	•••	r
9		vide the following information	-					• •
		ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–9		ir governing ment?	support (see	other support (see instructions)
				above (see instructions))			instructions)	misu octions)
		<u>-</u>			Yes	No		
(A)			•	ę, 				
(B)								
(C)] 			
(D)								
(E)								
					 			

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						iny under
Secti	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100,000	100,000	105 502	115.000	100,000	420 502
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	100,000	100,000	105,503	115,000	100,000	420,503
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	100,000	100,000	105,503	115,000	100,000	520,503
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.	1	1				
	on B. Total Support	(-) 0011	(h) 0010	(a) 0010	(4) 0044	(-) 0015	(6 Tatal
Jaren 7	dar year (or fiscal year beginning in)	(a) 2011 100,000	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	100,000	100,000	105,503	115,000	100,000	520,503
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.)						
11	Total support. Add lines 7 through 10						520,503
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•	•			12	520,503
13	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentage	<u> </u>				
14	Public support percentage for 2015 (line 6			1, column (f))		14	%
15 16a	Public support percentage from 2014 Sch 331/2% support test—2015. If the organiz	zation did not o	heck the box	on line 13, and	line 14 is 331/2	· ·	
	box and stop here. The organization qual	-		-		45 001 04	. ▶ 🗆
b	331 ₂₈ % support test—2014. If the organicheck this box and stop here. The organi	zation qualifies	as a publicly	supported orga	anization .		. ▶ 🗆
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part VI how the organization meets the "foorganization	ets the "facts-a acts-and-circu	ınd-circumstar	nces" test, che t. The organiza	ck this box an	d stop here. E as a publicly su	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the eets the	facts-and-cir and-circumsta	cumstances" fances" fances" f	test, check the ne organization	is box and sto	p here.
18	Private foundation. If the organization di					this box and s	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Co.eti	on A. Bublio Curport						
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(=) 2012	(d) 2014	(a) 201E	(A Total
Jaien 1	Gifts, grants, contributions, and membership fees	(a) 2011	(0) 2012	(c) 2013	(0) 2014	(e) 2015	(f) Total
•	received. (Do not include any "unusual grants.")	ļ	ļ		į		
2	Gross receipts from admissions, merchandise		 				
	sold or services performed, or facilities		Į l				
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		}				
4	Tax revenues levied for the						
	organization's benefit and either paid)				
	to or expended on its behalf						
5	The value of services or facilities		}				
	furnished by a governmental unit to the organization without charge						
6	•					- 	
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		-				
, a	received from disqualified persons .		{			ļ	
b	Amounts included on lines 2 and 3	<u> </u>	<u> </u>				
-	received from other than disqualified		,				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
N 1	line 6.)	l	1				
	on B. Total Support	(-) 0011	(h) 0040	(-) 0010	(-0.0044	(-) 0015	(O Takal
Jaien 9	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
10a	Gross income from interest, dividends,	<u> </u>				- 	
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less	·					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business					į	
	activities not included in line 10b, whether or not the business is regularly carried on		1				
40							
12	Other income. Do not include gain or loss from the sale of capital assets				ĺ		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	}		 _			
	and 12.)						
14	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u></u>	<u> </u>	<u> </u>	▶ 🗆
	on C. Computation of Public Support						
15	Public support percentage for 2015 (line						<u>%</u>
16	Public support percentage from 2014 Sci on D. Computation of Investment In			· · . · · . ·		16	%
17	Investment income percentage for 2015 (v line 12 colu	mp (fl)	17	<u>%</u>
18	Investment income percentage for 2015 (Investment income percentage from 2014)					18	
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/2%, check this box						
ь	331/3% support tests - 2014. If the organiz		-	-		_	
	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	19a or 19b o	check this box	and see instru	ctions > \(\bar{\pi}

Part IV Supporting Organizations

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

	on A. An copporting organizations				-
4	And all of the appropriation to appropriate and appropriate and the appropriate and appropriat		Yes	No	ī
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			İ	
	class or purpose, describe the designation. If historic and continuing relationship, explain.				ļ
_		1			ī
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				ļ
0-	organization was described in section 509(a)(1) or (2).	2			ī
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer				
	(b) and (c) below.	3a			ī
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and				ļ
	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			ī
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)				
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c			ī
4a	the any orbital and management of an area of the same and area of the same and are				j
_	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a			ī
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion				
	despite being controlled or supervised by or in connection with its supported organizations.	45			1
_		4b	\vdash		Ī
C	Did the organization support any foreign supported organization that does not have an IRS determination				1
	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			ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70			Ī
Ja	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			J
b	Type I or Type II only. Was any added or substituted supported organization part of a class already				į
	designated in the organization's organizing document?	5b			,
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c			•
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to				Ī
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited				
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or				
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6			•
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor				ĺ
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	L		 	1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		<u> </u>	_
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			<u> </u>	J
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	ļ	<u> </u>	ī
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 .	0-	<u> </u>	[ĺ
k		9a	 	├—	Ī
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b	<u> </u>	<u> </u>	J
^	the supporting organization had an interest? If "Yes," provide detail in Part VI .	30	\vdash	\vdash	}
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c			j
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	-		 	Ī
. va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				
	supporting organizations)? If "Yes," answer 10b below.	10a	 	l	1
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	- 		_	Ī
-	determine whether the organization had excess business holdings.)	10b		1	١
					-

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	L		
	below, the governing body of a supported organization?	11a		
	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.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
4	Did the directors twistens or manharable of one or manharable of one or manharable or the control of the directors of the control of the cont		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	<u> </u>		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ĺ		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
04	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		24	
1	Did the expansion provide to each of the companies have built- but down of the fifth would be falled		Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	⊢ '		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
a		$\overline{}$	162	140
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			}
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported progrizations? If "Yes " describe in Part VI the role played by the progrization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970. See i	nstructions. All
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			1
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		"	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III supportii	ng organization (see

Dogo	7
rage	

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity	·	<u>. </u>				
3_	Administrative expenses paid to accomplish exempt purp	nizations					
4	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)						
	Other distributions (describe in Part VI). See instructions.	·					
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive				
9	Distributable amount for 2015 from Section C, line 6	 					
10	Line 8 amount divided by Line 9 amount		(:)\	(m)			
Se	ection 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	ļ					
	(reasonable cause required-see instructions)			·			
_3	Excess distributions carryover, if any, to 2015:						
<u>a</u> _	1	ļ					
<u> b </u>	1						
_ <u></u> _	From 2012						
_ <u>d</u> _	From 2013		 				
- 0	From 2014		······································				
	Total of lines 3a through e Applied to underdistributions of prior years						
g h	Applied to underdistributions of prior years Applied to 2015 distributable amount						
	Carryover from 2010 not applied (see instructions)						
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section						
7	D, line 7:						
a	Applied to underdistributions of prior years			·			
b	Applied to 2015 distributable amount						
	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).		İ				
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 3j and 4c.						
8	Breakdown of line 7:						
а							
b							
	Excess from 2013						
	Excess from 2014						
е	Excess from 2015	í í					

Schedule A (Form 990 or 990-EZ) 2015 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)