

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A		the 2015 calendar year, or tax year beginning $-\mathtt{Jul}_{-1}$ , 2015, and ending	Jun 30	)	, 2016
<b>B</b>		k if applicable css change C Name of organization		D Employe	r identification number
┝	1	change FIGHT TO LEARN PROGRAM		75-3	023495
-	Initial re	Number and street (or P.O. box if mail is not delivered to street address)   Room/suit	te	E Telephon	e number
-	1	etum/terminated 29 Dewey Road		1215	) 635-0475
-	4	city or town, state or province, country, and ZIP or foreign postal code			<del></del>
-	4 ` -		7	F Group I	Exemption r ►
<u>-</u>		cation pending Cheltenham PA 19012 Duriting Method: X Cash Accrual Other (specify) ►			
ı					e organization is <b>not</b> Schedule B
٠.			1		Z, or 990-PF).
	I ax-ex	<u></u>	(1 0		.2, 0, 550 ( ),
Κ.		n of organization: X Corporation Trust Association Other			
L		lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more ets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		> 6	11,582.
P		Revenue, Expenses, and Changes in Net Assets or Fund Balances (se			<u> </u>
	* * **	Check if the organization used Schedule O to respond to any question in this Part I			X
	1	Contributions, gifts, grants, and similar amounts received		1	10,740.
	2	Program service revenue including government fees and contracts	. ) بسبستندست	2	842.
	3		ED	3	
	4	Investment income		4	
	5 a	Membership dues and assessments	0017	200	<del>                                     </del>
		b Less cost or other basis and sales expenses	10	1	
				-\ 5 c	
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	1. UI:		
R	i -	a Gross income from gaming (attach Schedule G if greater than \$15,000)			
R E V E	1	b Gross income from fundraising events (not including \$ of contrib	utions		
≃ E	"	from fundraising events (not including — or control from fundraising events reported on line 1) (attach Schedule G if the sum	JUUONS	10.50	
Z Z Z	j	of such gross income and contributions exceeds \$15,000)			
>	C	c Less direct expenses from gaming and fundraising events 6 c			
<b>-</b>		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6 d	
L.	7 a	a Gross sales of inventory, less returns and allowances			
<u>.</u>	b	b Less cost of goods sold			
ij	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
CANNED	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ 9	11,582.
7	10	Grants and similar amounts paid (list in Schedule O)		10	
<b>V</b> 8	11	Benefits paid to or for members		11	
Ę	12	Salaries, other compensation, and employee benefits		12	6,918.
ê	13	Professional fees and other payments to independent contractors		13	510.
N	14	Occupancy, rent, utilities, and maintenance		14	
XPENSES	15	Printing, publications, postage, and shipping			122.
3	16	Other expenses (describe in Schedule O)	rt I, Line 16 Other E	xpenses 16	5,098.
	17	Total expenses. Add lines 10 through 16		. ► 17	12,648.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1.066
ASSET	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with e	nd_of_veer	450	
EE	,,,	figure reported on prior year's return)		19	3,204.
T <sub>T</sub>	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20			2,138.
BA	A For	or Paperwork Reduction Act Notice, see the separate instructions.	<u> </u>		Form <b>990-EZ</b> (2015)

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	990-EZ (2015) FIGHT TO LEARN				75-	302	3495 Page 2
Par	till Balance Sheets (see the inst	ructions for Part II)					X
	Check if the organization used Sched	tule O to respond to any quest	ion in this Part II				<del></del>
22	Cash, savings, and investments		+	(A) Beginning (			(B) End of year
23	t and and buildings	· · · · · · · · · · · · · · · · · · ·			<u>967.</u>	22	485.
24	Land and buildings	See L-24 St	mt.		<u>      0                              </u>	23	0.
25	Total assets				<u>437.</u>	24	1,853.
26	Total liabilities (describe in Schedule O)				404.	25	2,338.
	Net assets or fund balances (line 27 of c				<u>200.</u>	26	200.
27				3,	204.	27	2,138. Expenses
Par	Statement of Program Service A Check if the organization used Sch	adula O to respond to any que	Structions for Part III)				
What	s the organization's primary exempt purpose? Pro	edule O to respond to any que	suon in triis Part III .		<del>_ [-]</del>		ired for section 501
Desc	the the organization's program service acc	complishments for each of its ti	hree largest program s	oren alter sch Services as	1001		and 501(c)(4) zations; optional
meas	nbe the organization's program service acc sured by expenses. In a clear and concise r fited, and other relevant information for eac	nanner, describe the services	provided, the number	of persons		or oth	
28	After school program for	<u>children ages 5-12</u>	<u>. Continued o</u>	<u>n attachme</u>	nt.	- 1	
						İ	
	7	is amount includes foreign gra			}		
	(Grants \$ 0.) If th	is amount includes foreign gra	nts, check here	<u> </u>		28 a	4,020.
29						}	
						}	
		,-, _, _,				]	
	(Grants \$ ) If th	is amount includes foreign gra	nts, check here	<u> </u>		29 a	. <u></u>
30						- [	
						1	
	(Grants \$ ) If th	s amount includes foreign gra	nts, check here	<u> </u>		30 a	
31	Other program services (describe in Schei	aule () $\nu$			· :	}	
		is amount includes foreign gra				31 a	
	Total program service expenses (add lir					32	4,020.
Par	List of Officers, Directors,						
	Check if the organization used School	edule O to respond to any que	stion in this Part IV .			<del>· · ·</del>	<u> </u>
		(b) Average hours per	(c) Reportable compensation	ູ (d) Health b	enents.	- 1	
	(a) Name and title	week devoted to	(Forms W-2/1099-MISC)	benefit plans, a	nd deferre		(e) Estimated amount of other compensation
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	COMBIDUDORS LD	nd deferre		
	ney Moore	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, at	nd deferre		
		week devoted to	(Forms W-2/1099-MISC)	benefit plans, at	nd deferre		
Pre	ney Moore	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, at	nd deferre	ed	other compensation
Pre Rob Tre	ney Moore sident, Ex. Director ena Moore asurer	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, at	nd deferre	ed	other compensation
Pre Rob Tre	ney Moore sident, Ex. Director ena Moore	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, as compens	nd deferre	0 <b>.</b>	O .
Pre Rob Tre Day Sec	ney Moore sident, Ex. Director ena Moore asurer ida Garr retary	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, as compens	nd deferre	0 <b>.</b>	other compensation
Pre Rob Tre Dav Sec Dav	ney Moore sident, Ex. Director ena Moore asurer ida Garr retary e Wilkes	week devoted to position  15.00  4.00	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, a compens	nd deferre	0. 0.	O .
Pre Rob Tre Day Sec Day Dir	ney Moore sident, Ex. Director ena Moore asurer ida Garr retary e Wilkes ector	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, a compens	nd deferre	0. 0.	O .
Pre Rob Tre Dav Sec Dav Dir Rob	ney Moore sident, Ex. Director ena Moore asurer ida Garr retary e Wilkes ector ert Beck	week devoted to position  15.00  4.00  2.00	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, an compens	nd deferre	0. 0.	0 . 0 . 0 .
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Pre Rob Tre Dav Sec Dav Dir Rob	ney Moore sident, Ex. Director ena Moore asurer ida Garr retary e Wilkes ector ert Beck	week devoted to position  15.00  4.00  2.00	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, an compens	nd deferri	0. 0.	0 . 0 . 0 . 0 .
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Pai	tV Other Information (Note the Schedule A and personal benefit contract statement requirement the instructions for Part V) Check if the organization used Schedule O to respond to any que	rements in stion in this F	Part V			. [
33	Did the organization engage in any significant activity not previously reported to the IRS?				Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	. <b></b>		33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		•	24		
35 =	a change to the diganization share contentions, explain the change on scriedule of (see instructions)			34	<del> </del>	X
	(such as those reported on lines 2, 6a, and 7a, among others)?			35a		х
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explar			35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6 reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	033(e) notice	e, 	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N			36		Х
<b>3</b> 7 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.	1	<b>创新</b>	11.00
	Did the organization file Form 1120-POL for this year?			37 b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emplo any such loans made in a prior year and still outstanding at the end of the tax year covered by this			38 a	ALLA X	. With C
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	1 212	Charles and	latabat.	No. of the last
39	Section 501(c)(7) organizations. Enter	12 40 A	1,313.		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	Initiation fees and capital contributions included on line 9	39 a		连续数		
t	Gross receipts, included on line 9, for public use of club facilities	39 b	·			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year	under:				100
	section 4911 ► , section 4912 ► , section 4955	. ▶				
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any set benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	tion 4958 ex	cess been	PAG	25 PAGE	162
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I			40 b		Х
•	: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organ managers or disqualified persons during the year under sections 4912, 4955, and 4958	ızation ►		THE SAME		
•	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbu		<del></del>			
	by the organization	. •		流波機		
€	All organizations At any time during the tax year, was the organization a party to a prohibited tax		-	1078 Fai	A STATE	X X
A1	shelter transaction? If 'Yes,' complete Form 8886-T			40 e		
	List the states with which a copy of this retain is med		<del></del>			
<b>42</b> a	The organization's					
	books are in care of R. Moore		ne no 🟲 (215)	635	047	<u>5</u>
	Located at 29 Dewey Road Cheltenham	<u>PA</u> ZI	P+4 19012		Yes	No.
t	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial.)			42 b	res	
	If 'Yes,' enter the name of the foreign country:	ai account;		420	TOYUS !	X
	The state of the s			F. 1		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				NEW Y		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAI	R)	****		
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	•	•	42 c		X
	If 'Yes,' enter the name of the foreign country:		!			
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 - Check	nere		•	• П	
	and enter the amount of tax-exempt interest received or accrued during the tax year		43			
					Yes	No
44 a	i Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ	completed i	nstead	44 a		_X_
t	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 mus instead of Form 990-EZ	st be complet	ted	.≾	in their	1937
	: Did the organization receive any payments for indoor tanning services during the year?			44 b		$\frac{X}{X}$
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?				D€6	X 定约
Č	If 'No,' provide an explanation in Schedule O			44 d	arn W.C.	1. Best
<b>45</b> a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			45 a		X

Form 990-E	Z (2015) FIGHT TO LEARN PROG	RAM	<u> </u>	75-302	23495	F	age 4
An Parket					V.28	Yes	No
	ne organization engage, directly or indirectly dates for public office? If 'Yes,' complete So				46	42.30	X
	Section 501(c)(3) organizations		· · · · · · · · · ·	<del> </del>		<u> </u>	1 /3
	All section 501(c)(3) organization	s must answer qu	estions 47-49b and 5	52, and complete the	e tables		
•	for lines 50 and 51.						
	Check if the organization used Schedule	O to respond to any qu	uestion in this Part VI	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del>. L</del>
	ne organization engage in lobbying activities					Yes	No
	lete Schedule C, Part II					ļ	X
	e organization a school as described in secti ne organization make any transfers to an ex					<del> </del>	X
	s,' was the related organization a section 52	•	-				<del>  ^</del>
<b>50</b> Comp	olete this table for the organization's five hig	hest compensated em	ployees (other than office	rs, directors, trustees and			<u></u>
emplo	oyees) who each received more than \$100,	000 of compensation f	rom the organization. If the	<del>7</del>	ı		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimates other com		
None							
				<del> </del>	<del> </del>		
					<b> </b>		
			<u> </u>	<b>_</b>	ļ		
			Ì		•		
f Total	number of other employees paid over \$100	,000 · · · · · ► 0		<u> </u>	L		
51 Comp	olete this table for the organization's five hig ensation from the organization. If there is n	hest compensated ind	ependent contractors who	each received more that	n \$100,000 c	of	
	(a) Name and business address of each independent con	<del></del>	/h\ Time	of service	(c) Comp	oncation	
	<u> </u>	<del></del>	(a) Type	OI BOI VICE	(c) comp	761138(101	
None			-[				
				· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·						
			-		ļ		
		·			ļ — ———		
			<u>-                                     </u>				
			_				
- Total	number of other understandent controllers	ash resource eves \$10	00.000				
52 Did th	number of other independent contractors en ne organization complete Schedule A? Note eleted Schedule A	e: All section 501(c)(3)	organizations must attach	ıa	. ► XYes		No
Under penalties	s of perjury, I declare that I have examined this return, inc	luding accompanying schedul	es and statements, and to the best	of my knowledge and belief, it is		<u> </u>	-1
true, correct, ar	nd complete Declaration of preparer (other than officer) is	based on all information of w	nich preparer has any knowledge	1125/201	7		
Sign Here	Signature of officer Ratives along			Date			
	Type or pnnt name and title						
	Print/Type preparer's name	Preparer's signature	Date /	Check X if	TIN		
Paid	Maureen McMahon	Marien	reprehas /2/3	////     .	0133492	8	
Preparer Use Only	Firm's name ► MAUREEN I. MCMA Firm's address ► 518 GAINSBORO R			Firm's EIN			
use Unity	Firm's address > 518 GAINSBORO R	OAD	PA 19026-	<del></del>	0) 626-	9526	

Form **990-EZ** (2015)

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

Department of the Treasury

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

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

Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

Internal Revenue Service Name of the organization

OMB No. 1545-0047 2015

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2015

Employer identification number FIGHT TO LEARN PROGRAM 75-3023495 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E2).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported (Iv) is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-9 support (see instructions) support (see instructions) your governing document? above (see instructions)) (B) (C) (D) (E)

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

Part-II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale: begii	ndar year (or fiscal year nning ín) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	12,169.	10,570.	7,340.	4,624.	10,740.	45,443.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0 -	0.	0.	. 0.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4	Total. Add lines 1 through 3	12,169.	10,570.	7,340.	4,624.	10,740.	45,443.
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)						23,838.
_		And the control of th	THE STATE OF THE STATE OF	The transfer of the second of	THE STREET STREET STREET	STATE STATE OF THE	23,030.
	Fublic support. Subtract line 5 from line 4						21,605.
	tion B. Total Support	Γ			<del></del>		
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	12,169.	10,570.	7,340.	4,624.	10,740.	45,443.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0.	0.	0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
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						45,443.
12	Gross receipts from related activiti	ies, etc. (see ınstru	ictions)			12	3,443.
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second, t	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ ∏
Sec	tion C. Computation of Pu						
14	Public support percentage for 201			I, column (f))		14	47.54 %
15	Public support percentage from 20	014 Schedule A, Pa	art II, line 14		. <b>.</b>	15	52.21 %
	a 33-1/3% support test — 2015. If and stop here. The organization of a 33-1/3% support test — 2014. If t	qualifies as a public the organization did	cly supported orga d not check a box o	nization on line 13 or 16a, a			this box
17 a	and stop here. The organization a 10%-facts-and-circumstances to or more, and if the organization meters the 'facts-a	est - 2015. If the ceets the 'facts-and	organization did no -circumstances' tes	t check a box on lii st, check this box a	ne 13, 16a, or 16b, and <b>stop here.</b> Exp	and line 14 is 10% lain in Part VI how	
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' test. The organization	st, check this box a n qualifies as a pub	and <b>stop here.</b> Exp olicly supported org	laın in Part VI how anization	the ▶ □
10	Private foundation. If the organiz	cauon did not checi	ka box on line 13,	roa, rou, rra, or	i ru, check this box	anu see mstructio	115 • 📘

## FIGHT TO LEARN PROGRAM

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

JULI	ion A. Public Support							
	lar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
	Gross receipts from admis-					<u></u>		
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's			-				
	tax-exempt purpose				L		1	
	Gross receipts from activities that are not an unrelated trade or business under section 513.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
_	Add lines 7a and 7b							
_		, 5° 5° 0° 7° 70° 4° 7°	5 00 TV 35-5 18 185	APRICULATION APPOILT	of the Carlot Carlo Physic Co. C.	-31	5. 41 5 41	<del></del>
	Public support. (Subtract line 7c from line 6.)		A STATE OF THE STA					·
Sec	tion B. Total Support	,		,	<del>,</del>	<del></del>		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
	Amounts from line 6	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	•	(t) Total
9 10 a	Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2018	D	(t) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2018	0	(r) Total
9 10 a b	Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2018		(r) Total
9 10 a b	Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2018		(r) Total
9 10 a b	Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2018		(r) Total
9 10 a b c 11	Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2018		(r) Total
9 10 a b c 11	Amounts from line 6	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)		
9 10 a b c 11 12	Amounts from line 6	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)		
9 10 a b c 11 12 13 14 Sec	Amounts from line 6	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)		
9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6	s for the organization here	on's first, second,	third, fourth, or fifth	tax year as a sect	tion 501(c)(3)		▶∏
9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pu Public support percentage from 20	s for the organizati top here blic Support F 5 (line 8, column (1	on's first, second, Percentage Odwided by line 1 art III, line 15	third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	15	
9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	s for the organizati top here blic Support F 5 (line 8, column (1 014 Schedule A, Pa vestment Inco	on's first, second, Percentage O divided by line 1 art III, line 15 me Percentage	third, fourth, or fifther the second of the	tax year as a sect	ion 501(c)(3)	15 16	LI'O QO
9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	s for the organizati top here blic Support F 5 (line 8, column (f 014 Schedule A, Pa vestment Incol	on's first, second, Percentage I) divided by line 1 art III, line 15 me Percentag	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	 15 16	▶ □
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	s for the organization here	on's first, second,  Percentage  ) divided by line 1: art III, line 15 me Percentag  olumn (f) divided by A, Part III, line 17	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	 15 16	▶ []  07  09  09  09
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	s for the organization here	on's first, second,	third, fourth, or fifth	itax year as a sect	tion 501(c)(3)	15 16 17 18 nd line	▶ □
9 10 a b c 11 12 13 14 Sec 17 18 19 a b	Amounts from line 6	s for the organization here	on's first, second, Percentage  I) divided by line 1st III, line 15 me Percentag  Solumn (f) divided by A, Part III, line 17 Id not check the both litere. The organization of check a both stop here. The o	third, fourth, or fifth	ltax year as a sect	ion 501(c)(3) n 33-1/3%, ar organization more than 33 ported organ	15 16 17 18 nd line	

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

<u> </u>	tion A. All Supporting Organizations		T V	T
		12 - 25	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		AND THE
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 (	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	THE	RZ2
ı	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 <b>Part VI</b> when and how the organization made the determination	3Ь		
•	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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4 :	a 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	4a		4000
ı	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	4b	100 mm	
•	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 6	a 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	A CONTRACTOR OF THE PARTY OF TH	
ŧ	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?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ŀ
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 <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	روز در	(j)1 'all' α (
9 a	a 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 <b>Part VI</b>	9a	が	
ŧ	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 <b>Part VI</b>	9ь	14 miles	
(	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or denve any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		WAR.
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	10a		
1	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.)	10b		( M. 1889)

	t:IV Supporting Organizations (continued)	93		raye :
ra	Supporting Organizations (continued)		Van	T No.
11	Has the organization accepted a gift or contribution from any of the following persons?	4 (4) 35	Yes	No No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	4.77		
	governing body of a supported organization?	11a	├	↓
	b A family member of a person described in (a) above?	11b		<b>↓</b>
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	<u> </u>	<u></u>
Sec	tion B. Type I Supporting Organizations			<del></del> .
		( <del></del>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in	3/37	100	TO A STATE
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove			
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			A Service
	applied to such powers during the tax year	7 (19)	- C.02	Last West bear
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 carned out the purposes of the supported organization(s) that operated, supervised, or controlled the	16 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.0	
	supporting organization	2	<u> </u>	<u> </u>
Sec	tion C. Type II Supporting Organizations		T	Т
		279425	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion 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	透過		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	िर्म्हरू <b>1</b>	APAME	1.26 3
	biganization o governing accommon an enection and date of neutrodicity to the extent flow providedly provided.			40.0
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	A A A A		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant	200		
•	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	- 135-136E	Carita
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,	):		
•	The organization satisfied the Activities Test. Complete line 2 below			
Į	The organization is the parent of each of its supported organizations. Complete line 3 below			
4	🗜 🔲 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
		!	·	
2	Activities Test. Answer (a) and (b) below.	(-Start	Yes	No
•	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	57.45		
	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	14 5 18 18 18 18 18 18 18 18 18 18 18 18 18		3000
	responsive to those supported organizations, and how the organization determined that these activities constituted	(2)	£199%	38 17.c
	substantially all of its activities	2a	-145 (B)	731 5 mg 8
1	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for	4.7.%	العالم على المراجعة المراجعة المراجعة	
	the organization's position that its supported organization(s) would have engaged in these activities but for the	-41.	1 84 M	25 18 25 W
	organization's involvement	2b		as the car :
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	7		
•	each of the supported organizations? Provide details in Part VI	3a		L
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its		4.23	130 1 10 1 10 1 10 1 10 1 10 1 10 1 10
ı	supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2015	FIGHT TO	LEARN	PROGRAM
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Гаг	TW/# 1 ype in Non-runctionally integrated 505(a)(5) Supporting Orga	111126	เมดแล	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.	loven tions	nber 20, 1970. <b>See instru</b> e A through E.	ctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of pnor-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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1 a	-	
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c).	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)	· · · · · · · · · · · · · · · · · · ·		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
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 pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	the national and willing a distributed and	 
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Typ	e III supporting organizatio	on
				000 CO CT 0045

rar	(3) Starting in Non-Functionally integrated 509(a)(3) St	ipporting Organiza	tions (continuea)	<del></del>
Sec	tion D — Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exempt purpos	es	<u></u>	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns, 	
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organiza in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	<b>可以是一个人的人的</b>	以"等""是,你们我们等了这	
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:		HEIGHER	TRAIDER VER
a		AND THE RESIDENCE OF THE PARTY	THE THE STATE OF T	型的 於 國際的
b	A CONTRACTOR OF THE PROPERTY O	<b>验证证证,还证证证证</b>	<b>多点。如此,他们是一个人的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们</b>	
C	PROPERTY OF THE PROPERTY OF TH	門斯索爾等品灣中心	部等的数数值的数据	的學術的學術的學術
<u>d</u>	From 2013	中国国际国际中国的政策	等。	<b>阿尔巴里里斯斯斯斯</b>
е	From 2014	FREE WALFACTE		
f	Total of lines 3a through e			<b>公司和证明的</b>
g	Applied to underdistributions of prior years	THE SHARE THE	· · · · · · · · · · · · · · · · · · ·	THEREMENTS
h	Applied to 2015 distributable amount	THE STREET		
i	Carryover from 2010 not applied (see instructions)	AND THE RESERVE THE	·治病病于是其一种原理	(\$P\$) [2] [2] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f		海路原於 法投資	FREE TO SERVE THE
4	Distributions for 2015 from Section D,	<b>注:2006年第四次</b>		CONTRACTOR OF STATE
	line 7: \$		1941年於自由學院的	<b>建设计算规则</b>
a	Applied to underdistributions of pnor years	AND		The Man Man and a series
	Applied to 2015 distributable amount	THE WAR THE	AND THE SERVICE AND THE SERVIC	
	Remainder. Subtract lines 4a and 4b from 4	an Mariana a Lower and on the last officer	PART OF TRANSPORT	
5	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			- Transaction of the state of t
7	Excess distributions carryover to 2016. Add lines 3j and 4c		多的多数形式更多	系统。 第二章
8	Breakdown of line 7:			を変えている。
b		THE PARTY SECTION		· 通信公告。在1955年中
	Excess from 2013			¥1.50 (\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	Excess from 2014			
	Excess from 2015			
		4.4.160 No. ) 4. 4. 5. 60 P. 2. 4.4. (4.1)	The extension on the property	the management of the property

BAA

Schedule A (Form 990 or 990-EZ) 2015

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

### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FIGHT TO LEARN PROGRAM

Employer identification number

75-3023495

4	(a) Name of disqualified person			(d) Corrects	
•		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					Г
(5)					
(6)					

	section 4958	<b>►</b> \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶\$	

## Part II Toans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Robina Moore	Treasurer	Cash requirements	. Х		700.	200.		Х	Х			Х
(2) Rodney Moore	President	personal exp.		Х	1,213.	1,113.		Х	Х			Х
(3)						_						
(4)							Ţ					
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total	<i>.</i>				<b>&gt;</b> \$	1,313.	80	of as	5 ,2	7,7,7	2 10 10	11 1 F

## Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (	Form 990 or 990-EZ)	2015	FIGHT	ΤO	LEARN	PROGRAM

75-3023495

Page 2

	<b>Transactions</b>		

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(2) (3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)