|           |              | ·      |      | . •     | - 4 |
|-----------|--------------|--------|------|---------|-----|
| Return of | Organizațion | 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.



|                 | Depai                   | riment c         | af Ine Treasur)<br>Nuo Servico | Information about Form 990 ago   | i itė įnstručilons                        | is at www.irs.go                                 | v/form990 <u> </u>  | Inspection                            |
|-----------------|-------------------------|------------------|--------------------------------|--|---|--|---|---------------------------------------|
|                 |                         |                  |                                | lèndar year, or tax year beginning   | 0.7%01, 2015                              | jandjending į                                    | 0,6   | /30, 20 16                            |
|                 |                         | - 10             | CN                             | ame of organization  |   | V ( 5 / 3 · 7 / 1 · -                            | D Employer Identifica   |                                       |
|                 | Bci                     | neck il ap       | ž 1                            | ABIN GROUP INC.  |   | - <u>-                                    </u>   | 74-251094   | 7,                                    |
|                 | ٢                       | Addre            |                                | ing, business as   |   |  | ,   |                                       |
|                 | -                       | 1                |                                | imber and street (or P.O box if mail is not delivered to street a  | address)                                  | Room/sulte:                                      | E Telephone number  |                                       |
|                 | 1                       | intitat          |                                | 141 E DICKENSON PLACE  |   |  | (303) 504-6   | 500                                   |
|                 |                         | Final c          | return/ C                      | ly, or town, state or province, country, and ZIP or foreign posts  | al code                                   |  |   |                                       |
| ·               | X                       | termin<br>Amend  | ded [                          | ENVER, CO_80222  |   |  | G.Gross receipts-\$   | 755,176.                              |
|                 | ۳                       | Apolic           | ellon F N                      | ame, and address of principal officer. CARL CLARE  | <b>Κ</b> () (3)                           | \$2 mg = 2 1 3 mg                                | H(B) is this a group retur  | nitor Yes', X No                      |
|                 | Ļ.,                     | pendic           |                                | 141 E DICKENSON PLACE DENVER, C  |   |  | 'subdidinates?<br>H(b) Are all subordinates in  | cluded? Yes ( "No                     |
| <u></u>         | 7                       | Tax-ax           | eulale Iqme                    | [X. 501(c)(3) - 501(c) ( ) (insert no.)  | The second second                         | or 527   | it "No", eillach á firt   | , (see instructions)                  |
| 2               |                         |                  | le: ▶ N/                       |  | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1  |  | H(c) Group exemplion ni   | ıwpet ≀ 🛼                             |
| ~               | <u> </u>                | <u> </u>         | 7 7 7 107                      | 711 77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | ner 🕨 💮                                   | L Year of for                                    | nation 1988 M State   | of legal domicile: CO                 |
| 1               | ندخن                    | <b>#</b> 1 1 4 m | 70                             | 3  |   |  |   |                                       |
|                 |                         | 1                | Priotity dos                   | cribé the organization's mission or most significant ac  | tiuties: PROVI                            | DE RESIDEN                                       | TIAL AND HOUS   | ING SERVICES                          |
| 5               | ر ۾                     | •                | TO PEC                         | PLE WITH SERIOUS AND PERSISTENT  | MENTAL IL                                 | LNESS  | : # # T = # T = # T = # T = # T = # T = # T = # T = # T = # T = # T = # T = # T = # T = # T = # T = # T = # T |                                       |
|                 | Ĕ                       |                  |                                |  |   | STATUTE  | UNIT  | <u> </u>                              |
|                 | Activities & Governance | à '              | rigitation.                    | box 🕨 if the organization discontinued its ope   | rations or discose                        | Khalendan  | # of its net assets.  | रिक्रेन्स्रिकररिक्षेत्र ग्रहिन्स      |
|                 | Š                       |                  |                                | voting members of the governing body (Part VI, line 1  |   |  |   | 5.                                    |
|                 | 8                       | ن<br>ن           | Mulliper o                     | ludebeudeut, noting mempers of the governing pody,   | (Port Vi line 1b)                         | . nc T n 2"                                      | 2010 4  | 72,.                                  |
|                 | <u>.8</u>               | 4                | Total \$1300                   | ringependent volling members of the governing soay open of individuals employed in calendar year 2015 (Pa                          | (f, aft V), fillo 15),<br>rt V ´lina Ĵa\. |  | EOID. F. S. S.  | .0.                                   |
|                 | Ž                       |                  |                                | per of volunteers (éstimale if nécessary)  |   |  | 90 1011 P   | 2,.                                   |
|                 | 2                       | 9                | Total num                      | ated business revenue from Part VIII, column (C), line   |   |  | (1401.1   | 20%                                   |
|                 | -                       |                  |                                | ated business texable income from Form 990-T, line 34  |   | · · · · OGDE                                     | 7b  | 0.                                    |
|                 |                         | <del>. b</del>   | Net unrea                      | ted business (axable, income nont, rujin 550-1, inte 54  | h on bushing the H of                     |  | Prior Year  | Current Year                          |
|                 | j                       |                  | Camballand                     | See with proble (Dort VIII life th)  | CEIVED                                    |  | 83, 956.  | 240,662.                              |
|                 | 3                       |                  |                                |  |   | <del>'</del> 61' +-                              | 529,977.  | 512,141.                              |
|                 | Revenue                 | 9                | Program s                      | ervice revenue (Part-VIII; Ilne-2g)  |   |  | 25.   | 15.                                   |
|                 | 8                       | 10               | invesimer                      | t Income (Part VIII, column (A), lines 3, 4 (70) p. nue (Part VIII, column (A), lines 5, 6d; 8d (8) 10c; and                       | T: 0 1 · 2019 ·                           |  | 5,180.  | 2,358.                                |
|                 |                         | 11<br>12         | Ciner revi                     | nue (rant viti, column (A), lines 5, our octat. Tucrand  | ump (A)-lina-12\                          |  | 619,138.  | 755,176.                              |
| '               |                         |                  |                                | i similar amounts paid (Part IX, column (A), lines   |   | =  | 0.  | <u>,0`.</u>                           |
|                 |                         |                  | -                              | and to or for members (Part IX, column (A), line 4)  | ·   | · · · · · · · · · · · · · · · · · · ·            | 0.  |                                       |
|                 |                         |                  |                                | ther compensation, employee benefits (Part IX, column  |   |  | 103,746   | 77,149,                               |
|                 | Expenses                |                  |                                | nal fundraising fees (Part IX, column (A), line 11e).  |   | ****   |   | · · · · · · · · · · · · · · · · · · · |
|                 | ě                       |                  |                                |  | . <i></i>                                 | 7.   | 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  | 1. 18.18 W. L. 18.18                  |
| 3               | EX                      |                  |                                | raising expenses (Part IX, column (D), line 25)  enses (Part IX, column (A), lines 11a-11d, 11f-24e)                               | يت جائب سيخ سيخ                           |  | 753,060.  | 743,620.                              |
| 3               | 1                       |                  |                                | nses Add lines 13-17 (must equal Part IX, column (A)   |   | * * * * * * *                                    | 856,806.  | 820,769.                              |
| 5               |                         |                  |                                | *  |   | · · · · · · · · · · · · · · · · · · ·            | -237,668.   | ÷65, 593.                             |
| -               | F. 82                   |                  | Revenue                        | ess_expenses Subtract line 18 from line 12   | ***** * * * ****                          | Be   | ginning of Current Year   | End of Year                           |
| _               | ts or<br>inces          |                  | <b>-</b>                       | is and a second  |   | <u>{ } -</u>                                     | 3,496,838.  | 3,415,926.                            |
| ڍ               |                         | 20               |                                | ls (Part X, Ilne 16)   | . , ,                                     | . • • ° • • • • • • • • • • • • • • • •          | 1,695,530.  | 1,680,211.                            |
| $\supset$       | Net Asse<br>Find Bala   |                  |                                | ities (Part X, Ilne 26)  |   | - 12 A S A S A S A S A S A S A S A S A S A       | 1,801,308.  | 1,735,715.                            |
| <u> </u>        |                         |                  |                                | or fund balances: Subtract line 21 from line 20  | <u>. 5 . 78 5 . 6 .</u>                   | <u> </u>   |   |                                       |
| II.             | 3                       | rt li            | Signa                          | ůřě Block  | ccompanyaa sebad                          | ules and statemen                                | s and to the bast of my   | knowledge and belief, it is           |
| <b>Z</b>        | trúe                    | i, corre         | ct, and com                    | jury, I declare that I have examined this return, including a<br>plete. Declaration of propage; (other than officer) is based on a | information of wh                         | ich proparer has ar                              | ly knowledge,   |                                       |
|                 | Und<br>true<br>Sig      | • •              | ٠.                             | 1) 11 1/1/2  |   | nt 11 - 1  | ` ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '   |                                       |
| ${\mathfrak O}$ | Sia                     | n .              | 010                            | ature of officer   |   | <del>-,</del>                                    | Date /  |                                       |
| S               | Hei                     | re .             | , Sign                         | Anapla Oakley  |   |  | 9/1   | 7/19                                  |
|                 | ,-,-                    | ,- ,             | 7.00                           | or print name and title  |   | , ,,,,,  |   | ****                                  |
|                 |                         | <del></del>      | 1 - 7 - 7 - 7 - 7              |  | <u> </u>                                  | _ { Dâte   | Chinal III  | PTIN:                                 |
|                 | Paid                    | ı                |                                | preparer's name Preparer's algnature   | 3.4                                       |  | 2019 Redf-employed  | P00958966                             |
|                 | 4.                      | parer î          | <del></del>                    | SMITH CONTRACTOR   | 11/1/2 V                                  |  | Firm's EIN > 44,-   |                                       |
|                 | UBe                     | Only             | Firm's ner                     |  |   | 710  | 471-4290  |                                       |
|                 | 14-                     |                  | Firm's add                     | ess 111 SOUTH TEJON, SUITE 800 COLORADO SPRI   | NGS) CO, 80903=5                          |  | Phone no. 719   | X Yes No                              |
|                 |                         |                  |                                | this return with the preparer shown above? (see instri   | ricuoiia).                                | <del>"                                    </del> |   | Form 990 (2015)                       |
|                 | For                     | Pape             | rwork Red                      | uctión Act Nótice, see the separate instructions.  |   |  | 101   | )                                     |
|                 | 10.4                    |                  |                                |  |   |  | 63°   | (°)                                   |

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PAGE 2

### SABIN GROUP INC.

|            | SABIN GROUP INC.   | 74-2510947              |             |
|------------|--|-------------------------|-------------|
| _          | Part III Statement of Program Service Accomplishments  |                         | ge 2        |
| _          | Check if Schedule O contains a response or note to any line in this Part III   | <u></u>                 |             |
| 1          | Briefly describe the organization's mission  | CEDIALIC                |             |
|            | TO PROVIDE RESIDENTIAL AND HOUSING SERVICES TO PEOPLE WITH AND PERSISTENT MENTAL ILLNESS   | 3ER1003                 |             |
|            | THE LENGISTERY MENTAL TERROOF  |                         |             |
| _          |  |                         |             |
| 2          | Did the organization undertake any significant program services during the year which  |                         |             |
|            | prior Form 990 or 990-EZ?  | Yes X                   | No          |
| ,          | If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it  | conducts any program    |             |
| 3          | services?  |                         | No          |
|            | If "Yes," describe these changes on Schedule O   |                         |             |
| 4          | Describe the organization's program service accomplishments for each of its three expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the the total expenses, and revenue, if any, for each program service reported. |                         |             |
| 4a         | a (Code ) (Expenses \$ 798,277 including grants of \$  | ) (Revenue \$ 513,138 ) |             |
|            | TO PROVIDE RESIDENTIAL AND HOUSING SERVICES TO PEOPLE WITH   |                         |             |
|            | AND PERSISTENT MENTAL ILLNESS  |                         |             |
|            |  |                         |             |
|            |  |                         | —           |
|            |  |                         | _           |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
| 4b         | b (Code) (Expenses \$ including grants of \$   | ) (Revenue \$           | _           |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
| 4c         | c (Code ) (Expenses \$ including grants of \$  | ) (Revenue \$           |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  | · .— .— .               |             |
|            |  |                         | <del></del> |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
|            |  |                         |             |
| <u>4</u> d | d Other program services (Describe in Schedule O )   |                         |             |
| -ru        | (Expenses \$ including grants of \$ ) (Revenue \$  | )                       |             |
| 4e         | e Total program service expenses ▶ 798,277.  |                         |             |

Form 990 (2015)

Page 3

| Part | 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        | Х    |          |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2        | Х    |          |
| 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        |      | Х        |
| 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        |      | Х        |
| 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 98-197 If "Yes," complete Schedule C,  |          |      | v        |
| •    | Part III.  | 5_       |      | Х        |
| 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        |      | Х        |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | -        |      | Λ        |
| '    | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7        |      | Х        |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                              | <b>–</b> |      |          |
| Ū    | complete Schedule D. Part III  | 8        |      | Х        |
| 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        |      | Х        |
| 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 ^     |      | Х        |
| 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  |          |      |          |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |          |      |          |
|      | complete Schedule D, Part VI   | 11a      | Х    |          |
| þ    | 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      |      | X        |
| С    | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more                                      |          |      |          |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c      |      | X        |
| d    | 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  | 11d      | Х    | Х        |
|      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                            | 11e      | _^   |          |
| Т    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                          |          | ĺ    | Х        |
| 120  | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                           | 11f      |      |          |
| 124  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a      |      | Х        |
| h    | Was the organization included in consolidated, independent audited financial statements for the tax year? If                                     | 124      |      |          |
|      | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.                              | 12b      | х    |          |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       |      | X        |
|      | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a      |      | Х        |
|      | 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      | ı    | Χ        |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                                |          |      |          |
|      | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15       |      | Х        |
| 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       |      | X        |
| 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       |      | <u>X</u> |
| 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       |      | Х        |
|      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                                     |          | ł    |          |
|      | If "Yes," complete Schedule G, Part III  | 19       | 202  | X        |
|      |  |          | 9907 | 20151    |

| Part | Checklist of Required Schedules (continued)  |      | ·   | -3     |
|------|--|------|-----|--------|
|      |  |      | Yes | No     |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                      | 20a  |     | Х      |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?     | 20b  |     |        |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or      |      |     |        |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                | 21   |     | Х      |
| 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   |     | Х      |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the              |      |     |        |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated          |      |     |        |
|      | employees? If "Yes," complete Schedule J   | 23   | Х   |        |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than              |      |     |        |
|      | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b    |      |     |        |
|      | through 24d and complete Schedule K If "No," go to line 25a  | 24a  | l   | Х      |
| ь    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                | 24b  |     |        |
| c    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year        |      |     |        |
| _    | to defease any tax-exempt bonds?   | 24c  |     |        |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?          | 24d  |     |        |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit     |      |     |        |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                    | 25a  |     | Х      |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior |      |     |        |
| _    | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?     |      |     |        |
|      | If "Yes," complete Schedule L, Part I  | 25b  |     | Х      |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any       |      |     |        |
|      | current or former officers, directors, trustees, key employees, highest compensated employees, or                |      |     |        |
|      | disqualified persons? If "Yes," complete Schedule L, Part II   | 26   |     | Х      |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,         |      |     |        |
|      | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled          |      |     |        |
|      | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                         | 27   |     | Х      |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L,        |      |     | i      |
|      | Part IV instructions for applicable filing thresholds, conditions, and exceptions)                               |      |     |        |
| а    |  | 28a  |     | X      |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete           |      |     |        |
|      | Schedule L, Part IV  | 28b  |     | Х      |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |      |     |        |
|      | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV           | 28c  |     | Х      |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M         | 29   |     | Х      |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |      |     |        |
|      | conservation contributions? If "Yes," complete Schedule M  | 30   |     | Х      |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,      |      |     |        |
|      | Part I   | 31   |     | X      |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"          |      |     |        |
|      | complete Schedule N, Part II   | 32   |     | _X     |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       |      |     |        |
|      | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33   |     | X      |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |      |     |        |
|      | or IV, and Part V, line 1  | 34   | Х   |        |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                          | 35a  |     | X      |
| b    | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2        | 35b  |     |        |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable             |      |     |        |
|      | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36   |     |        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization |      |     |        |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,             |      | ļ   |        |
|      | Part VI  | 37   |     | Χ      |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and       |      |     |        |
|      | 19? Note. All Form 990 filers are required to complete Schedule O  | 38   | Х   |        |
|      |  | Form | 990 | (2015) |

|      | SABIN GROUP INC. 74-251  | 0947       |                         |               |
|------|--|------------|-------------------------|---------------|
| Form | 990 (2015)   |            | 1                       | Page <b>5</b> |
| Pai  | tV Statements Regarding Other IRS Filings and Tax Compliance   |            |                         | _             |
|      | Check if Schedule O contains a response or note to any line in this Part V   |            |                         | ullet         |
|      |  | - CEMESTER | Yes                     | No            |
| 1 a  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |            |                         |               |
| b    | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   |            |                         |               |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and                                   |            |                         | STAN          |
|      | reportable gaming (gambling) winnings to prize winners?  | 1c         | X                       | desenta d     |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |            |                         | 4             |
|      | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0                               |            |                         | 3.1           |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     | 2b         | \$355.348°              | 7.7.86.51     |
|      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                          |            |                         |               |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a         |                         | Х             |
|      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                        | 3b         |                         |               |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority                  |            |                         |               |
|      | over, a financial account in a foreign country (such as a bank account, securities account, or other financial                     |            |                         |               |
|      | account)?  | 4a         | Special Confession      | X             |
| b    | If "Yes," enter the name of the foreign country ▶  |            |                         |               |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts                        |            |                         |               |
|      | (FBAR)   | -          |                         | EIE           |
|      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | 5a         |                         | X             |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | 5b         |                         | X             |
|      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c         |                         |               |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                             |            |                         | ,,            |
|      | organization solicit any contributions that were not tax deductible as charitable contributions?                                   | 6a         |                         | X             |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or                     | ١          |                         |               |
|      | gifts were not tax deductible?   | 6b         | er er er                | ta.ter1       |
|      | Organizations that may receive deductible contributions under section 170(c)   |            |                         |               |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                        | -          |                         | v             |
|      | and services provided to the payor?  | 7a         |                         | X             |
|      | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b_        |                         |               |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           | l _        |                         | Ų             |
|      | required to file Form 8282?  | 7c         | 1000m Nei               | X             |
|      | If "Yes," indicate the number of Forms 8282 filed during the year  |            | <u> </u>                |               |
|      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    | 7e         |                         | X             |
|      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | 7f         |                         |               |
|      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |                         | <del></del>   |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h         |                         | eassaa.       |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               |            | ******                  |               |
| _    | sponsoring organization have excess business holdings at any time during the year?   | 8          | i de la como            | 5+6502        |
| 9    | Sponsoring organizations maintaining donor advised funds.  | J          | <u> </u>                | 200           |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |                         |               |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                  | 9b         | 241982                  | 200           |
| 10   | Section 501(c)(7) organizations. Enter   | AG.        |                         |               |
|      | Initiation fees and capital contributions included on Part VIII, line 12   |            |                         |               |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 3          | 25.0                    |               |
| 11   | Section 501(c)(12) organizations. Enter  |            |                         | 177           |
|      | Gross income from members or shareholders  |            |                         |               |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources   |            | l I                     |               |
| 40   | against amounts due or received from them )  |            | ن تتألف                 |               |
|      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                         | 12a        | New York                | eketsi        |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            | 2007                    |               |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 4.0        | <del>Z<b>a</b>t</del> â |               |
| а    | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |                         | र्रेजरक्ष     |
|      | Note. See the instructions for additional information the organization must report on Schedule O                                   |            |                         |               |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which                                       |            |                         |               |
|      | the organization is licensed to issue qualified health plans   |            | 1                       |               |
| С    | Enter the amount of reserves on hand   | E X        | ATEL                    | 1ZX           |

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . .

Form **990** (2015)

1<u>4</u>a

14b

| Seci   | ion A. Governing Body and Management   |                 |             |            |              |
|--------|--|-----------------|-------------|------------|--------------|
|        |  | 1 -             | - Necessari | Yes        | No           |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year  | 1a              | 3           |            |              |
|        | 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              | 4           |            | 1 2          |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business re  | lationship with | 30.3        |            |              |
|        | any other officer, director, trustee, or key employee?   |                 | _2_         |            | X            |
| 3      | Did the organization delegate control over management duties customarily performed by or ur  |                 |             |            | J.           |
|        | supervision of officers, directors, or trustees, or key employees to a management company or other   |                 | 3           |            | X            |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 990 was fi   |                 | 4           |            | X            |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's   |                 | 5           | Х          | ^_           |
| 6      | Did the organization have members or stockholders?   |                 | 6           |            | <del></del>  |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to el  |                 | _           | v          |              |
|        | one or more members of the governing body?   |                 | 7a          | Х          |              |
| b      | Are any governance decisions of the organization reserved to (or subject to approval   |                 | <u></u>     | v          |              |
|        | stockholders, or persons other than the governing body?  |                 | 7b          | X          | hetas/dazeni |
| 8      | Did the organization contemporaneously document the meetings held or written actions under   | ertaken during  | * 4         |            |              |
|        | the year by the following  |                 | 2003        |            |              |
| а      | The governing body?  |                 | 8a          | X          |              |
| b      | Each committee with authority to act on behalf of the governing body?  |                 | 8b          | ^          |              |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot   |                 |             |            | l.           |
| C4     | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |                 | 9           | $\Box$     | X            |
| Secti  | on B. Policies (This Section B requests information about policies not required by the Int   | ernai Revenue   | e Coa       | Yes        | No           |
|        |  |                 | 10a         |            | X            |
|        | Did the organization have local chapters, branches, or affiliates?   |                 | Iva         |            |              |
| b      | If "Yes," did the organization have written policies and procedures governing the activities of  |                 | 406         |            |              |
|        | affiliates, and branches to ensure their operations are consistent with the organization's exempt pi   | •               | 10b         | Х          |              |
| 11a    | 5 ,  | ling the form?. | 11a         |            | - Constant   |
| b      | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |                 | 12a         | I work     | X            |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13  |                 | 128         |            |              |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests to  | · <del>-</del>  | 12b         |            |              |
|        | rise to conflicts?   |                 | 120         |            |              |
| С      | Did the organization regularly and consistently monitor and enforce compliance with the p  | -               | 12c         |            |              |
| 40     | describe in Schedule O how this was done   |                 | 13          | Х          |              |
| 13     | Did the organization have a written whistleblower policy?  |                 | 14          |            | х            |
| 14     | Did the organization have a written document retention and destruction policy?   |                 |             | <b>19</b>  | 370          |
| 15     | Did the process for determining compensation of the following persons include a review and   |                 |             |            |              |
| _      | independent persons, comparability data, and contemporaneous substantiation of the deliberation  |                 | 15a         |            | X            |
| a<br>h | The organization's CEO, Executive Director, or top management official   |                 | 15b         |            | Х            |
| D      | Other officers or key employees of the organization  |                 | ****        | # M. P.    |              |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar   | r arrangamant   | 4           |            |              |
| 104    | with a taxable entity during the year?   | ramangement     | 16a         |            | X            |
| h      | 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  |                 |             |            |              |
|        | organization's exempt status with respect to such arrangements?  |                 | 16b         |            |              |
| Secti  | on C. Disclosure   |                 |             |            |              |
| 17     | List the states with which a copy of this Form 990 is required to be filed ▶   | <u> </u>        |             |            |              |
| 18     | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and   | 1990-T (Section | n 501/      | :)(3)s     | only)        |
|        | available for public inspection. Indicate how you made these available. Check all that apply   | 1 330-1 (00000  | 1 50 1(1    | ,,(0,0     | Omy,         |
|        | Own website Another's website X Upon request Other (explain in Sch   | edule O)        |             |            |              |
| 19     | Describe in Schedule O whether (and if so, how) the organization made its governing document   | •               | terest      | policy     | and          |
|        | financial statements available to the public during the tax year   | _,              |             | <b>-</b> y | , und        |
| 20     | State the name, address, and telephone number of the person who possesses the organization's became address, and telephone number of the person who possesses the organization's became the name, address, and telephone number of the person who possesses the organization's became address. | ooks and recor  | ds ►        |            |              |
|        | CANADATA MELICAN 4141 E DICUENICAN DI ACE DENUED CO 0022   |                 |             |            |              |

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|-----|-----|----|-----|----|
| / 4 | -25 | 11 | 192 | 1/ |

SABIN GROUP INC.

Form 990 (2015)

Page 7

| Part VII | Compensation    | of   | Officers,  | Directors, | Trustees,  | Key     | Employees,      | Highest | Compensated | Employees, | and |
|----------|-----------------|------|------------|------------|------------|---------|-----------------|---------|-------------|------------|-----|
| _        | Independent Co  | ontr | actors     |            |            |         |                 |         |             |            |     |
|          | Check if Schedi | ıle  | O contains | a response | or note to | any lii | ne in this Part | VII     | <u>.</u>    |            |     |

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, and 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

| (A)<br>Name and Title  | (B) Average hours per week (list any hours for related organizations below dotted line) | box, office Individua | untes | Pos<br>heck<br>ss pe | rson | ıs both | trustee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------|---|-----------------------|-------|----------------------|------|---------|----------|---|--|--|
| (1)CHARLES EVERILL     | .50   |                       |       |                      |      |         |          | _   | _  |  |
| DIRECTOR & BOARD CHAIR | 2.50  | Х                     |       | Х                    |      |         |          | 0.  | 0.   | 0  |
| (2)JON TRETER          | .50   | ,,                    |       |                      |      |         |          |   |  | •  |
| DIRECTOR               | 1.50  | Х                     |       |                      |      |         |          | 0.  | 0.   | 0  |
| DIRECTOR & CEO OF MHCD | 1.00  | х                     |       |                      |      |         |          | 0.  | 548,018.   | 17,590   |
| (4) FORREST CASON      | 1.00  |                       |       |                      |      |         |          |   |  |  |
| DIRECTOR & CFO OF MHCD | 44.00   | Х                     |       |                      |      |         |          | 0.  | 300,418.   | 8,176  |
|                        | 1.00  | x                     |       |                      |      |         |          | 0.  | 228,158.   | 32,424   |
|                        |   |                       |       |                      |      |         |          |   | ·  | · · · · · · · · · · · · · · · · · · ·  |
| (7)                    |   |                       |       |                      |      |         |          |   |  |  |
|                        |   |                       |       |                      |      |         |          |   |  |  |
|                        |   |                       |       |                      |      |         |          |   |  | <del></del>  |
| (10)                   |   |                       |       |                      |      |         |          |   |  |  |
| (11)                   |   |                       |       |                      |      |         |          |   |  |  |
| (12)                   |   |                       |       |                      |      |         |          |   |  |  |
| (13)                   |   |                       |       |                      |      |         |          |   |  |  |
| (14)                   |   |                       |       |                      |      |         |          |   |  |  |

Form 990 (2015)

| Part VII Section A. Officers, Directors, Tru  | istees, Ke           | y En              | plo                   | ye       | es,          | and i             | lig          | hest Compensat                  | ed Emplo                     | yees (   | <u>continue</u>                       | ∌d)                  |             |
|---|----------------------|-------------------|-----------------------|----------|--------------|-------------------|--------------|---------------------------------|------------------------------|--|---------------------------------------|----------------------|-------------|
| (A)   | (B)                  |                   |                       |          | C)           |                   |              | (D)                             | (E)                          |  | _                                     | (F)                  |             |
| Name and title  | Average<br>hours per | (do r             | not c                 |          | ition<br>mor | e than c          | ne           | Reportable compensation         | Reportable compensation from |  | 1                                     | stimated<br>nount o  |             |
|   | week (list any       | bοx,              | unle                  | ss pe    | erson        | ıs both           | an           | from                            | relate                       |  |                                       | other                |             |
|   | hours for related    | 0 -               | T                     |          | 7            | or/trust<br>g ∓   |              | the                             | organiza<br>(W-2/1099        |  | 1                                     | pensat<br>om the     |             |
|   | organizations        | divid             | stitu                 | Officer  | y en         | ghes              | Former       | organization<br>(W-2/1099-MISC) | (00-2/1099                   | -141130)                                       | org                                   | anızatı              | on          |
|   | below dotted         | ctor to           | iona                  |          | Key employee | èe cor            |              |                                 |                              |  |                                       | d relate<br>anızatıo |             |
|   |                      | ndividual trustee | Institutional trustee |          | ee           | Highest compensat |              |                                 |                              |  |                                       |                      |             |
|   |                      | "                 | tee                   |          |              | sated             |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   | -            |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          | ĺ            |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      | }                 |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   | ┢            |                                 |                              |  |                                       |                      |             |
|   |                      |                   | <u> </u>              | L        |              |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   | <b>-</b>             |                   |                       |          |              |                   |              |                                 |                              |  | ĺ                                     |                      |             |
|   |                      |                   | $\vdash$              |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   | <del>-</del> -       |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
| 1b Sub-total  |                      |                   | <b></b>               | <b>'</b> |              |                   | <b></b>      | 0.                              | 1,076                        | ,594.  |                                       | 58,1                 | 190.        |
| c Total from continuation sheets to Part VII, So  | ection A .           |                   |                       |          |              |                   | •            | 0.                              | 1 076                        | 0.   |                                       |                      | 0.          |
| d Total (add lines 1b and 1c)   |                      |                   |                       |          |              |                   | <u> </u>     | 0.                              | 1,076                        |  | <u> </u>                              | 58,1                 | 190.        |
| 2 Total number of individuals (including but not l<br>reportable compensation from the organization |                      | nose:<br>0.       |                       | o ai     | oove         | e) wnc            | re           | ceived more than                | \$100,000                    | or   |                                       |                      |             |
|   | ,                    |                   |                       | -        |              |                   |              |                                 | _                            |  |                                       | Yes                  | No          |
| 3 Did the organization list any former office   | er, directo          | r, or             | tru                   | ıste     | e, I         | key e             | mp           | loyee, or highest               | compens                      | ated   |                                       | ļ                    | <del></del> |
| employee on line 1a? If "Yes," complete Schedu  |                      |                   |                       |          |              |                   |              |                                 |                              |  | 3                                     | <del> </del>         | X           |
| 4 For any individual listed on line 1a, is the sorganization and related organizations greater      |                      |                   |                       |          |              |                   |              |                                 |                              |  | ,                                     |                      |             |
| individual  |                      |                   |                       |          |              |                   |              | · · · · · · · · · · · ·         |                              |  | 4                                     | Х                    |             |
| 5 Did any person listed on line 1a receive or   | accrue cor           | mpen:             | satı                  | on f     | ron          | any               | uni          | related organization            | on or indivi                 | dual   |                                       |                      | ۸           |
| for services rendered to the organization? If "Ye Section B. Independent Contractors                | es," complet         | te Sch            | edu                   | ile J    | for          | such              | per          | son                             | <u></u>                      | · <u>· · ·                                </u> | 5                                     |                      | X           |
| Complete this table for your five highest com   | nensated u           | ndene             | nde                   | ent (    | con          | tracto            | rs t         | hat received more               | than \$100                   | 1 000 0  |                                       |                      |             |
| compensation from the organization. Report c  | ompensatio           | on for            | the                   | ca       | lend         | lar ye            | ar e         | nding with or with              | in the orga                  | nizatio  | n's tax                               |                      |             |
| year  |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
| (A)<br>Name and business add  | ress                 |                   |                       |          |              |                   |              | (B)<br>Description of se        | rvices                       | C  | (C)<br>Compens                        |                      |             |
|   |                      |                   |                       |          |              |                   | $\perp$      |                                 |                              |  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   |              |                                 |                              |  |                                       |                      |             |
|   | <del></del>          |                   |                       |          |              |                   | <del> </del> | _                               |                              | · · · ·  |                                       |                      |             |
|   |                      |                   |                       |          |              |                   | +-           | -                               |                              |  |                                       |                      |             |
| 2 Total number of independent contractors (in   | icluding bu          | ıt not            | lım                   | nited    | d to         | thos              | e lı         | sted above) who                 | received                     | ^  | · · · · · · · · · · · · · · · · · · · |                      |             |
| more than \$100,000 in compensation from the  |                      |                   |                       |          | 0            |                   |              | ,                               |                              |  |                                       |                      |             |

| Par                                      | t VII    |  |                                       |                      |  |   |  |  |  |
|--|----------|--|---------------------------------------|----------------------|--|---|--|--|--|
|  |          | Check if Schedule O contains a respor                                    | ise or note to ai                     | ny line in this Part | VIII                                     |   |  |  |  |
|  |          |  |                                       | (A)<br>Total revenue | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |  |  |
| ts, Grants<br>Amounts                    | 1a       | Federated campaigns 1a   |                                       |                      |  |   |  |  |  |
| 2 5 E                                    | b        | Membership dues  |                                       |                      |  |   |  |  |  |
| اک بڑ                                    | С        | Fundraising events 1c  |                                       |                      | ¥.                                       |   |  |  |  |
| Gifts,<br>iilar Ar                       | d        | Related organizations 1d   |                                       |                      | 190                                      |   |  |  |  |
| Sir                                      | е        | Government grants (contributions) 1e                                     | 240,662                               |                      | 1.5                                      |   |  |  |  |
| ne he                                    | f        | All other contributions, gifts, grants,                                  |                                       |                      |  |   |  |  |  |
| o it                                     |          | and similar amounts not included above . 1f                              |                                       |                      |  |   |  |  |  |
| Contributions, Giff<br>and Other Similar | g        | Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f |                                       | 240,662              |  |   |  |  |  |
| 9  | <u>h</u> | Total. Add lines 1a-11   | Business Code                         |                      |  |   |  |  |  |
| Program Service Revenue                  | 2a       | PROGRAM HOUSING/RENTAL   | 532000                                | 512,141              | 512,141                                  |   |  |  |  |
| Š  | b        |  |                                       |                      |  |   |  |  |  |
| VICE                                     | c        |  |                                       |                      |  |   |  |  |  |
| Ser                                      | d        |  |                                       |                      | _  |   |  |  |  |
| аш                                       | е        |  |                                       |                      |  |   |  |  |  |
| J. Bo                                    | f        | All other program service revenue  |                                       |                      | Market at market consumerate and         |   |  |  |  |
| -  | g        | Total. Add lines 2a-2f   | <u></u>                               | 512,141              |  |   | <u>                                     </u>         |  |  |
|  | 3        | Investment income (including dividen                                     |                                       | 1.5                  |  |   | ,,,  |  |  |
|  | _        | and other similar amounts)   | _                                     | 15                   |  |   | 15   |  |  |
|  | 4<br>5   | Income from investment of tax-exempt bond Royalties                      | •                                     | 0                    |  |   |  |  |  |
|  | •        | (i) Real   | (ii) Personal                         |                      | To the second                            |   | 1447.13424.1441                                      |  |  |
|  | 60       |  | <u>`</u>                              |                      |  |   |  |  |  |
|  | 6a<br>b  | Gross rents  |                                       |                      |  |   |  |  |  |
|  | c        | Rental income or (loss)  |                                       |                      |  |   | 16.00  |  |  |
|  | d        | Net rental income or (loss)  | <u>.</u> . <b>&gt;</b>                | 0                    |  |   |  |  |  |
| ]  | 7a       | Gross amount from sales of (i) Securities                                | (II) Other                            |                      | 1000                                     |   |  |  |  |
|  |          | assets other than inventory  |                                       |                      |  |   |  |  |  |
|  | b        | Less cost or other basis   |                                       |                      |  |   |  |  |  |
|  |          | and sales expenses   |                                       |                      |  |   |  |  |  |
|  | C        | Gain or (loss)   |                                       |                      |  |   |  |  |  |
|  | d        | Net gain or (loss)   | · · · · · · · · · · · · · · · · · · · | 0                    | r en |   | 455 500 744  |  |  |
| Jue                                      | 8a       | Gross income from fundraising  |                                       |                      |  |   |  |  |  |
| eve                                      |          | events (not including \$<br>of contributions reported on line 1c)        |                                       |                      |  |   |  |  |  |
| <u>بر</u><br>8                           |          | See Part IV, line 18 a   |                                       |                      |  |   |  |  |  |
| Other Reven                              | b        | Less direct expenses b   |                                       |                      |  |   | - 12 (24 E   |  |  |
| Ŭ  | С        | Net income or (loss) from fundraising events.                            | <u></u> ▶                             | 0                    |  |   |  |  |  |
|  | 9a       | Gross income from gaming activities                                      |                                       | 10.45                |  | 25                                      | 3,516  |  |  |
|  |          | See Part IV, line 19 a   |                                       |                      |  |   |  |  |  |
|  | b        | Less direct expenses b   |                                       |                      | AND THE PROPERTY                         | #2.05_2                                 |  |  |  |
|  | С        | Net income or (loss) from gaming activities.                             | <u></u>                               | 0                    |  | <br>                                    |  |  |  |
|  | 10a      | Gross sales of inventory, less returns and allowances a                  |                                       |                      |  |   |  |  |  |
|  |          | Less cost of goods sold b  |                                       |                      |  | (1) P. (1)                              |  |  |  |
|  | b<br>b   | Net income or (loss) from sales of inventory.                            |                                       | 0                    | (  | 274                                     |  |  |  |
| Ī  |          | Miscellaneous Revenue  | Business Code                         | 25/26/2012/03/       |  |   |  |  |  |
| ſ  | <br>11a  | LAUNDRY & VENDING  | 453000                                | 1,361                |  |   | 1,361  |  |  |
|  | b        | MISCELLANEOUS INCOME   | 900099                                | 997                  | 997                                      |   |  |  |  |
|  | С        |  |                                       |                      |  |   |  |  |  |
|  | d        | All other revenue  |                                       |                      | BRADEL BROWNINGS                         |   |  |  |  |
|  | e        | Total Add lines 11a-11d  |                                       | 2,358                |  |   |  |  |  |
| JSA                                      | 12       | Total revenue See instructions   | <u></u>                               | 755,176              | 513,138                                  |   | 1,376  |  |  |
| 5E105                                    | 1 1 000  | 1  |                                       |                      |  |   | Form <b>990</b> (2015)                               |  |  |

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### Part IX Statement of Functional Expenses

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

| -        | Check if Schedule O contains a res   |                     |  |                                    |                        |
|----------|--|---------------------|--|------------------------------------|------------------------|
| Do       | not include amounts reported on lines 6b, 7b,  | (A)                 | (B)  | (C)                                | (D)                    |
| 8b,      | 9b, and 10b of Part VIII.  | Total expenses      | Program service expenses                       | Managèment and<br>general expenses | Fundraising expenses   |
| 1        | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0.                  |  |                                    |                        |
| 2        | Grants and other assistance to domestic individuals See Part IV, line 22                             | 0.                  |  |                                    |                        |
| 3        | Grants and other assistance to foreign   |                     |  | References                         |                        |
|          | organizations, foreign governments, and foreign  |                     |  |                                    |                        |
|          | individuals See Part IV, lines 15 and 16   | 0.                  |  | and the second second              |                        |
| 4        | Benefits paid to or for members  | 0.                  |  |                                    |                        |
| 5        | Compensation of current officers, directors, trustees, and key employees                             | 0.                  |  |                                    |                        |
| 6        | Compensation not included above, to disqualified   |                     |  |                                    |                        |
|          | persons (as defined under section $4958(f)(1)$ ) and   |                     |  |                                    |                        |
| ,        | persons described in section 4958(c)(3)(B)   | 77,149.             | 60 212   | 7.026                              |                        |
| 7        | Other salaries and wages   | 77,149.             | 69,213.  | 7,936.                             | _                      |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 0.                  |  |                                    |                        |
| 9        | Other employee benefits  | 0.                  |  |                                    | <del> </del>           |
| 10       | Payroll taxes  | J                   |  |                                    |                        |
| 11       | Fees for services (non-employees)  | 19,884.             | 9,939.   | 9,945.                             |                        |
|          | ı Management   | 0.                  | 3,333.   | 3,313.                             |                        |
|          | : Accounting   | 3,741.              |  | 3,741.                             |                        |
|          | Lobbying   | 0.                  |  |                                    |                        |
|          | Professional fundraising services See Part IV, line 17.  | 0.                  | SECTION AND AND AND AND AND AND AND AND AND AN | 11                                 |                        |
|          | Investment management fees   | 0.                  |  |                                    |                        |
| g        | Other (If line 11g amount exceeds 10% of line 25, column   |                     |  |                                    |                        |
|          | (A) amount, list line 11g expenses on Schedule O). ATCH .1.  | 171,630.            | 171,630.                                       |                                    |                        |
| 12       |  | 274.                |  | 274.                               |                        |
| 13       | Office expenses  | 0.                  |  | 2/4.                               |                        |
| 14<br>15 | Information technology   | 0.                  |  |                                    |                        |
| 16       | Royalties  | 91,969.             | 91,969.  |                                    |                        |
| 17       | Travel   | 9,685.              | 9,089.   | 596.                               |                        |
| 18       | Payments of travel or entertainment expenses   |                     | •  |                                    |                        |
|          | for any federal, state, or local public officials  | 0.                  |  |                                    |                        |
| 19       | Conferences, conventions, and meetings   | 0.                  |  |                                    |                        |
| 20       | Interest   | 0.                  |  |                                    |                        |
| 21       | Payments to affiliates   | 0.                  | 202 145  |                                    |                        |
| 22       | Depreciation, depletion, and amortization  | 303,145.<br>23,691. | 303,145.<br>23,691.                            | 3                                  |                        |
| 23       | Insurance  | 23,091.             | 23,091.  | SMETSKANTONALI ER                  |                        |
| 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)  | 24 的 数 数 数 数        |  |                                    |                        |
| а        | MAINTENANCE AND REPAIRS  | 78,056.             | 78,056.  |                                    |                        |
| b        | BAD DEBT EXPENSE   | 3,290.              | 3,290.   |                                    |                        |
| С        | OTHER EXPENSES   | 38,255.             | 38,255.  |                                    |                        |
| d        |  |                     |  | <u> </u>                           |                        |
|          | All other expenses   | 000 760             | 700 055  | 00.400                             |                        |
|          | Total functional expenses Add lines 1 through 24e  Joint costs. Complete this line only if the       | 820,769.            | 798,277.                                       | 22,492.                            | <u></u>                |
| 40       | organization reported in column (B) joint costs from a combined educational campaign and             |                     |  |                                    |                        |
|          | fundraising solicitation Check here  following SOP 98-2 (ASC 958-720)                                | 0.                  |  |                                    |                        |
| JSA      |  | l                   | <u> </u>                                       |                                    | Form <b>990</b> (2015) |

JSA 5E 1052 1 000

| _                | m 990 ( | · · · · · · · · · · · · · · · · · · ·  |           |   |  |  | Page 1 1               |
|------------------|---------|--|-----------|---|--|--|------------------------|
| Pá               | art X   |  | -         |   |  |  | 1 1                    |
|                  |         | Check if Schedule O contains a response of   | r note    | e to any line in this F                       | Part X   | <del></del>                              |                        |
|                  |         |  | _         |   | (A)<br>Beginning of year   |  | (B)<br>End of year     |
|                  | 1       | Cash - non-interest-bearing  |           |   | 87,236.  | 1  | 262,950.               |
|                  | 2       | Savings and temporary cash investments   |           |   | 33,231.  | 2  | 33,443.                |
|                  | 3       | Pledges and grants receivable, net   |           |   | 0.   | 3  | 0.                     |
|                  | 4       | Accounts receivable, net   |           |   | 326,244.   | 4  | 231,459.               |
|                  | 5       | Loans and other receivables from current and   | forme     | r officers, directors,                        |  | 140                                      | 40.54                  |
|                  |         | trustees, key employees, and highest co  | omper     | nsated employees                              |  |  |                        |
|                  |         | Complete Part II of Schedule L   | •         |   | 0.   | 5  | 0.                     |
|                  | 6       | Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu organizations (see instructions) Complete Part II of Sche  | , and o   | contributing employers employees' beneficiary | 0.   | 6  | 0.                     |
| ets              | 7       | Notes and loans receivable, net  |           |   | 0.   | 7  | 0.                     |
| Assets           | 8       | Inventories for sale or use  |           |   | 0.   | 8  | 0.                     |
| ⋖                | 9       | Prepaid expenses and deferred charges  |           |   | 13,006.  | 9  | 4,674.                 |
|                  | 10a     | Land, buildings, and equipment cost or   | ĺ         |   | 74.6 × 54.5 × 54 | \$15\81E                                 | 36                     |
|                  |         | other basis Complete Part VI of Schedule D   | 10a       | 6,377,662.                                    |  | 170                                      |                        |
|                  | h       | Less accumulated depreciation  |           |   |  |  | 2,800,857.             |
|                  | 11      |  |           |   | <del>                                     </del>   | 11                                       | 0.                     |
|                  | 12      | Investments - other securities See Part IV, line 11  |           |   |  | 12                                       | 0.                     |
|                  | 13      | Investments - program-related See Part IV, line 11   |           |   | }  | 13                                       | 0.                     |
|                  | 14      | Intangible assets  |           |   |  | 14                                       | 0.                     |
|                  | 15      | Other assets See Part IV, line 11  |           |   |  |  | 82,543.                |
|                  | 16      | Total assets. Add lines 1 through 15 (must equal   |           |   | 3,496,838.   |  | 3,415,926.             |
|                  | 17      |  |           |   | 95,368.  |  | 282,972.               |
|                  | 18      | Accounts payable and accrued expenses  |           |   |  |  | 0.                     |
|                  | 19      | Deferred revenue   |           |   |  | 19                                       | 0.                     |
|                  | 20      | Tax-exempt bond liabilities  |           |   |  | 20                                       | 0.                     |
|                  | 21      | Escrow or custodial account liability Complete Pa  | ···       | of Schedule D                                 | 0.   |  | 0.                     |
| s                | 22      | Loans and other payables to current and for  |           |   | **************************************   | · "^\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                        |
| Liabilities      |         | trustees, key employees, highest compen  |           |   |  |  |                        |
| Ē                |         | disqualified persons Complete Part II of Schedule  |           |   |  | 22                                       | 0 -                    |
| Ë                | 23      | Secured mortgages and notes payable to unrelate  |           |   |  | 23                                       | 1,068,798.             |
|                  | 24      | Unsecured notes and loans payable to unrelated   |           |   | 0.   |  | 0.                     |
|                  | 25      | Other liabilities (including federal income tax,   |           |   |  |  |                        |
|                  |         | parties, and other liabilities not included on lines   | -         |   |  |  |                        |
|                  |         | of Schodula D  |           | ,   | 531,364.   | 25                                       | 328,441.               |
|                  | 26      | Total liabilities Add lines 17 through 25  |           |   | 1,695,530.   | 26                                       | 1,680,211.             |
| Se               |         | Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and   | check     |   |  |  | 1,000,211              |
| Š                | 27      | Unrestricted net assets  |           |   | 1,438,344.   | 27                                       | 1,372,751.             |
| 3ala             | 28      | Temporarily restricted net assets  |           |   | 362,964.   | 28                                       | 362,964.               |
| Ď                | 29      | Permanently restricted net assets  |           |   | 0.   | 29                                       | , 0.                   |
| or Fund Balances |         | Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.  |           |   |  |  |                        |
|                  | 30      | Capital stock or trust principal, or current funds   |           |   | 172 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 30                                       |                        |
| Sel              | 31      | Paid-in or capital surplus, or land, building, or equ  | <br>Ipmen |   |  | 31                                       |                        |
| As               | 32      | Retained earnings, endowment, accumulated inco   | ome o     | or other funds                                |  | 32                                       |                        |
| Net Assets       | 33      | Total net assets or fund balances  |           |   | 1,801,308.   | 33                                       | 1,735,715.             |
| _                | 34      | Total liabilities and net assets/fund balances   | • • •     |   | 3,496,838.   | 34                                       | 3,415,926.             |
| _                |         | The second secon | <u> </u>  | · · · · · · · · · <u>· ·</u> · · · ·          | 1, 120,000   |  | Form <b>990</b> (2015) |

SABIN GROUP INC.

| Form 9 | 90 (2015)   |          |          | Pa                  | ge <b>12</b> |
|--------|---|----------|----------|---------------------|--------------|
| Par    | XI Reconciliation of Net Assets   |          |          |                     |              |
|        | Check if Schedule O contains a response or note to any line in this Part XI                           | <u> </u> | <u> </u> |                     |              |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |          | 755,1               | 176.         |
| 2      | Total expenses (must equal Part IX, column (A), line 25)  | 2        |          | 820,7               | 769.         |
| 3      | Revenue less expenses Subtract line 2 from line 1   | 3        |          | -65,5               | _            |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))             | 4        | 1        | ,801,3              | 308.         |
| 5      | Net unrealized gains (losses) on investments  | 5        |          |                     | 0.           |
| 6      | Donated services and use of facilities  | 6        |          |                     | 0.           |
| 7      | Investment expenses   | 7        |          |                     | 0.           |
| 8      | Prior period adjustments  | 8        |          |                     | 0.           |
| 9      | Other changes in net assets or fund balances (explain in Schedule O)                                  | 9        |          |                     | 0.           |
| 10     | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line         |          |          |                     |              |
|        | 33, column (B))   | 10       | 1        | ,735,7              | 715.         |
| Part   | XII Financial Statements and Reporting  |          |          |                     |              |
|        | Check if Schedule O contains a response or note to any line in this Part XII                          |          |          |                     | X            |
|        |   |          |          | Yes                 | No           |
| 1      | Accounting method used to prepare the Form 990 Cash X Accrual Other                                   |          |          | <b>(499)</b>        |              |
|        | If the organization changed its method of accounting from a prior year or checked "Other," of         | explair  | n in     |                     |              |
|        | Schedule O  |          |          |                     |              |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?       |          | 2        | a                   | X            |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were con        | npiled   | or 🌃     |                     |              |
|        | reviewed on a separate basis, consolidated basis, or both   | •        |          |                     | 100          |
|        | Separate basis Consolidated basis Both consolidated and separate basis                                |          |          |                     |              |
| h      | Were the organization's financial statements audited by an independent accountant?                    |          | 2        | b X                 |              |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were aud        |          |          | 75 1700             | NO.          |
|        | separate basis, consolidated basis, or both   |          |          | <b>第</b> 2000       |              |
|        | Separate basis X Consolidated basis Both consolidated and separate basis                              |          |          |                     |              |
| _      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for     | overs    | ıaht     |                     |              |
| ·      | of the audit, review, or compilation of its financial statements and selection of an independent ac   |          | - 1 -    | c X                 |              |
|        | If the organization changed either its oversight process or selection process during the tax year,    |          | 1000     | 10 10 X             |              |
|        | Schedule O  | -vhiaii  |          |                     |              |
| 3 3    | As a result of a federal award, was the organization required to undergo an audit or audits as se     | t forti  | h in     | manual Ziamourilla. |              |
| Ja     | the Single Audit Act and OMB Circular A-133?  |          |          | a                   | Х            |
| h      | If "Yes," did the organization undergo the required audit or audits? If the organization did not unit |          | ••• ⊢    | -                   | _            |
|        | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at   | _        | i i      | ь 📗                 |              |

Form **990** (2015)

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

|        |          | CDOUD INC  |                    |   |                        |              | 1 ' *                                   | -2510947                              |
|--------|----------|--|--------------------|---|------------------------|--------------|---|---------------------------------------|
|        |          | GROUP INC.   | with Chatra (All a |   |                        | - <b>4</b> b |   |                                       |
|        | rt I     | Reason for Public Cha                                      |                    |   | •                      |              | •                                       | <u> </u>                              |
|        | orga     | anization is not a private fou                             |                    | ,   | -                      | -            | •                                       |                                       |
| 1      | $\vdash$ | A church, convention of chi                                |                    |   |                        |              |   |                                       |
| 2<br>3 | $\vdash$ | A school described in secti<br>A hospital or a cooperative |                    |   |                        |              |   |                                       |
| 4      | H        |  |                    | =   |                        |              |   | Viui) Entar tha                       |
| 4      | ئا       | A medical research organize hospital's name, city, and si  |                    | conjunction with a not                            | spital de              | scribed ii   | n section 170(b)(1)(A)                  | Min). Enter the                       |
| 5      |          | An organization operated to                                |                    | a college or universit                            | v owner                | d or one     | erated by a governme                    | ental unit described in               |
| 3      | ш        | section 170(b)(1)(A)(iv). (C                               |                    | a conege of universit                             | ly Owner               | a or ope     | rated by a governme                     | sillar unit described in              |
| 6      |          | A federal, state, or local go                              |                    | rnmental unit describe                            | d in sect              | ion 170      | 'h\/1\(Δ\(ν)                            |                                       |
| 7      | $\vdash$ | An organization that normal                                | _                  |   |                        |              |   | om the general public                 |
| •      | ш        | described in section 170(b)                                |                    |   | ipport iii             | om a go      | verninental unit of its                 | om the general public                 |
| 8      |          | A community trust describe                                 |                    |   | Part II )              |              |   |                                       |
| 9      | X        | An organization that norma                                 |                    |   | -                      |              | contributions memb                      | ership fees and aress                 |
| 3      | ث        | receipts from activities rel                               | •                  |   |                        |              |   | ,                                     |
|        |          | support from gross invest                                  |                    | · · · · · · · · · · · · · · · · · · ·             |                        | -            |   |                                       |
|        |          | acquired by the organizatio                                |                    |   |                        |              | •                                       | taxy from basinesses                  |
| 10     |          | An organization organized                                  |                    |   |                        |              |   |                                       |
| 11     | $\vdash$ | An organization organized                                  | •                  | •   | -                      |              |   | rry out the numoses of                |
| • •    | لـــا    | one or more publicly suppo                                 | •                  | •   | •                      |              | •                                       | • • •                                 |
|        |          | the box in lines 11a through                               | =                  |   |                        |              |   |                                       |
| а      | Г        | Type I A supporting orga                                   |                    |   |                        |              |   |                                       |
| _      | _        | the supported organization                                 |                    | •   | -                      |              | -                                       |                                       |
|        |          | organization You must co                                   |                    |   | icci a iii             | ajonty o     | Tille directors or trus                 | accs of the supporting                |
| b      |          | Type II A supporting org                                   |                    |   | nnection               | with its     | supported organizati                    | on(s) by having                       |
| _      | _        | control or management of                                   |                    |   |                        |              | - · · · -                               | · · · · -                             |
|        |          | _ organization(s) You must                                 |                    | •   | the sam                | c pc/30/     | is that control of mar                  | age the supported                     |
| С      |          | Type III functionally integ                                |                    |   | ited in co             | onnectio     | n with and functiona                    | lly integrated with                   |
| ·      |          | _ its supported organization                               |                    |   |                        |              |   | ny miogratoa with,                    |
| d      |          | Type III non-functionally                                  |                    |   |                        |              |   | ted organization(s)                   |
| -      |          | that is not functionally inte                              |                    |   |                        |              |   | -                                     |
|        |          | _ requirement (see instruct                                |                    |   |                        |              |   |                                       |
| е      |          | Check this box if the orga                                 |                    |   |                        |              |   | II. Type III                          |
|        | ·        | functionally integrated, or                                |                    |   |                        |              | • | , .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| f      | Ent      | er the number of supported                                 |                    |   | -                      | -            |   |                                       |
| g      |          | vide the following information                             |                    |   |                        |              |   |                                       |
|        | (ı) Na   | ame of supported organization                              | (II) EIN           | (III) Type of organization                        |                        | organization | (v) Amount of monetary                  | (vi) Amount of                        |
|        |          |  |                    | (described on lines 1-9 above (see instructions)) | listed in you<br>docui | ur governing | support (see<br>instructions)           | other support (see instructions)      |
|        |          |  |                    | assis (see monusions)                             |                        |              | mondonone)                              | mondonor,                             |
|        |          |  |                    |   | Yes                    | No           |   |                                       |
| (A)    |          |  |                    |   |                        |              |   |                                       |
| (A)    |          |  |                    |   |                        |              |   |                                       |
| (B)    |          |  |                    |   |                        |              | Ti                                      |                                       |
| (0)    |          |  |                    |   |                        |              |   |                                       |
| (C)    |          |  |                    |   |                        |              |   |                                       |
| (0)    |          |  |                    |   |                        |              |   |                                       |
| (D)    |          |  |                    |   |                        |              |   |                                       |
| (5)    |          |  |                    |   |                        |              |   |                                       |
| (E)    |          | <del></del> ,  |                    |   |                        |              |   |                                       |
| (L)    |          |  |                    |   |                        |              |   |                                       |
| _      |          |  |                    |   |                        | THE THE      |   |                                       |
| Tota   | al       |  |                    | 证"还是中文的意  | 變變的                    | 機機           |   |                                       |

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

Schedule A (Form 990 or 990-EZ) 2015

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|      | 2010 11 (1 01111 000 01 000 22) 2010   |                                   |   |   |   |  |               |
|------|--|-----------------------------------|---|---|---|--|---------------|
| Pa   | (Complete only if you checke   | ed the box on l                   | line 5, 7, or 8                             | of Part I or if t                       | he organizatio                          | n failed to qua                        |               |
|      | Part III If the organization fa  | iis to quality ur                 | nder the tests                              | listed below, p                         | please comple                           | te Part III )                          |               |
|      | tion A. Public Support   | (a) 2011                          | (b) 2012                                    | (a) 2012                                | (4) 2014                                | (e) 2015                               | (f) Total     |
| Cale | endar year (or fiscal year beginning in)   | (a) 2011                          | (b) 2012                                    | (c) 2013                                | (d) 2014                                | (e) 2015                               | (I) Total     |
| 1    | Gifts, grants, contributions, and  |                                   |   |   |   |  |               |
|      | membership fees received (Do not include any "unusual grants")   |                                   | <u> </u>                                    |   |   |  |               |
| 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   | (V.37*1967-46*4620003002C78731000 | POSITION TO BE STORY & DATA & MACHINE STORY | A0000 100000000000000000000000000000000 | motorican grant don't ar a transport of | 00, H000000, V. J. JOPPHL V. OT. 2010G |               |
| 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  |                                   |   | 1987年                                   | (新) (A) (48)                            |  |               |
|      | tion B. Total Support  | (a) 2011                          | (b) 2012                                    | (c) 2013                                | (4) 2014                                | (e) 2015                               | (f) Total     |
| 7    | ndar year (or fiscal year beginning in)  | (a) 2011                          | (b) 2012                                    | (6) 2013                                | (d) 2014                                | (e) 2015                               | (i) rotai     |
| 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)  |                                   |   |   |   |  |               |
| 11   | Total support Add lines 7 through 10   |                                   |   | MINALE.                                 |   | 26.75.74E/25.5                         |               |
| 12   | Gross receipts from related activities, etc. (s  |                                   |   |   |   | 12                                     |               |
| 13   | First five years If the Form 990 is f organization, check this box and stop here   | or the organizat                  | ion's first, secor                          | nd, third, fourth,                      | or fifth tax yes                        | ar as a section                        | 501(c)(3)     |
| Sec  | tion C. Computation of Public Sup  |                                   |   |   |   |  | <del></del> - |
| 14   | Public support percentage for 2015 (li   | ne 6, column (f)                  | divided by line                             | 11, column (f))                         |   | 14                                     | %             |
| 15   | Public support percentage from 2014  | Schedule A, Pa                    | rt II, line 14                              |   |   | 15                                     | <u></u> %     |
| 16a  | 33 1/3 % support test - 2015. If the o   |                                   |   |   |   |  |               |
|      | this box and stop here. The organizati   |                                   |   |   |   |  |               |
| b    | 331/3% support test - 2014. If the c   |                                   |   |   |   |  |               |
|      | check this box and stop here. The org  |                                   |   | _                                       |   |  |               |
| 17a  | 10%-facts-and-circumstances test - 2   | _                                 |   |   |   |  |               |
|      | 10% or more, and if the organization   |                                   |   |   |   |  |               |
|      | Part VI how the organization meets to organization   |                                   |   | _                                       | •                                       | •                                      | upported      |
| b    | 10%-facts-and-circumstances test -   |                                   |   |   |   |  | and line      |
| _    | 15 is 10% or more, and if the organic  | <del>-</del>                      | ="  |   |   |  |               |
|      | Explain in Part VI how the organizati  |                                   |   |   |   |  | -             |
|      | supported organization   |                                   |   |   |   |  | >             |

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

Schedule A (Form 990 or 990-EZ) 2015

### 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)

| Sec              | tion A. Public Support  |                          |                                  |                                 |  |                   |            |
|------------------|---|--------------------------|----------------------------------|---------------------------------|--|-------------------|------------|
| Cale             | ndar 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")                                | 0                        | 0                                | 0                               | 0  | 240,662           | 240,662    |
| 2                | Gross receipts from admissions, merchandise                                   |                          |                                  | -                               |  |                   |            |
|                  | sold or services performed, or facilities                                     |                          |                                  |                                 |  |                   |            |
|                  | furnished in any activity that is related to the                              |                          |                                  |                                 |  |                   |            |
|                  | organization's tax-exempt purpose   | 595, 694                 | 569,103                          | 634,355                         | 666,383  | 513,138           | 2,978,673  |
| 3                | Gross receipts from activities that are not an                                |                          | -                                |                                 | •  |                   |            |
| •                | unrelated trade or business under section 513                                 |                          |                                  |                                 |  | 1,361             | 1,361      |
| 4                | Tax revenues levied for the   |                          |                                  |                                 |  |                   |            |
| •                | organization's benefit and either paid  |                          |                                  |                                 |  |                   |            |
|                  | to or expended on its behalf  |                          |                                  |                                 |  |                   | 0          |
| 5                | The value of services or facilities   |                          |                                  |                                 |  |                   |            |
| ,                | furnished by a governmental unit to the                                       |                          |                                  |                                 |  |                   |            |
|                  |   |                          |                                  |                                 |  |                   | 0          |
|                  | organization without charge   | 595,694                  | 560 103                          | 624 255                         | 666 303  | 755,161           | 2 220 606  |
| 6                | Total Add lines 1 through 5   | 393, 694                 | 569,103                          | 634,355                         | 666, 383   | 733,161           | 3,220,696  |
| / a              | Amounts included on lines 1, 2, and 3   |                          |                                  |                                 |  |                   |            |
| b                | received from disqualified persons Amounts included on lines 2 and 3          |                          |                                  |                                 |  | +                 | 0          |
| _                | received from other than disqualified   | 1                        |                                  |                                 |  |                   |            |
|                  | persons that exceed the greater of \$5,000                                    |                          |                                  |                                 |  |                   |            |
|                  | or 1% of the amount on line 13 for the year                                   |                          |                                  |                                 |  |                   | 0          |
|                  | Add lines 7a and 7b   | SPECA CONTRACTOR         | 4/14/99/12-2006/44/99/99/97/2006 | \$0036197_a74~678\$\\\\\\\\\\\\ | \$4606967\$7\$ |                   | 0          |
| 8                | Public support. (Subtract line 7c from  |                          |                                  |                                 |  |                   |            |
| <u> </u>         | line 6)   | <b>《《人》、人為</b> "大"、"大漢"。 | <b>办。被法法方,则</b>                  | arth fan Ara                    | <u>にてきを使わるごうか。い</u>  | 後に1786年 1972      | 3,220,696  |
|                  | tion B. Total Support   | (-) 2044                 | (5) 2042                         | (-) 2042                        | (4) 2044   | (=) 204E          | 40 Takal   |
|                  | ndar year (or fiscal year beginning in)                                       | (a) 2011                 | (b) 2012                         | (c) 2013                        | (d) 2014   | (e) 2015          | (f) Total  |
| 9                | Amounts from line 6   | 595,694                  | 569,103                          | 634,355                         | 666,383  | 755,161           | 3,220,696  |
| I U a            | Gross income from interest, dividends, payments received on securities loans, |                          | ļ                                |                                 |  |                   |            |
|                  | rents, royalties and income from similar                                      |                          |                                  |                                 |  |                   |            |
|                  | sources   | 165                      | 36                               | 41                              | 25   | 15                | 282        |
| ь                | Unrelated business taxable income (less                                       |                          | İ                                |                                 |  |                   |            |
|                  | section 511 taxes) from businesses  |                          |                                  |                                 |  |                   |            |
|                  | acquired after June 30, 1975  |                          |                                  |                                 |  |                   | 0          |
| С                | Add lines 10a and 10b   | 165                      | 36                               | 41                              | 25   | 15                | 282        |
| 11               | Net income from unrelated business  |                          |                                  |                                 | '  |                   |            |
|                  | activities not included in line 10b, whether or not the business is regularly |                          |                                  |                                 |  |                   |            |
|                  | carried on  |                          |                                  |                                 |  |                   | 0          |
| 12               | Other income Do not include gain or   |                          |                                  |                                 |  |                   |            |
|                  | loss from the sale of capital assets  |                          |                                  |                                 |  |                   |            |
|                  | (Explain in Part VI)  |                          |                                  |                                 |  |                   |            |
| 13               | Total support (Add lines 9, 10c, 11,  |                          |                                  |                                 |  |                   |            |
|                  | and 12)   | 595,859                  | 569,139                          | 634,396                         | 666,408  | 755,176           | 3,220,978  |
| 14               | First five years. If the Form 990 is  | for the organizat        | tion's first, secor              | nd, third, fourth,              | or fifth tax ye  | ear as a section  | 501(c)(3)  |
|                  | organization, check this box and stop here                                    | <u> </u>                 | <u> </u>                         | <u></u>                         |  |                   | <b>▶</b>   |
| Sec <sup>-</sup> | tion C. Computation of Public Sup   |                          |                                  |                                 |  |                   |            |
| 15               | Public support percentage for 2015 (line 8                                    |                          |                                  |                                 |  | 15                | 99.99%     |
| 16               | Public support percentage from 2014 Scho                                      |                          |                                  | <u> </u>                        |  | 16                | 99.98%     |
| Sec              | tion D. Computation of Investme   |                          |                                  |                                 |  |                   |            |
| 17               | Investment income percentage for 2015 (li                                     |                          |                                  |                                 |  | 17_               | .01%       |
| 18               | Investment income percentage from 2014  | Schedule A, Part         | III, line 17                     |                                 |  | 18                | .02%       |
| 19 a             | 331/3% support tests - 2015 If the or   |                          |                                  |                                 |  | e than 331/3%, a  | nd line    |
|                  | 17 is not more than 331/3%, check th  | ns box and stop          | here The orga                    | anization qualifies             | s as a publicly  | supported organiz | zation ► X |
| b                | 331/3% support tests - 2014 If the orga                                       | anization did not        | check a box on I                 | ine 14 or line 19               | a, and line 16 is  | more than 331/3   | %, and     |
|                  | line 18 is not more than 331/3 %, check                                       | this box and st          | op here The org                  | ganization qualifie             | es as a publicly   | supported organiz | zation 🕨 🔲 |
| 20               | Private foundation. If the organization                                       | did not check a          | a box on line 1                  | 4, 19a, or 19b                  | , check this bo  | x and see instru  | ictions ►  |

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| rning<br>ed by                   |                          |  |                |
|----------------------------------|--------------------------|--|----------------|
| status<br>oorted                 | 2                        |  |                |
| nswer                            | 3a                       |  |                |
| ) and<br>w the                   |                          |  |                |
| (2)(B)                           | 3b<br>3c                 | 235  | <u> </u>       |
| ")? If                           | 30<br><u>के-≎ं</u><br>4a |  |                |
| reign<br>retion                  | 4b                       | 600  |                |
| ation<br>used<br>(2)(B)          | 4c                       |  |                |
| Yes,"<br>EIN<br>ction,<br>ection | のない。                     |  |                |
| eady                             | 5a<br>5b                 | ille   |                |
|                                  | 5c                       | 3684F  |                |
| es) to<br>efited<br>ort or       |                          |  |                |
| butor<br>with                    | 6<br>7                   |  |                |
| ne 7?                            | 多<br>8                   | ئۆرى<br>ئۆرى                                     | 91.44<br>91.44 |
| more<br>ribed                    | 9a                       |  | 1000           |
| hich                             | 9b                       | 35   |                |
| enefit                           |                          |  |                |
| ction                            | 9c<br>10a                | 17. 3. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. |                |
| 0, to                            | 10b                      | 179.8K   |                |

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Schedule A (Form 990 or 990-EZ) 2015

| Part  | V Supporting Organizations (continued)   |           |                              |
|-------|--|-----------|------------------------------|
|       |  | Yes       | No                           |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?  |           |                              |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   | <u> </u>  |                              |
|       | below, the governing body of a supported organization?   | 11a       |                              |
|       | ` ' '  | 11b       |                              |
|       | 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.  on B. Type I Supporting Organizations   | 11c       |                              |
| 36011 | on b. Type roupporting Organizations   | Yes       | No                           |
|       |  |           | <u> </u>                     |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |           |                              |
|       | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or   |           |                              |
|       | controlled the organization's activities. If the organization had more than one supported organization,  |           |                              |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |           |                              |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year  | 1         |                              |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported  |           |                              |
|       | organization(s) that operated, supervised, or controlled the supporting organization? 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   |           | <b>2</b> **>                 |
| Sacti | on C. Type II Supporting Organizations   | 2         |                              |
| Secu  | on C. Type ii Supporting Organizations   | Vaa       | N.o.                         |
|       | and the second of the second o | 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   |           | -31                          |
|       | the supported organization(s)  | 1         |                              |
| Secti | on D. All Type III Supporting Organizations  |           |                              |
|       |  | Yes       | No                           |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior   |           |                              |
|       | tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of   |           |                              |
|       | the organization's governing documents in effect on the date of notification, to the extent not previously   |           | <b>张</b> "、"~                |
| _     | provided?  | 1         | 25-6-21-25-4<br>26-6-21-25-4 |
| 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  |           |                              |
| 3     | 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         |                              |
| Secti | 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 inst  | ructions) |                              |
| 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   |           |                              |
| С     | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see  | ( · · ·   | <del></del>                  |
| 2     | Activities Test Answer (a) and (b) below.  | Yes       | No                           |
| а     | 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        | ********                     |
|       | · .  |           | 7 3 S                        |
| 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 <b>Part VI</b> the  |           |                              |
|       | reasons for the organization's position that its supported organization(s) would have engaged in these   |           | 经分                           |
|       | activities but for the organization's involvement  | 2b        |                              |
| 3     | Parent of Supported Organizations Answer (a) and (b) below.  | <b>影</b>  |                              |
| а     | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |           | 23                           |
|       | trustees of each of the supported organizations? Provide details in Part VI.   | 3a        |                              |
| b     | production and an additional and additional and an additional and additional additional and additional addit | No.       |                              |
|       | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard   | 3b        |                              |

| ~     | ~ |
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|       |   |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ            | nizati  | ons                           |  |
|---|---------|-------------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | g trust | on Nov 20, 1970 See ins       | tructions. All   |
| other Type III non-functionally integrated supporting organizations must con      | nplete  | 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                    |         |                               |  |
| 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                   | 83      |                               |  |
| instructions for short tax year or assets held for part of year)                  |         |                               | a Selection of the Control of the Co |
| 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  | 36      |                               | #133645  |
| 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       | <b>第11字第473第213</b> 第         |  |
| 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       | Assertation and the           |  |
| 5 Income tax imposed in prior year  | 5       |                               |  |
| 6 Distributable Amount Subtract line 5 from line 4, unless subject to             |         | REAL CONTRACTOR               |  |
| emergency temporary reduction (see instructions)                                  | 6       |                               |  |
| 7 Check here if the current year is the organization's first as a non-functionall | y-inte  | grated Type III supporting of | organization (see  |
| instructions)   |         | 5                             | J  |

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Page 7

| Part     | Type III Non-Functionally Integrated 509(a)(3)              | Supporting Organiza  | tions (continued)  | . 290 1  |
|----------|---|--|--|--|
|          | on D - Distributions  |  |  | Current Year   |
| 1        | Amounts paid to supported organizations to accomplish e     | xempt purposes   |  |  |
| 2        | Amounts paid to perform activity that directly furthers exe |  | ed   |  |
|          | organizations, in excess of income from activity            |  |  |  |
| 3        | Administrative expenses paid to accomplish exempt purpo     | oses of supported organi   | zations  |  |
| 4        | Amounts paid to acquire exempt-use assets                   | осос стодруства ступпа   |  |  |
| 5        | Qualified set-aside amounts (prior IRS approval required)   |  |  |  |
| 6        | Other distributions (describe in Part VI) See instructions  |  |  |  |
| 7        | Total annual distributions. Add lines 1 through 6           |  |  | ,  |
|          | Distributions to attentive supported organizations to which | the organization is rest   | onsive   |  |
| _        | (provide details in Part VI) See instructions               | · ···· o · · · · · · · · · · · · · · ·   |  | ٠  |
| 9        | Distributable amount for 2015 from Section C, line 6        |  |  |  |
| 10       | Line 8 amount divided by Line 9 amount                      |  |  |  |
|          |   |  | (iı)   | (iii)  |
|          | Section E - Distribution Allocations (see instructions)     | (i)<br>Excess Distributions  | Underdistributions<br>Pre-2015   | Distributable<br>Amount for 2015   |
| 1        | Distributable amount for 2015 from Section C, line 6        |  | X540.400.400.400.0000  |  |
| 2        | Underdistributions, if any, for years prior to 2015         |  |  |  |
|          | (reasonable cause required-see instructions)                |  |  |  |
| 3        | Excess distributions carryover, if any, to 2015             | Telegraphic Control of the Control o |  | 7.   |
| а        |   |  | 39:32 (A) (A) (A) (A)  |  |
| b        |   |  | FIGURE AND   | REPRESENTATION OF THE PROPERTY |
| С        |   | 2 5 5 5 W  |  |  |
| · d      | From 2013   |  | Marie Control  | 654,00   |
| е        | From 2014   |  |  |  |
| f        | Total of lines 3a through e                                 |  |  | W. F. C.   |
| g        | Applied to underdistributions of prior years                |  |  | 7  |
| h        | Applied to 2015 distributable amount                        |  |  |  |
| i        | Carryover from 2010 not applied (see instructions)          |  |  |  |
| j        | Remainder Subtract lines 3g, 3h, and 3i from 3f             |  | A SURVEY AND THE SURV | A CONTRACTOR OF THE STATE OF TH |
| 4        | Distributions for 2015 from Section                         |  |  |  |
|          | D, line 7 \$  |  |  |  |
| а        | Applied to underdistributions of prior years                |  |  |  |
| b        |   | 37546  |  |  |
| С        | Remainder Subtract lines 4a and 4b from 4                   |  |  | 42.4   |
| 5        | Remaining underdistributions for years prior to 2015, if    | 7a 12 17a 17   |  |  |
|          | any Subtract lines 3g and 4a from line 2 (if amount         |  |  |  |
|          | greater than zero, see instructions)                        |  |  |  |
| 6        | Remaining underdistributions for 2015 Subtract lines 3h     | 36.447.6381.448.5573   |  |  |
|          | and 4b from line 1 (if amount greater than zero, see        |  |  |  |
|          | instructions)   |  |  |  |
| 7        | Excess distributions carry over to 2016 Add lines 3         | THE REAL PROPERTY OF THE PROPE | 7/0/   | \$21 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
|          | and 4c  |  |  |  |
| 8        | Breakdown of line 7   | SERVICE STATE OF THE SERVICE S |  |  |
| a        | Paragraphic   |  |  |  |
| <u>-</u> |   | TANALAN AND AND AND AND AND AND AND AND AND A  | and the second s |  |
| C        | Excess from 2013  |  | - Control of the Cont |  |
| d        | Excess from 2014  |  |  |  |
| e        | Excess from 2015  |  |  | The state of the s |
| <u> </u> |   | TAKAB KAKIMINI TAKABAN MANTAN MILANGA TAKA   |  | A (Form 990 or 990-EZ) 201   |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number SABIN GROUP INC. 74-2510947 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year. . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c С Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items For Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule D (Form 990) 2015

| Sche  | dule D (Form 990) 2015                   |             |                          |  |              |                      |        |          |                       |                    | F      | Page 2 |
|-------|--|-------------|--------------------------|--|--------------|----------------------|--------|----------|-----------------------|--------------------|--------|--------|
| Pai   | t III Organizations Maintainir           | ng Collec   | ctions of                | Art, His                               | torical T    | reasur               | res,   | or Oth   | ner Similar Ass       | ets (cor           | itinu  | ed)    |
| 3     | Using the organization's acquisition     | n, access   | sion, and                | other reco                             | rds, checl   | k any c              | of the | follow   | ring that are a sign  | gnificant          | use o  | of its |
|       | collection items (check all that appl    | ly)         | •                        |  |              | -                    |        |          |                       |                    |        |        |
| а     | Public exhibition                        | • •         |                          | d [                                    | loan         | or exch              | ange   | prograi  | ms                    |                    |        |        |
| b     | Scholarly research                       |             |                          | e                                      | Other        |                      | -      |          |                       |                    |        |        |
| c     | Preservation for future gener            | ratione     |                          | ٠ ـ                                    |              |                      |        |          |                       | <del></del>        |        |        |
|       | Provide a description of the organ       |             | collections              | and aval                               | ain haw i    | thou fu              | rthar  | the or   | aanization'e evem     | nt nurno           |        | Dart   |
| 4     | •  | IIZALIUII S | Collections              | s allu expi                            | ain now      | illey lui            | 111161 | the or   | gamzanons exem        | pt pulpo:          | SC 111 | rait   |
| _     | XIII                                     |             |                          |  |              |                      |        |          | - 41                  |                    |        |        |
| 5     | During the year, did the organization    |             |                          |  |              |                      |        |          |                       | □ v <sub>-</sub> - | _      | ٦ ., . |
|       | assets to be sold to raise funds rath    |             |                          | ained as pa                            | art of the o | organiz              | ation  | s collec | ction/                | Yes                |        | No     |
| Fal   | t IV Escrow and Custodial Ar             |             |                          | ·" · · · · · · · · · · · · · · · · · · | - 000 D      |                      | 0      |          |                       | -4 F-:             |        |        |
|       | Complete if the organizati               | ion answ    | ered res                 | s on Form                              | 1 990, Pa    | art IV, I            | me s   | , or re  | ported an amou        | nt on Foi          | m      |        |
|       | 990, Part X, Ime 21                      |             |                          |  |              |                      |        |          |                       |                    |        |        |
| 1 a   | Is the organization an agent, truste     |             |                          |  | -            |                      |        |          |                       | <b>—</b>           | _      | ٦      |
|       | included on Form 990, Part X?            |             |                          |  |              |                      |        |          |                       | Yes                | L      | No     |
| b     | If "Yes," explain the arrangement in     | n Part XIII | and comp                 | plete the fo                           | llowing tat  | ole                  |        |          |                       |                    |        |        |
|       |  |             |                          |  |              |                      | Щ      |          | Amount                |                    |        |        |
|       | Beginning balance                        |             |                          |  |              |                      |        |          |                       |                    |        |        |
| d     | Additions during the year                |             |                          |  |              |                      |        |          |                       |                    |        |        |
| е     | Distributions during the year            |             |                          |  |              |                      | 1e     |          |                       |                    |        |        |
| f     | Ending balance                           |             |                          |  |              |                      | 1f     |          |                       |                    |        |        |
| 2a    | Did the organization include an am       | ount on F   | orm 990,                 | Part X, line                           | 21, for e    | scrow                | or cu  | stodial  | account liability?    | Yes                |        | No     |
| b     | If "Yes," explain the arrangement in     | n Part XIII | Check h                  | ere if the e                           | xplanation   | has be               | en pr  | ovided   | on Part XIII          |                    |        | 1      |
| Par   | t V Endowment Funds.                     | •           |                          |  | •            | ·                    |        |          | •                     |                    |        |        |
|       | Complete if the organizati               | ion answ    | ered "Yes                | s" on Forn                             | n 990, Pa    | art IV, I            | ine 1  | 0        |                       |                    |        |        |
|       |  | (a) Curi    | rent year                | (b) Prid                               | or year      | (c) Tw               | o year | s back   | (d) Three years back  | (e) Four           | years  | back   |
| 1 a   | Beginning of year balance                |             |                          |  |              |                      |        |          |                       |                    |        |        |
|       | Contributions                            |             |                          |  |              |                      |        |          |                       |                    |        |        |
| b     |  |             |                          |  |              |                      |        |          |                       |                    |        |        |
| С     | Net investment earnings, gains,          |             |                          |  |              |                      |        |          |                       | 1                  |        |        |
|       | and losses                               |             |                          |  |              |                      |        |          |                       |                    |        |        |
|       | Grants or scholarships                   |             |                          |  | • •          |                      |        |          |                       |                    |        |        |
| е     | Other expenditures for facilities        |             |                          |  |              |                      |        |          |                       |                    |        |        |
|       | and programs                             |             |                          |  |              |                      |        |          |                       |                    |        |        |
|       | Administrative expenses                  |             |                          |  |              |                      |        |          |                       | -                  |        |        |
| g     | End of year balance                      |             |                          |  |              |                      |        |          |                       |                    |        |        |
| 2     | Provide the estimated percentage         |             | rent year                |  | e (line 1g,  | column               | ı (a)) | held as  |                       |                    |        |        |
|       | Board designated or quasi-endowm         |             |                          | _%                                     |              |                      |        |          |                       |                    |        |        |
|       | Permanent endowment                      |             |                          |  |              |                      |        |          |                       |                    |        |        |
| С     | Temporarily restricted endowment         |             |                          |  |              |                      |        |          |                       |                    |        |        |
|       | The percentages on lines 2a, 2b, a       |             |                          |  |              |                      |        |          |                       |                    |        |        |
| 3 a   | Are there endowment funds not in         | the posse   | ssion of th              | he organiza                            | ation that   | are hel              | d and  | l admır  | istered for the       | _                  |        |        |
|       | organization by                          |             |                          |  |              |                      |        | •        |                       |                    | Yes    | No     |
|       | (i) unrelated organizations              |             |                          |  |              |                      |        |          |                       | 3a(i)              |        |        |
|       | (ii) related organizations               |             |                          |  |              |                      |        |          |                       | 3a(iı)             |        |        |
| b     | If "Yes" on line 3a(ii), are the relate  | ed organiz  | ations liste             | d as requir                            | ed on Sch    | edule R              | ₹?     |          |                       | 3b                 |        |        |
| 4     | Describe in Part XIII the intended u     | ises of the | e organiza               | ition's endo                           | wment fur    | nds                  |        |          |                       |                    |        |        |
| Par   | t VI Land, Buildings, and Equi           | pment.      | 1.057                    |  | 200 5        |                      |        | 44 0     |                       |                    | 4.0    |        |
| _     | Complete if the organization of property | tion answ   | vered "Ye<br>(a) Cost or |  |              |                      |        |          |                       |                    |        |        |
|       | Description of property                  |             |                          | tment)                                 | (b) Cost o   | or otner ba<br>ther) | asis   |          | cumulated<br>eciation | (d) Book va        | lue    |        |
| 1a    | Land                                     |             |                          |  |              | 75,39                | 90.    |          |                       | 5                  | 75,3   | 390.   |
| b     | Buildings                                |             |                          |  | 5,7          | 17,01                | 13.    | 3,4      | 97,343.               | 2,2                |        |        |
| С     | Leasehold improvements                   |             |                          |  |              |                      |        |          | <del>-</del>          |                    |        |        |
| d     | Equipment                                | <u> </u>    |                          |  |              | 85,25                | 59.    |          | 79,462                |                    | 5.     | 797.   |
| e     | Other                                    |             |                          |  |              |                      | -+     |          | <u> </u>              |                    |        |        |
| _     | I. Add lines 1a through 1e (Column       | (d) must    | equal Forr               | n QQA Port                             | X colum      | 2 (B) Ir             | ne 10  | - 1      |                       | 2,8                | 00.8   | 357    |
| . 5.0 | arras mico la anough le (column          | ial mast    | oquar i om               | 000, r art                             | A, COIGITI   | , (D), m             | .5 ,00 | <i></i>  |                       | 2,0                | / -    |        |

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

| Complete if the organization answered                                | "Yes" on Form 990 | , Part IV, line 11b See Form 990, Part X,  | line 12  |
|--|-------------------|--|--|
| (a) Description of security or category (including name of security) | (b) Book value    | (c) Method of valuation<br>Cost or end-of-year market value  |  |
| (1) Financial derivatives  |                   |  |  |
| (2) Closely-held equity interests                                    |                   |  |  |
| (3) Other  |                   |  |  |
| (A)  |                   |  |  |
| (B)  |                   |  |  |
| (C)  |                   |  |  |
| (D)  |                   | · ·  | -  |
| (E)  |                   |  |  |
| (F)  |                   |  |  |
| (G)  |                   |  |  |
| (H)  |                   |  |  |
| Total (Column (b) must equal Form 990, Part X, col (B) line 12)      |                   |  | AND A  |
| Part VIII Investments - Program Related.                             |                   |  |  |
| Complete if the organization answered                                | "Yes" on Form 990 | , Part IV, line 11c See Form 990, Part X,  | line 13  |
| (a) Description of investment  | (b) Book value    | (c) Method of valuation<br>Cost or end-of-year market value  |  |
| _(1)   |                   |  |  |
| (2)  |                   |  |  |
| (3)  |                   | •  |  |
| (4)  | · · · · · ·       |  |  |
| (5)  |                   |  |  |
| (6)  |                   |  |  |
| (7)  |                   | -  |  |
| (8)  |                   |  |  |
| (9)  |                   |  |  |
| Total (Column (b) must equal Form 990, Part X, col (B) line 13)      |                   | <b>美國共產黨的</b> 國際,新國共和國共產黨共產黨的  | MANAYARA   |
| Part IX Other Assets.  |                   |  |  |
| Complete if the organization answered                                | "Yes" on Form 990 | , Part IV, line 11d See Form 990, Part X,  | line 15  |
| (a) Des  | scription         | (b) Bo   | ook value  |
| _(1)   |                   |  |  |
| (2)  |                   |  |  |
| (3)  | <del>_</del>      |  |  |
| (4)  |                   |  |  |
| (5)  |                   |  |  |
| (6)  |                   |  |  |
| _ (7)  |                   |  |  |
|  |                   |  |  |
| (9)  |                   |  |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) li           | ne 15)            |  |  |
| Part X Other Liabilities.  |                   |  |  |
|  | "Yes" on Form 990 | , Part IV, line 11e or 11f See Form 990, F   | art X,   |
| line 25  |                   | timbs straineria, and the about the active source of the s | La Cara La Cara Cara Cara Cara Cara Cara   |
| 1. (a) Description of liability                                      | (b) Book value    |  | . 10   |
| (1) Federal income taxes   |                   |  |  |
| (2) PREPAID RENT   |                   |  |  |
| (3) TENANT SECURITY DEPOSITS   | 18,0              | 740.   |  |
| (4) RELATED PARTY PAYABLE  | 310,4             |  | * ** #4 (A)  |
| (5)  |                   |  |  |
| (6)  |                   |  | The state of the s |
| (7)  |                   |  | **************************************   |
| (8)  |                   |  |  |
| (9)  |                   |  |  |
| Total (Column (b) must equal Form 990, Part X, col (B) line 25)      | <b>▶</b> 328,4    | 41.  |  |

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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Schedule D (Form 990) 2015

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

AMOUNTS REPORTED BY OTHER ENTITIES ON CONSOLIDATED

FINANCIAL STATEMENTS

483,162

SCHEDULE D, PART XII, LINE 2D

AMOUNTS REPORTED BY OTHER ENTITIES ON CONSOLIDATED

FINANCIAL STATEMENTS

544,929

### SCHEDULE J (Form 990)

### **Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23

► Attach to Form 990

2015

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| Employer identification number

SABIN GROUP INC. 74-2510947 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 3,5% Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant . Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment?.... Χ 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan?...... X 4b X c Participate in, or receive payment from, an equity-based compensation arrangement?..... 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a X 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 

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Schedule J (Form 990) 2015

SABIN GROUP INC.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization from the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

|                        |      | (B) Breakdown c          | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation                           | (C) Retirement and             | oldexetack (O) | (E) Total of columns | contranson (3)                                      |
|------------------------|------|--------------------------|--|---|--------------------------------|----------------|----------------------|---|
| (A) Name and Title     |      | (ı) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)(D)            | in column (B) reported as deferred on pnor Form 990 |
| CARL CLARK, MD         | Ξ    | 0                        | 0  | 0   | 0.                             | 0.             | 0                    | 0.  |
| O OF MHCD              | (11) | 333,815.                 | . 212,813.   | 1,390.                                    | 9,100.                         | 8,490.         | 565, 608.            | 0.  |
|                        | (ı)  | 0                        | .0   | 0.  | 0                              | 0              | 0                    | 0.  |
| CFO OF MHCD            | (II) | 268,461.                 | . 29,164.  | 2,793.                                    | 8,176.                         | 0              | 308,594.             | 0.  |
| CK                     | (ı)  |                          | .0   | 0.  | 0.                             | 0              | 0                    | 0.  |
| 3DIRECTOR & VP OF MHCD | Ξ    | 206,369.                 | 21,174.  | 615.                                      | 5,936.                         | 26,488.        | 260,582.             | 0.  |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 4                      | (11) |                          |  |   |                                |                |                      |   |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 5                      | Ξ    |                          |  |   |                                |                |                      |   |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 9                      | (ii) |                          |  |   |                                |                |                      |   |
|                        | (3)  |                          |  |   |                                |                |                      |   |
| 7                      | Ξ    |                          |  |   |                                |                |                      |   |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 8                      | (11) |                          |  |   |                                |                |                      |   |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 6                      | Ξ    |                          |  |   |                                |                |                      |   |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 10                     | Ξ    |                          |  |   |                                |                |                      |   |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 11                     | Ξ    |                          |  |   |                                |                |                      |   |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 12                     | Ξ    |                          |  |   |                                |                |                      |   |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 13                     | Ξ    |                          |  |   |                                |                |                      |   |
|                        | ε    |                          |  |   |                                |                |                      |   |
| 14                     | Ξ    |                          |  |   |                                |                |                      |   |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 15                     | Ξ    |                          |  |   |                                |                |                      |   |
|                        | Ξ    |                          |  |   |                                |                |                      |   |
| 16                     | Ξ    |                          |  |   |                                |                |                      |   |
|                        |      |                          |  |   |                                |                | Sch                  | Schedule J (Form 990) 2015                          |

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Schedule J (Form 990) 2015

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## Part | Supplemental Information

and for Part II Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, Also complete this part for any additional information

SCHEDULE J, PART I, LINE

EXECUTIVE COMPENSATION PROCESS:

THEIR POSITIONS AS EMPLOYEES OF MHCD. MHCD USES THE FOLLOWING PROCESS IN DIRECTORS ARE COMPENSATED BY MENTAL HEALTH CENTER OF DENVER (MHCD) FOR ALTHOUGH SABIN GROUP INC DOESN'T COMPENSATE ITS DIRECTORS, CERTAIN SETTING OFFICER COMPENSATION

FACTORS. THE BOARD HAS A CEO COMPENSATION SUBCOMMITTEE WHICH IS COMPRISED THE DATA REPORTED FROM LONGNECKER AND ASSOCIATES AS WELL AS MSEC DATA AND OF THE PERSONNEL COMMITTEE AND EXECUTIVE COMMITTEE MEMBERS WHO CONSIDER REGION, AND OTHER THE MHCD BOARD RETAINED THE FIRM OF LONGNECKER AND ASSOCIATES TO A NUMBER OF SURVEYS, COMPARING SALARIES BASED ON THE SIZE OF THE OTHER SOURCES OF INFORMATION IN DETERMINING THE CEO'S SALARY AND INCENTIVE COMPENSATION. THE PROCESS WAS LAST UNDERTAKEN IN 2015. APPROXIMATELY EVERY THREE YEARS. LONGNECKER AND ASSOCIATES USES COMPLETE A CEO SALARY COMPARABILITY STUDY. THIS IS COMPLETED ORGANIZATION, HEALTHCARE, MENTAL HEALTH, NON-PROFIT,

SIMILAR PROCESS IS UNDERTAKEN FOR THE OTHER OFFICERS AND KEY EMPLOYEES

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Schedule J (Form 990) 2015

Part | Supplemental Information Schedule J (Form 990) 2015

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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

OF THE ORGANIZATION. SIMILARLY, THE BOARD RETAINED THE SERVICES OF THE

FIRM, TOWERS AND WATSON, TO PREPARE A SALARY COMPARABILITY STUDY FOR

THESE OTHER INDIVIDUALS. THE BOARD THEN HAS OVERSIGHT AND COMMUNICATION

WITH THE CEO OVER THE EXECUTIVE TEAM COMPENSATION PACKAGES, REVIEWS

PERFORMANCE METRICS WITHIN THE COMPENSATION PACKAGE QUARTERLY, AND

AUTHORIZED THE CEO TO OPERATE WITHIN THE PARAMETERS OF THE AGREED UPON

COMPENSATION STRUCTURE. THIS PROCESS WAS LAST PERFORMED IN 2012 FOR THE

EXECUTIVE TEAM.

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Schedule J (Form 990) 2015

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

2015 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Inspection Employer identification number

Name of the organization

SABIN GROUP INC.

74-2510947

FORM 990, HEADER BOX B

SECTIONS OF RETURN AMENDED:

SABIN GROUP INC HAS AMENDED FORM 990 PART III, PART VIII, IX AND X,

SCHEDULE A PART III, SCHEDULE B PART II, SCHEDULE D PART VI, SCHEDULE D

PART XI, SCHEDULE D PART XII, AND SCHEDULE R, PART II.

THESE SECTIONS WERE AMENDED BECAUSE ANOTHER ENTITY WAS UNINTENTIONALLY INCLUDED IN THE ORIGINALLY FILED RETURN. THE AMENDED SECTIONS ALSO ARE PROPERLY REFLECTED ON FORM 990, PART I SUMMARY.

FORM 990, PART VI, SECTION A, LINES 6, 7A, 7B ORGANIZATION'S MEMBERS OR STOCKHOLDERS:

MENTAL HEALTH CENTER OF DENVER (MHCD) IS THE SOLE MEMBER OF SABIN GROUP, INC. MHCD APPOINTS, REMOVES, AND REPLACES THE MEMBERS OF THE BOARD OF DIRECTORS AND HAS THE SOLE AUTHORITY TO ALTER, AMEND, OR REPEAL THE ARTICLES OF INCORPORATION AND BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B FORM 990 REVIEW PROCESS:

THE FORM 990 IS REVIEWED BY BOTH THE CONTROLLER AND THE CFO OF MENTAL HEALTH CENTER OF DENVER (MHCD) BEFORE IT IS MADE AVAILABLE TO THE BOARD OF SABIN GROUP INC. AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

HOW THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED:

Name of the organization SABIN GROUP INC.

Employer identification number 74-2510947

ALTHOUGH SABIN GROUP INC. DOES NOT HAVE ITS OWN CONFLICT OF INTEREST POLICY, SABIN GROUP INC. FOLLOWS THE SAME CONFLICT OF INTEREST POLICY AND PROCEDURES AS MENTAL HEALTH CENTER OF DENVER (MHCD).

MHCD ANNUALLY REQUIRES ALL BOARD MEMBERS TO COMPLETE A CONFLICT OF

INTEREST FORM. CONFLICTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE

BOARD. BOARD MEMBERS WHO DISCLOSE CONFLICTS ARE REQUIRED TO REFRAIN FROM

DISCUSSING OR VOTING ON THE PARTICULAR TRANSACTION IN WHICH HE/SHE HAS AN

INTEREST, OR OTHERWISE ATTEMPTING TO EXERT ANY INFLUENCE ON MHCD OR ITS

COMPONENTS TO AFFECT A DECISION TO PARTICIPATE OR NOT PARTICIPATE IN SUCH

TRANSACTION. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE

DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

| ATTACHMENT | 1 |   |
|------------|---|---|
|            |   | _ |

### FORM 990, PART IX - OTHER FEES

|                        | (A)<br>TOTAL | (B)<br>PROGRAM | (C)<br>MANAGEMENT | (D)<br>FUNDRAISING |
|------------------------|--------------|----------------|-------------------|--------------------|
| DESCRIPTION            | FEES         | SERVICE EXP.   | AND GENERAL       | EXPENSES           |
| JANITORIAL SERVICES    | 158,751.     | 158,751.       |                   |                    |
| EXTERMINATION SERVICES | 12,879.      | 12,879.        |                   |                    |
| TOTALS                 | 171,630.     | 171,630.       |                   |                    |

### SCHEDULE R (Form 990)

Department of the Treasury

SABIN GROUP INC Name of the organization

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number 74-2510947

Information about Schedule R (Form 990) and its instructions is at www irs.gov/form990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

▶ Attach to Form 990

Related Organizations and Unrelated Partnerships

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33 (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part Part 1  $\Xi$ (2)3 9 9 3

(g) Section 512(b)(13) controlled ŝ × Yes (f) Direct controlling entity N/A Public chanty status (if section 501(c)(3)) <u>e</u> 7 LINE (d) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) ٥ ပ္ပ MENTAL HEALTH Primary activity 74-2499946 84-1171536 DENVER, CO 80222 DENVER, CO 80222 Name, address, and EIN of related organization MENTAL HEALTH CENTER OF DENVER 4141 EAST DICKENSON PLACE 4141 EAST DICKENSON PLACE (2) SABIN GROUP I

× × × × SABINGRP INC SABINGRP INC SABINGRP INC SABINGRP INC 10 σ 0 σ LINE LINE LINE LINE 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) S 00 ပ္ပ ဥ HOUSING HOUSING HOUSING HOUSING 74-2374685 31-1601975 47-2677053 DENVER, CO 80222-6012 DENVER, CO 80222 DENVER, CO 80222 4141 EAST DICKENSON PLACE 4141 EAST DICKENSON PLACE 4141 E DICKERSON PLACE LOWELL TERRACE CORP PARK EAST HOUSE INC WESLEY HOUSE INC 4 3 (2) 9 5

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Schedule R (Form 990) 2015

SABIN GROOF INC

Percentage Section (1)
Ownership controlled entity? Page 2 (k) Percentage ownership (J) General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year (g) Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total (h) Disproportenate ŝ income Yes (g) Share of end-of-year assets (e)
Type of entity
(C cop. S cop. or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling | (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Schedule R (Form 990) 2015 Part III Part IV 2 ව (2) <u>ල</u> Ξ 3 (5) (5) (9) 5 Ξ € 9

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Schedule R (Form 990) 2015

74-2510947

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Part V

Schedule R (Form 990) 2015 Method of determining Yes INTERCOMPANY × × 39 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Ę 1b 9 1p ø 9 9 e <u>1</u> ¥ 7 5 + 13 7 66,500. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Ω Performance of services or membership or fundraising solicitations for related organization(s) Lease of facilities, equipment, or other assets from related organization(s) . . . . . . . . . . . . . . . . . Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. . . Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property from related organization(s), Vame of related organization 6:46:57 PM LOWELL TERRACE CORP JSA 5E1309 1 000 Ε **c** 0 o T ۵ ۵ 7 s £ গ্ৰ 3 3 9 9

# Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | 17 5 % L | (t) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | I≘ ೫ ೫ ೭ L   | (k)<br>Percentage<br>ownership |
|--------------------------------------|----------------------|---|---|---|---------------------------------|--|----------|---|--------------|--------------------------------|
| (1)                                  |                      |   | sections 512-514)   | Yes   |                                 |  | Yes      |   | Yes          |                                |
|                                      |                      |   |   |   |                                 |  |          |   |              |                                |
| (2)                                  |                      |   |   |   |                                 |  |          |   |              |                                |
| (3)                                  |                      |   |   |   |                                 |  |          |   |              |                                |
|                                      |                      |   |   |   |                                 |  |          |   |              |                                |
| (4)                                  |                      |   |   |   |                                 |  |          |   |              |                                |
|                                      |                      |   |   |   |                                 |  |          |   |              |                                |
| (5)                                  |                      |   |   |   |                                 |  | ,        |   |              |                                |
| (9)                                  |                      |   |   |   |                                 |  |          |   |              |                                |
| 10.7                                 |                      |   |   |   |                                 |  |          |   |              |                                |
| (7)                                  |                      |   |   |   |                                 |  |          | _   |              |                                |
| (8)                                  |                      |   |   |   |                                 |  |          |   |              |                                |
| (6)                                  |                      |   |   |   |                                 |  |          |   |              |                                |
| (10)                                 |                      |   |   |   |                                 |  |          |   |              |                                |
| (11)                                 |                      |   |   |   |                                 |  |          |   |              |                                |
| (12)                                 |                      |   |   |   |                                 |  |          |   |              |                                |
| (13)                                 |                      |   |   |   |                                 |  |          |   |              |                                |
| (14)                                 |                      |   |   |   |                                 |  |          |   |              |                                |
| (15)                                 |                      |   |   |   |                                 |  |          |   |              |                                |
| (16)                                 |                      |   |   |   |                                 |  |          |   |              |                                |
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Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions)