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TIN: 95-4309251 OMB No. 1545-0047

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990.

Open to Public Inspection

A F	or the	e 2015 ca	cale	ndar ye	ar, or t	ax yea	r begin	nning	01-0	1-201	5 , a	nd end	ing 12	2-31-	2015						
		pplicable:	С	Name of organization											D Employer identification number						
		change		GRACE RE	5OURCE	CENTER	INC										95-4309251				
○ Na	me cha	ange	L	Daine book													33-42	30323	,1		
	tial ret			Doing busi	ness as																
_		n/terminated I return	_	Number ar	nd street	(or P.O	hoy if m	ail is r	not deli	vered to	street	address)	Room	/suite			E Teleph	none ni	umber		
		on pending		45134 N S					not dem		50,000	aaa. coo,	1100111	., 50			(661)	940-	5272		
			H	City or tow	ın, state	or prov	nce, cour	ntry, a	and ZIP	or foreig	gn post	al code									
				LANCASTE	R, CA 9	3534											G Gross	receip	ts \$ 1,	818,977	
		Ī		Name a		ress of	principa	al offi	icer:						H(a) Is	this	a group	returi	n for		
				STEVE BAI 5134 N S		HIGHW	'AY										inates?			□Yes	s 🔽 No
				ANCASTE												re all Iclude	subordir	nates		☐ Ye	s ONo
I Tax	-exem	npt status:	: 🗸	501(c)(3)	501(c)() 4 ((insert	t no.)	☐ 49	947(a)(1) or (527					a list.	(see	instruction	ns)
J W	ebsit	e: ►													H(c) G	roup	exemption	on nu	mber	>	
															_			-			
K Forn	n of or	ganization:	ո։ 🕻	Corpora	ition [Trust	☐ Asso	ciatio	n 🗆 (Other 🕨					L Year	of forn	nation:		M Sta	ite of legal o	domicile:
Pa	rt I	Sumi Briefly des			annizat	ion's m	iccion o	r mo	st cian	ificant	activit	ioci									
an a		O DISTRI											IELESS	S.							
Governance	=																				
шa	_																				
Ş.	2	Check thi	nis h	nox 🕨 🗌																	
Ğ	_	Number of			mbers	of the	governin	ng bo	ody (Pa	rt VI, li	ine 1a)							3		2
×8	4	Number o	of i	ndepende	ent voti	ng mer	nbers of	f the	govern	ning bo	dy (Pa	rt VI, li	ne 1b)						4		0
Activities &	5	Total num	mbe	er of indiv	iduals (employ	ed in ca	lenda	ar year	2015	(Part \	/, line 2	a) .						5		0
ΙM	6	Total num	mbe	er of volui	nteers ((estima	te if nec	cessa	iry) .										6		
Ac	7a	Total unre	rela	ted busin	ess rev	enue fr	om Part	VIII	, colun	nn (C),	line 1	2.							7a		0
	ь	Net unrel	unrelated business taxable income from Form 990-T, line 34										7b								
																Prio	r Year			Current '	Year
	8	Contribut	ıtion	ns and gra	ants (Pa	art VIII	, line 1h	1) .													1,818,977
Revenue	9	Program :	ram service revenue (Part VIII, line 2g)													0					
e e	10	10 Investment income (Part VIII, column (A), lines 3, 4, a							and 7d) .										0	
œ		Other rev																			0
	12	Total reve	venu	ıe—add li	nes 8 t	hrough	11 (mu	st eq	ual Pa	rt VIII,	colun	nn (A), l	ine 12))							1,818,977
	13	Grants ar	and :	similar ar	nounts	paid (F	art IX, o	colun	nn (A),	, lines :	1-3)										0
	14	Benefits p	pai	d to or fo	r meml	oers (Pa	art IX, c	olum	ın (A),	line 4)											0
ç	15	Salaries,	, oth	ner comp	ensatio	n, emp	loyee be	enefit	ts (Part	t IX, co	lumn	(A), line	s 5-10	0)							1,087,811
Expenses	16a	Professio	ona	l fundrais	ing fee	s (Part	IX, colu	mn (A), line	e 11e)											0
Б	ь	Total fundr	draisi	ing expens	es (Part	IX, colur	nn (D), li	ine 25	5) ▶0												
ă		Other exp								11f-24	e) .		_								808,300
	18	Total expe	pens	ses. Add I	ines 13	3–17 (m	nust equ	ıal Pa	art IX,	column	n (A), l	ine 25)									1,896,111
		Revenue																			-77,134
e S															Begin	ning o	f Current	t Year		End of Y	
Net Assets or Fund Balances																					
Bal		Total asse		•													61	0,181			543,718
et A	21	Total liabi	biliti	es (Part)	(, line 2	26) .											16	6,244			176,905
ZΞ	22	Net asset	ets c	or fund ba	ılances.	. Subtra	act line 2	21 fro	om line	e 20 .							44	3,937	'		366,813
	t II			ure Blo																	
																				the best o which prep	
any k												`									
								-	Ci :							2016-0	05-09				
Sign		7						٤	signatur	re of offi	cer					Date					
Here	•											IVE DIRE	CTOR								
		7								print na		title									
				t/Type prep BARA ZULU		ame				s signatu ZULUET				Dat 201	e .6-05-09	Chec	k 🔽 if	PTIN P008	N 829775		
Paid					_			50			-				self-employed						
Pre					INTEC		NEV TEE	DACE									s EIN 🕨 3				
Use	On	ly F	Firm	's address				KACE								Phon	e no. (66	1) 272	-0300		
					ACTO	N, CA 9	3510														
May t	he IR	S discuss	s thi	is return	with the	e prepa	rer show	wn at	bove?	(see in	structi	ons) .							✓ Y	es 🗆 No	0

	Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y		Form 9	90 (2015
	Page 2			
Form	990 (2015)			Page 2
Par	Statement of Program Service Accomplishments			
1	Check if Schedule O contains a response or note to any line in this Part III	•		
	ROVIDE FOOD, SHELTER, CLOTHING, MEDICAL ASSISTANCE AND OTHER IMMEDIATE NEEDS TO THE THOUSANDS OF NEE LE LIVING IN OUR AREA	DY AN	D HOM	ELESS
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?	□ Y	es 🔽	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program			_
	services?		Yes	✓ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measures Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 1,842,530 including grants of \$) (Revenue \$ SOLICIT DONATIONS TO PROVIDE SERVICES AND FINANCIAL AIDE FOR THOSE	1,280,	838)	
4b	(Code:) (Expenses \$ 53,581 including grants of \$) (Revenue \$	174,	792)	
	CONDUCT COMMUNITY FUND RAISERS TO GENERATE ADDITIONAL FUNDS.			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	363,	346)	
	SOLICITY GRANTS TO INCREASE FUNDS AVAILABLE FOR COMMUNITY SUPPORT.			
d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
e	Total program service expenses ► 1,896,111			/2215
		ŀ	orm 9 !	90 (2015
	Page 3			
	990 (2015)			Page 3
	990 (2015) t IV Checklist of Required Schedules		Yes	Page 3
ar	The Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	Yes Yes	
ar 1	t IV Checklist of Required Schedules	1 2		
Par 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			No
Par 1 2	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2		No No
1 2 3	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3		No No No
1 2 3	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3		No No No
1 2 3 4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3 4		No No No
1 2 3 4 5 6	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5		No No No
1 2 3 4 5 6 7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7		No No No No
1 2 3 4 5 6 7 8	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5		No No No No
1 2 3 4 5 6 7 8	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7		No No No No
1 2 3 4 5 6 7 8 9	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8		No No No No No No No
1 2 3 4 5 6 7 8 9 110	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8		No N
Par 1 2 3 4 5 6 7 8 9 10 11 a	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Ti "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 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 Ti the organization report an amount for land, buildings, and equipment in Part X, line	2 3 4 5 6 7 8		No N
Par 1 2 3 4 5 6 7 8 9 10 11 a b	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 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 VI If the organization report an amount for land, buildings, and equipment in Part X, line 10? If the organization report an am	2 3 4 5 6 7 8 9	Yes	No N
Par 1 2 3 4 5 6 7 8 9 10 11 a b	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8 9 10	Yes	No No No No No No No No No
1 2 3 4 5 6 7 8 9 110 a b c	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 Section 501(c)(3) organizations. Did the organization angage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 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 If the organization report an amount for linvestments—other securities in Part X, line 12 that is 5% or mor	2 3 4 5 6 7 8 9 10	Yes	No N
1 2 3 4 5 6 7 8 9 LO L1 a b c d	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Is 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 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 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 V 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 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,	2 3 4 5 6 7 8 9 10 11a 11b	Yes	No N

	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			-	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?	42.			
b	If "Yes," complete Schedule D, Parts XI and XII	12a 12b		No No	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No	
15	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19	103	No	
20a	complete Schedule G, Part III	20a		No	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
			orm 99	0 (2015)	
	Page 4				
Fa. 450					
	990 (2015) t IV Checklist of Required Schedules (continued)			Page 4	
_	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21		No	
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			No	
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23			
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		No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	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		No	
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		No	
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		No	
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		No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No	
c	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		No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	280		No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
31	contributions? If "Yes," complete Schedule M	30		No	
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	32		No	
	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No	
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		No	

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

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

2.5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35D			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that			No	
20	is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.	37			
38	All Form 990 filers are required to complete Schedule O	38	Yes		
		F	orm 99	0 (2015)	
	Page 5				
Form	990 (2015)			Page 5	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	-	 Yes	No	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		165	140	
b	Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable . 1b 0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
2-	(gambling) winnings to prize winners?	1c		No	
Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			N.	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	20			
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
h	If "Yes," enter the name of the foreign country:	-td		No	
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
С	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	6a		No	
	solicit any contributions that were not tax deductible as charitable contributions?				
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	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 and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file				
	Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	٠,			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f			
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	, ,			
	required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	_		No	
9>	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No No	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No	
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	140			
_	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for				
	additional information the organization must report on Schedule O.	13a			
h	Enter the amount of receives the organization is required to maintain by the states in				

	Enter the amount of reserves the organization is required to maintain by the states in	1 1		1
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 00	0 (201E)
		F	oriii 99	0 (2015)
	Page 6 ————			
	, age o			
rm	990 (2015)			Page 6
art	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10 the circumstances, processes, or changes in Schedule O. See instructions.	b belo	w, des	cribe
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸
Se	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 2		Yes	No
	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 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	officers, director, trustees, or key employees. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			No
_	Did the avantination become aways during the year of a significant diversion of the avantination's posses?	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		No No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			140
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a		No
	Each committee with authority to act on behalf of the governing body?	8b		No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
١-	Did the arganization have local chapters, branches, or affiliates?	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11-		Me
h	form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		No
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	a		140
	conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
	Did the organization have a written whistleblower policy?	13		No
	Did the organization have a written document retention and destruction policy?	14		No
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	tion C. Disclosure	100		
	List the States with which a copy of this Form 990 is required to be filed			
	CA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
19	□ Own website □ Another's website □ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶STEVE BAKER 45134 N SIERRA LANCASTER, CA 93534 (661) 940-5272			

				Page	e 7	_					
n 990 (20	15)										Page 7
t VII	Compensation of Officers, I and Independent Contracto		stees	, Key	y Er	npl	oyee	s, H	lighest Comper	sated Employ	
	Check if Schedule O contains a res		o any lii	ne in	this	Part	VII				🗆
	A. Officers, Directors, Truste										
	this table for all persons required to	·		•					,		ganization's tax
	f the organization's current officer ion. Enter -0- in columns (D), (E),							or o	rganizations), rega	rdless of amount	
	the organization's current key em organization's five current highest of										
received	reportable compensation (Box 5 of and any related organizations.										
List all of	the organization's former officers,						sated	emp	loyees who receive	d more than \$100	,000
•	compensation from the organization the organization of the organiz		_				capac	itv a	as a former directo	r or trustee of the	
nization,	more than \$10,000 of reportable c	compensation fro	om the	orgar	nizat	ion a	and ar	ıy re	lated organizations	i.	
	n the following order: individual tru employees; and former such perso		rs; inst	itutio	nai i	rust	ees; c	ппсе	ers; key employees	; nignest	
Check th	is box if neither the organization no	1	rganiza	tion c			ated a	ny c	1	tor, or trustee.	
	(A) Name and Title	(B) Average	Positio	on (de	(C o no		eck m	ore	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list		oth a	ın of	ficer	and a		compensation from the	compensation from related	amount of other compensation
		any hours for related		direct	·			_	organization (W- 2/1099-	organizations (W- 2/1099-	from the organization and
		organizations below dotted	Individual trustee or director	Inst	Officer	Key 6	Highest compensated employee	Former	MISC)	MISC)	related organizations
		line)	idua	Institutional	Ø,	employee	est c	ier.			3
			ž Ž	nal T		loyee	duo				
			see	Truste			ens				
				96			ated				
TEVE BAKE	ER	40									
CTOR			X						61,447	0	0
ОНИ СООР		40	х						61 569	0	0
DIRECTO	R		^						61,568	0	0
TEVE BAK	ER	. 40	×						61,447	0	0
CTOR		0									
	ER	. 40	х						61,568	0	0
T DIR		0									
											Form 990 (2015)
											,
				Page	2 8						
				raye	. 0						
•	•										Page 8
n 990 (20 rt VII	115) Section A. Officers, Directors,	, Trustees, Ke	ey Emp			and	d Higi	nest	t Compensated I	Employees (cont	
	Section A. Officers, Directors,	(B)		oloye (C)	es,			hest	(D)	(E)	(F)
	(A) Name and Title	(B) Average Pos	sition (controlled to the controlled to the cont	(C)	ees,) t che	eck r	more erson		<u> </u>		tinued)

		organizations below dotted line)	Individ or dire	Institutional	Officer	Key employee	Highest compensated employee	Former	,	,	, ,		relat organiza	
		•,	ual tru	tional 1		ploye	t comp							
			stee	Trustee		Ф	pensat							
							ed							
												+		
										_				
	-Total						* *							
	al (add lines 1b and 1c)					hove	.V who	rece		246,030	20,000			
	reportable compensation from the c		to trios	e iist	eu ai	DOVE	e) WIIC	rece	eiveu iiioi	re tilali \$10	50,000			
D	id the organization list any former o	fficer, director	or trust	ee, k	ev er	olam	ovee, o	or hid	ahest con	npensated	emplovee on		Yes	No
li	ne 1a? If "Yes," complete Schedule J	for such indivi	dual .		•	•		•				3		No
0	or any individual listed on line 1a, is ganization and related organizations	greater than \$	\$150,00	0? <i>If</i>	"Yes	," cc	omple	te So	chedule J	for such				
	dividual										vidual for	4		No
	ervices rendered to the organization?											5		No
	ion B. Independent Contractor complete this table for your five higher		d indep	ende	nt co	ntra	ctors	that	received	more than	\$100,000 of com	pensa	ation	
fr	om the organization. Report compen	(A)		r year	end	ing v	with o	r wit	hin the o		(B)		(0	
	Name a	nd business addre	ess							Descr	ription of services		Comper	nsation
						_		_						
	I number of independent contractors pensation from the organization	(including but	not lim	iited t	to the	ose I	listed	abov	/e) who r	eceived mo	ore than \$100,000			o (2015)
												ı	rorm 99	0 (2015)
					Page	9								
rm 99	0 (2015) III Statement of Revenue													Page 9
	Check if Schedule O contains	a response or	note to	any l	ine ir			VIII				<u> </u>		
					Tota	(A al re	venue	;	Relat	B) ed or mpt	(C) Unrelated business		(D) Rever excluded	nue
									fund	ction enue	revenue		x under : 512-5	sections
	1a Federated campaigns											•		
	b Membership dues													
nts nts	c Fundraising events													
Grants	1c 174,792													
iits, ar Au	d Related organizations													
utions, Gifts, ıer Similar A	e Government grants (contributions)													
utions, Giffs, Grants er Similar Amounts	f All other contributions, gifts, grants,													
_														

Contrib and Oth	and similar amounts above	not included					
ng g	1f 1,644,18	<u>35</u>					
ه د	g						
	Noncash contribution in lines 1a-1f:\$	s included					
	h Total.Add lines 1a	ı-1f	1,818,977	7			
2			Business Code				
	2a						
riogialli sei vice meverime	b						
	С						
5	d						
	е						
	f All other program	service revenue.					
	g Total.Add lines 2a	ı–2f					1
	3 Investment incom similar amounts)	e (mcluding dividen	ds, interest, and oth	ier			
	4 Income from inves			•			
	5 Royalties			•			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expens	ses		1			
	c Rental income or (loss)	1	1				
				_			
	d		ı				
	Net rental income or	(loss)	•				
		(i) Securities	(ii) Other				
	7a Gross amount from sales of						
	assets other than inventory						
	b Less: cost or		<u> </u>	<u> </u> 			
	other basis and sales expenses						
	C Gain or (loss)			1			
	d		l				
	Net gain or (loss) .		•				
	8a Gross income fro (not including \$		is	1			
	contributions rep	orted on line 1c).					
	See Part IV, line	18	1_,				
			а	I			
	b Less: direct expe	enses	ь	1			
	2 2000. direct expe		-	1			
	с			J	b		
	Net income or (loss)		_				
	9a Gross income fro See Part IV, line	m gaming activities 19		7			
	121,6						
			a	'			
	b Less: direct expe	enses	b				
]			
	C	£					
	Net income or (loss)		ies				
	10aGross sales of inv returns and allow			1			
			а				
				J			
	b Less: cost of goo	ds sold	ь	ı			
				J			
	Not income or (loss)	from order of					
	Net income or (loss)	rrom sales of invent	Business Code				
		Miscellaneous		1			
	11a			<u> </u>			
	•				•	•	•

	1			
b				
	1			
-				
С	ĺ			
d All other revenue	1			
Total. Add lines 11a-11d				
12	1,818,97	77		
Total revenue. See Instructions	1,010,97	,,		
				Form 990 (2015
	— Page 10 ——			
	ruge 10			
990 (2015)				Page 10
t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other ora	anizations must comr	alete column (A)	
Check if Schedule O contains a response or note to any	_		(7.)	
ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraisingexpenses
Grants and other assistance to domestic organizations and				
domestic governments. See Part IV, line 21				
Grants and other assistance to individuals in the United States. See Part IV, line 22				
Grants and other assistance to governments, organizations,				
and individuals outside the United States. See Part IV, lines				
.5 and 16				
Benefits paid to or for members	122.015	122.015		
Compensation of current officers, directors, trustees, and tey employees	123,015	123,015		
Compensation not included above, to disqualified persons (as				
defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
Other salaries and wages	829,320	431,246	398,074	
Pension plan accruals and contributions (include section	14,607	,	14,607	
101(k) and 403(b) employer contributions)				
Other employee benefits	35,291		35,291	
Payroll taxes	85,578	44,501	41,077	
ees for services (non-employees):				
Management				
egal	2,100		2,100	
Accounting	2,100		2,100	
Professional fundraising services. See Part IV, line 17				
nvestment management fees				
Other (If line 11g amount exceeds 10% of line 25, column				
A) amount, list line 11g expenses on Schedule O)				
dvertising and promotion	9,975	9,975		
ffice expenses	34,344	29,192	5,152	
nformation technology				
oyalties				
ccupancy	440,148	303,702	136,446	
ravel				
ayments of travel or entertainment expenses for any ederal, state, or local public officials .				
Conferences, conventions, and meetings	4,487		4,487	
nterest	3,661		3,661	
Payments to affiliates				
Depreciation, depletion, and amortization				
nsurance	-		-	
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.)				

18,311

i	b			980					
•	С			75,116					
	d			2,250					
				·					
9	e All	other expenses		216,928	141,003	75,925			
25	Tota	I functional expenses. Add lines 1 through 24e		1,896,111	1,157,750		7:	38,361	0
26		t costs. Complete this line only if the organization rted in column (B) joint costs from a combined							
		ational campaign and fundraising solicitation.							
	Chec	k here 🕨 🗌 if following SOP 98-2 (ASC 958-720)).						
									Form 990 (2015
				Dago 11					
				—— Page 11 ————					
Form	n 990	(2015)							Page 1 1
Pa	rt X	Balance Sheet							
		Check if Schedule O contains a response or note	e to a	ny line in this Part IX .					🗆
					(A) Beginning of y	aar			(B) End of year
ı					Degining or y				70,776
	1	Cash-non-interest-bearing		•		120,215 33,353	2		16,329
	2	Savings and temporary cash investments				33,333	3		10,329
	4	Pledges and grants receivable, net	•	•			4		
	5	Loans and other receivables from current and for	mer c	officers directors			4		
	•	trustees, key employees, and highest compensat					5		
	6	II of Schedule L Loans and other receivables from other disqualific	ed ne	rsons (as defined under					
	•	section 4958(f)(1)), persons described in section							
		contributing employers and sponsoring organizations (soluntary employees' beneficiary organizations (soluntary employees)			:		6		
t2	-	II of Schedule L					7		
Assets	7	Notes and loans receivable, net				8			
As	8 9	Inventories for sale or use	•	•			9		
		Land, buildings, and equipment: cost or other					9		
	IUa		10a	492,450					
	b	Less: accumulated depreciation	10b	35,837		456,613	10c		456,613
	11	Investments—publicly traded securities .					11		
	12	Investments—other securities. See Part IV, line 1	1.				12		
	13	Investments—program-related. See Part IV, line	11 .	•			13		
	14	Intangible assets					14		
	15	Other assets. See Part IV, line 11					15		
	16	Total assets.Add lines 1 through 15 (must equa	l line	34)		610,181	16		543,718
	17	Accounts payable and accrued expenses	-				17		
	18	Grants payable					18		
	19	Deferred revenue	•				19		
	20	Tax-exempt bond liabilities					20		
es	21 22	Escrow or custodial account liability. Complete Pa Loans and other payables to current and former					21		
Ξ	22	key employees, highest compensated employees							
Liabilities		persons. Complete Part II of Schedule L $$. $$.					22		
	23	Secured mortgages and notes payable to unrelate	ted th	ird parties		159,804	23		176,905
	24	Unsecured notes and loans payable to unrelated	third	parties			24		
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24). Complete Part X of Schedule D		s to related third parties,		6,440	25		
	26	Total liabilities. Add lines 17 through 25				166,244	26		176,905
S	ļ	Organizations that follow SFAS 117 (ASC 95	0) -1	and have by and					
ce		complete lines 27 through 29, and lines 33 a							
	27	Unrestricted net assets				443,937	27		366,813
Ba	28	Temporarily restricted net assets	•				28		
pui	29	Permanently restricted net assets					29		
F		Organizations that do not follow SFAS 117 (
0	30	check here \bullet and complete lines 30 three Capital stock or trust principal, or current funds	ough 				30		
ets	31	Paid-in or capital surplus, or land, building or equ					31		
ASS	32	Retained earnings, endowment, accumulated inco					32		
et	33	Total net assets or fund balances				443,937	33		366,813
Z	34	Total liabilities and net assets/fund balances .				610,181	34		543,718

	Page 12 ————				
orm	990 (2015)				Page 12
Par	XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	.818.977
2	Total expenses (must equal Part IX, column (A), line 25)	2			,896,111
3	Revenue less expenses. Subtract line 2 from line 1	3			-77,134
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			443,937
5	Net unrealized gains (losses) on investments	5			443,337
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	· · · · · · · · · · · · · · · · · · ·	9			
	Other changes in net assets or fund balances (explain in Schedule 0)	10			266 012
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			366,813
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of	nn a			
	separate basis, consolidated basis, or both:	,,, u			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: $\frac{1}{2}$	basis,			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
٦-	A				
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	igie	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red			
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Yes	
			F	orm 99	0 (2015)
orm	990 (2015)				
	ditional Data		Data		
Au			Returi	n to Fo	rm
	Software ID: 15000260				
	Software Version:				
orn	n 990, Special Condition Description:				
	Special Condition Description				

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a

5

1,261,168

1,345,728

1,527,580

1,903,301

1,818,977

7,856,754

TIN: 95-4309251

OMB No. 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		ne organization URCE CENTER INC			<u>, </u>					Emplo	yer identifica	tior	number
				() !!						95-430			
	art I organiz	Reason for Public Chation is not a private foundation								See inst	ructions.		
1		A church, convention of ch				- 5	,	, -	,	(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Sch	edul	e E (Form 9	90 or	990-EZ))				
3		A hospital or a cooperative			•		•			iii).			
4		A medical research organiz	zation operat	_				-		-	1)(A)(iii). En	ter t	he hospital's
5		An organization operated f			lege or univer	sity	owned or op	erate	d by a gov	ernment	al unit describ	ed ir	section
6		170(b)(1)(A)(iv). (Comp A federal, state, or local go			nental unit de	scrib	ed in sectio	n 170)(b)(1)(A)(v).			
7	✓	An organization that norma		,					. , , , ,	,,,	om the general	l pul	olic described in
8		section 170(b)(1)(A)(vi A community trust describe				(Com	nplete Part I	I.)			-		
9	from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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. Seesection 509(a)(2). (Complete Part III.)												
11		3			,	•	•				o carry out the	nur	nosos of one or
		An organization organized more publicly supported or lines 11a through 11d that	ganizations	described	in section 50	9(a)	(1) or section	n 509	(a)(2). Se	e sectio	n 509(a)(3).		
а		Type I. A supporting organization(s) the power complete Part IV, Section	to regularly	appoint o									
b		Type II. A supporting organization of the support	anization sup rting organiz	ervised of ation ves									
c		must complete Part IV, Type III functionally int			g organization	n ope	erated in cor	nectio	on with, ar	nd functi	onally integrat	ed w	rith, its
d		supported organization(s) Type III non-functionall functionally integrated. The instructions). You must constructions.	. ly integrate e organizatio	d. A supp n genera	oorting organi Ily must satisf	zatio y a o	n operated i	in con	nection wi	th its su			
e f g	Enter	Check this box if the organ integrated, or Type III non the number of supported o Provide the following inform	nization recei -functionally rganizations	ved a wri	tten determin ed supporting	atior orga	n from the II inization.		t it is a Ty	ре I, Тур	oe II, Type III i	func	tionally
	Name o	f supported organization	(ii)EIN	Type of (descri	(iii) organization bed on lines above (see ructions))	Is	(iv the organiz our governin	ation l		monet	(v) nount of cary support nstructions)		(vi) mount of other support (see instructions)
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	art II	Support Schedule f		zations	Described	in S	Sections 1	70(h)(1)(A)	(iv) an	d 170(h)(1)(Δ	Page 2
		(Complete only if you If the organization fa	ı checked tl	he box c	on line 5, 7,	or 8	of Part I o	or if th	ne organi	zation f	failed to qual		
		A. Public Support			ı								
(or		year year beginning in) rants, contributions, and	(a)2011	L	(b) 2012		(c) 2013		(d) 2014		(e)2015		(f)Total
	membe	ership fees received. (Do not any unusual grants.)		1,261,168	1,345	,728	1,5	27,580	1	1,903,301 1,818,977		977	7,856,754
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support development, subtract lines in from Public support. Subtract lines in from Section B. Total Support Calendary vaer (or fiscal year beginning in) ▶ Or fiscal year beginning in } Public support percentage for 2015 Girn G. rollwarm (f) divided by line 11, rollwarm (f)) . 14	governmentai unit	or publicly		l .	İ			
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9 Amounts from line 6 0a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income	Part III Sup (Conthe of the of	prort Schedule for mplete only if you organization fails to support Ining in tributions, and is received. (Do not sual grants."). In admissions, do received to the exexpent purpose of a cities furnished in its related to the exexpent purpose of activities that are trade or business 3 ied for the inefit and either paid in its behalf. Indices or facilities overnmental unit to without charge. I through 5. do n lines 1, 2, and disqualified persons do n lines 2 and 3 mer than disqualified end the greater of the amount on line 7b. (Subtract line 7c	checked the boo qualify under	ns Described i x on line 9 of Pa the tests listed	n Section 509 art I or if the org below, please o	janization failed omplete Part II.) , ,	r Part II. If
dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income	Part III Sup (Con the of Section A. Public Calendar year (or fiscal year begin 1 Gifts, grants, con membership fees include any "unus 2 Gross receipts fro merchandise sold performed, or fac any activity that i organization's tax	prort Schedule for mplete only if you organization fails to support Ining in tributions, and a received. (Do not sual grants."). On admissions, dor services cilities furnished in its related to the exexempt purpose or activities that are trade or business 3 ied for the inefit and either paid in its behalf inces or facilities overnmental unit to without charge. 1 through 5. do no lines 1, 2, and disqualified persons do no lines 2 and 3 ner than disqualified eed the greater of the amount on line 7b (Subtract line 7c	(a)2011	ns Described in x on line 9 of Parthe tests listed (b)2012	n Section 509art I or if the org below, please of (c)2013	(d)2014	(e)2015	r Part II. If
securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income	Part III Sup (Con the of Section A. Public Calendar year (or fiscal year begin 1 Gifts, grants, con membership fees include any "unus 2 Gross receipts fro merchandise sold performed, or fac any activity that io organization's tav	prort Schedule for mplete only if you organization fails to support Ining in) Intributions, and is received. (Do not sual grants."). In admissions, do received of the section of the sec	(a)2011	ns Described in x on line 9 of Parthe tests listed (b)2012	n Section 509art I or if the org below, please of (c)2013	(d)2014	(e)2015	r Part II. If
income from similar sources. b Unrelated business taxable income	Part III Sup (Con the content of the	prort Schedule for mplete only if you organization fails to support Ining in) Intributions, and is received. (Do not sual grants."). Om admissions, dor services cilities furnished in its related to the exexempt purpose of activities that are trade or business 3 ided for the interest and either paid in its behalf inces or facilities overnmental unit to without charge 1 through 5. do no lines 1, 2, and disqualified persons do no lines 2 and 3 mer than disqualified eed the greater of the amount on line 7b (Subtract line 7c Support Ining in) ne 6 om interest,	(a)2011	ns Described in x on line 9 of Parthe tests listed (b)2012	n Section 509art I or if the org below, please of (c)2013	(d)2014	(e)2015	r Part II. If
	Section A. Public Calendar year (or fiscal year begin 1 Gifts, grants, con membership fees include any "unus 2 Gross receipts fro merchandise sold performed, or fac any activity that i organization's tax	prort Schedule for mplete only if you organization fails to support Ining in tributions, and a received. (Do not sual grants."). Or admissions, dor services cilities furnished in its related to the exexempt purpose or activities that are trade or business 3 ied for the inefit and either paid in its behalf inces or facilities overnmental unit to without charge. 1 through 5. do no lines 1, 2, and disqualified persons do no lines 2 and 3 ner than disqualified eed the greater of the amount on line 7b (Subtract line 7c Support Ining in line in the interview on interest, lents received on	(a)2011	ns Described in x on line 9 of Parthe tests listed (b)2012	n Section 509art I or if the org below, please of (c)2013	(d)2014	(e)2015	r Part II. If
	Section A. Public Calendar year (or fiscal year begin 1 Gifts, grants, con membership fees include any "unus 2 Gross receipts fro merchandise sold performed, or fac any activity that i organization's tax 3 Gross receipts fro not an unrelated under section 51: 4 Tax revenues levi organization's bei to or expended or 5 The value of serv furnished by a go the organization 5 Total. Add lines 7 Amounts included 3 received from of received from of persons that exce \$5,000 or 1% of 13 for the year. c Add lines 7 a and 8 Public support. from line 6.) Section B. Total 3 Calendar year (or fiscal year begin 9 Amounts from lin 10a Gross income fro dividends, paym securities loans, income from sim	prort Schedule for mplete only if you organization fails to support Ining in tributions, and is received. (Do not sual grants."). Om admissions, dor services cilities furnished in its related to the exexempt purpose of activities that are trade or business 3 ied for the interest and either paid in its behalf inces or facilities overnmental unit to without charge 1 through 5. don lines 1, 2, and disqualified persons don lines 2 and 3 mer than disqualified eed the greater of the amount on line 7b (Subtract line 7c Support Ining in line 6 om interest, ients received on rents, royalties and nilar sources.	(a)2011	ns Described in x on line 9 of Parthe tests listed (b)2012	n Section 509art I or if the org below, please of (c)2013	(d)2014	(e)2015	r Part II. If

	businesses acquired after June 30,			
С	1975. Add lines 10a and 10b.			
11	Net income from unrelated business activities not included in line 10b,			
۱2	whether or not the business is regularly carried 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.).			
4	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) check this box and stop here.			_
Se	ction C. Computation of Public Support Percentage			
.5	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))			
Se	Public support percentage from 2014 Schedule A, Part III, line 15			
۱7	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17			
18 102	Investment income percentage from 2014 Schedule A, Part III, line 17	ne 17	is not	
	nore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	•	-	
b	33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1			18 is
20	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			
	Schedule A (Form 990	or 99	0-EZ)	2015
	Page 4			
che	dule A (Form 990 or 990-EZ) 2015			Page 4
	t IV Supporting Organizations			age 🕇
(Co	Implete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 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 Sections A and D, and complete Part V.)			lete
Se	ction A. All Supporting Organizations			
_			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	_		
2	Did the organization have any supported organization that does not have an IRS determination of status under section	1		
_	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).			
		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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.	4a		
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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by			
	amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.	•		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	6		
	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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"			
	provide detail in Part VI.	9a		
b	provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	9a		
	provide detail in Part VI .	9a 9b		

10a	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 line 10b below.	10a				
D	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				
	Schedule A (Form 990		0-EZ)	2015		
	Page 5					
Sche	dule A (Form 990 or 990-EZ) 2015			age 5		
	t IV Supporting Organizations (continued)			age 3		
			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) below, the governing body of a supported organization?					
h	A family member of a person described in (a) above?	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.	11c				
Se	ection B. Type I Supporting Organizations		Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such		.03			
	powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting					
	organization.	2				
Se	ection C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
		1				
Se	ection 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 provided?					
		1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the	2				
	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				
Se	ection 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 instruction and the second	ions):				
ā						
ŀ						
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınstru	ctions)			
2	Activities Test. Answer (a) and (b) below.		V	NI.		
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		Yes	No		
	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.	3-				
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	2a				
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.	20				
ā	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a				
	the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its					
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b				

9 Distributable amount for 2015 from Section C, line 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true. Type III non-functionally integrated supporting organizations must complete Se			nstructions. All other
	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 instructions for short tax year or assets held for part of year):	1		
ā	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	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 prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Continue C. Distributable Assessed		1	Current Year
	Section C - Distributable Amount			Odiferit Tear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	2		
2	Enter 85% of line 1			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-ir instructions)	ntegrate	ed Type III supporting	g organization (see
	Page 7		Schedule A	(Form 990 or 990-EZ) 2015
	Page 7 ————			
Scho	dule A (Form 990 or 990-EZ) 2015			5
		\	i-ations (souting	Page 7
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions	n yanı	izations (continu	Current Year
				Current rear
	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported o	organiz	ations, in	
	excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes of supported organization	ns		
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 organization is responsi details in Part VI). See instructions			

Software ID: 15000260

Software ID: 15000260 **Software Version:**

TIN: 95-4309251

OMB No. 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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. ► Attach to Form 990.

Revenue Service I						
ne of the organiz CE RESOURCE CENTER	ation R INC			Empl	oyer identif	ication number
					309251	
	ations Maintaining Donor if the organization answere			s or Acco	ounts.	
Complete	th the organization answere	(a) Donor advise		(b)F	iunds and oth	er accounts
Total number at	end of year	(a) Donor davises	Tulius	(5)	unus unu oti	ici accounts
	of contributions to (during					
year)	or contributions to (during					
Aggregate value	of grants from (during year)					
Aggregate value	at end of year					
33 3	on inform all donors and donor	Advisors in writing that t	he assets held in donor	advised		
	anization's property, subject to t					☐ Yes ☐
Did the organizati	on inform all grantees, donors,	and donor advisors in wr	iting that grant funds o	an be		
used only for char	itable purposes and not for the nissible private benefit?	benefit of the donor or d	onor advisor, or for any	other pur	pose	
						Yes
	ation Easements. Complet			orm 990,	Part IV, line	2 /.
	servation easements held by the	-				
	of land for public use (e.g., rec	reation or education)	Preservation of			
□ Protection of □	natural habitat		☐ Preservation of	a certified	historic struc	cture
☐ Preservation	of open space					
	through 2d if the organization l	neld a qualified conserva	tion contribution in the	form of a		
	last day of the tax year.			122	Held at the	e End of the Yea
	ricted by conservation easement			2a 2b		
	vation easements on a certified			20 2c		
	vation easements included in (c)		• •	2d		
	the National Register	acquired diter 0/17/00,	and not on a mistoric	Zu		
lumber of conser	vation easements modified, trar	nsferred, released, exting	juished, or terminated	by the orga	anization dur	ing the
	where property subject to conse		•	-		
Does the organiza	ition have a written policy regar	ding the periodic monito	ring, inspection, handli	_ ng of violat		0
Does the organiza and enforcement	ntion have a written policy regard of the conservation easements i	ding the periodic monito t holds?	ring, inspection, handli			Yes No
Does the organiza and enforcement	ition have a written policy regar	ding the periodic monito t holds?	ring, inspection, handli			
Does the organiza and enforcement Staff and voluntee	ation have a written policy regar of the conservation easements i er hours devoted to monitoring,	ding the periodic monito t holds?	ring, inspection, handli	g conserva	tion easemen	ts during the year
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Does the organization denforcement of Staff and voluntees Amount of expenses Ooes each conservations	ation have a written policy regar of the conservation easements i er hours devoted to monitoring, ses incurred in monitoring, inspe	ding the periodic monito tholds?	ring, inspection, handli ring, inspection, handli riolations, and enforcing requirements of section	g conservation en a construction of the constr	tion easements du	ts during the year
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Does the organiza and enforcement and enforcement Staff and volunted Amount of expens \$	ation have a written policy regar of the conservation easements is the property of the conservation easements is the property of the conservation easements is the property of the conservation easement reported on linux of the property of	ding the periodic monito tholds?	ring, inspection, handling, inspection, handling, inspection, handling, including and enforcing constant and experiments of sections in its revenue and expensions of the end of	servation en 170(h)(4) pense statatements ther Sin statement in furthera s. ement and rtherance	tion easement easements du (B)(i) ement, and that describe and balance of public Il balance she of public serv \$ \$	ts during the year ring the year Yes No s S. sheet works of service, et works of art, ice, provide the e D (Form 990):
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coes the organization denforcement of the first state of the organization of the organ	tion have a written policy regar of the conservation easements is the hours devoted to monitoring, as incurred in monitoring, inspectively action easement reported on line ()(4)(B)(ii)?	ding the periodic monito tholds?	ring, inspection, handling in inspection, handling in inspection, and enforcing constant and enforcing constant in its revenue and expanization's financial state of the inspection of the inspe	g conserval servation e 170(h)(4 pense stat atements ther Sin statement in furthera s. ement anc rtherance inancial ga No. 522830	tion easements du (B)(i) ement, and that describe illar Asset and balance of public I balance she of public serv \$ \$	ts during the year ring the year Yes No s S. sheet works of service, et works of art, ice, provide the De D (Form 990): Pe S (continued) f its collection

4	Part X	ie a description or the d III.	organization's cone	eccions and	і ехріаіі і	now they it	iruier uie	e organiza	เนบเา 5 6	exempt purp	ose III		
5		g the year, did the orga s to be sold to raise fun									□ Ye	es 🗆 ı	No
Par	t IV	Escrow and Custo Complete if the org line 21.			" on Fo	rm 990, Pa	rt IV, lii	ne 9, or	report	ed an amo	ount on f	Form 990,	Part X,
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?													
b	If "Yes	s," explain the arranger	ment in Part XIII a	and comple	ete the f	ollowing tabl	e:				Amount		_
c	_	ning balance							1c				_
d e		ons during the year . . outions during the year						H	1d 1e				_
f		g balance						-	1f				_
2a	Did th	e organization include	an amount on For	m 990, Pa	rt X, line	21, for escr	ow or cu	ustodial ac	count I	iability?	_ Y	es 🛂 I	No
b	If "Yes	s," explain the arranger	ment in Part XIII.	Check here	e if the e	explanation h	nas been	provided	in Part	XIII		\square	
Pai	t V	Endowment Fund	is. Complete if									T	
1a i	Beainni	ng of year balance .		(a)Currer	nt year	(b)Prior	/ear	(c)Two yea	ars back	(d)Three y	ears back	(e)Four yea	ars back
		utions											
c I	Net inve	estment earnings, gain	s, and losses										
		or scholarships	ŀ										
		expenditures for facilitie	es										
		strative expenses .											
g l	nd of	year balance											
2		le the estimated percer	_	nt year end	d balanc	e (line 1g, co	olumn (a)) held as	:				
a		designated or quasi-er	ndowment 🕨										
b c		orarily restricted endow	ment b										
·		ercentages on lines 2a,		d equal 10	0%.								
3a		ere endowment funds	not in the possess	sion of the	organiza	ition that are	e held an	nd adminis	tered f	or the		-	
	_	ization by: related organizations									3	Yes Ba(i)	No
		elated organizations .									3	a(ii)	
ь 4		s" on 3a(ii), are the relations in the interior in the interior.	-		•						• _	3b	<u> </u>
	t VI	Land, Buildings,			ii s enuc	willent fullu	5.						
		Complete if the org	ganization answ	ered 'Yes'									
	Descrip	otion of property	(a) Cost or othe (investmen		(b)Cos	t or other basi	s (other)	(c)Accui	mulated	depreciation		(d)Book valu	ie
1a	and .			220,000									220,000
b	Building	js		157,392									157,392
c I	easeho	old improvements											
d I	quipm	ent		115,058						35,837	7		79,221
_)00 D	. V1	(D) /:	10(-))					
Tota	. Add I	ines 1a through 1e.(Co	numn (a) must eq	uai Form 9	190, Part	x, column (B), IINE	10(c).) .	•	Sc	hedule I	D (Form 9	456,613
										30	cuule l	- (. 01111 9	20, 2015
						Page 3 —							
Sched	lule D ((Form 990) 2015											Page 3
		Investments□Ot	her Securities	. Complet	e if the	organizati	on ansv	wered 'Ye	es' on	Form 990,	Part IV,	line 11b.	r uge u
		See Form 990, Part	t X, line 12.	category			(b)Book	y I		(c)Method	d of valua	tion:	
			ng name of securi				value		Cos	st or end-of-			
		derivatives											
	osely-r ther	neld equity interests											
(A)													
(B)													
(C)													
(D)													
(E)													
(F)													
(G)													
(H)													
Total.	(Colum	n (b) must equal Form 990), Part X, col. (B) line	2 12.)		•		1					

See Form 990, Part X, line 13. (a) Description of investment	(b) Book v		(c) Method of valuatio ost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered (a) Description	'Yes' on Form 990), Part IV, line 11d.		e 15.) Book value
(1)) book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities. Complete if the organization an			•	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value		
(1) Federal income taxes				
DAVIOLI TAVEC		0.56		
PAYROLL TAXES		9,560		
SALES TAX		2,143	2	
CITY OF LANCASTER		150,20	3	
GRACE CHAPEL		15,000	0	
(5)				
(6)				
(7)				
(8)			1	
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	176,90	5	
2. Liability for uncertain tax positions. In Part XIII, provide the text of t		-		
organization's liability for uncertain tax positions under FIN 48 (ASC 74	10). Check here if	r the text of the foo		n Part XIII U Form 990) 201
	Page 4 ———			
Schedule D (Form 990) 2015 Part XI Reconciliation of Revenue per Audited Finance	cial Statemer	ste With Dovon	io nor Poturn	Page 4
Complete if the organization answered 'Yes' on Fo	orm 990, Part I	V, line 12a.	<u> </u>	
 Total revenue, gains, and other support per audited financial stat Amounts included on line 1 but not on Form 990, Part VIII, line 1 			1	
a Net unrealized gains (losses) on investments		2a		
b Donated services and use of facilities	_	2b		
c Recoveries of prior year grants	_	2c 2d		
e Add lines 2a through 2d	<u> </u>		2e	

4	Amounts included on Form 990, Part VIII, line 12, but	ut not on line 1:				
а	Investment expenses not included on Form 990, Par	t VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal	Form 990, Part I, line 12.)			5	
Par	t XII Reconciliation of Expenses per Aud Complete if the organization answered				r Retu	rn.
1	Total expenses and losses per audited financial state	ments			1	
2	Amounts included on line 1 but not on Form 990, Pa	rt IX, line 25:				
а	Donated services and use of facilities		2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part IX, line 25, but	not on line 1:				
а	Investment expenses not included on Form 990, Par	t VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4c. (This must equa	l Form 990, Part I, line 18.) .		5	
Pa	t XIII Supplemental Information				<u> </u>	
	vide the descriptions required for Part II, lines 3, 5, ar : V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and				ovide any	y additional information.
	Return Reference			Explanation	1	
					Sche	dule D (Form 990) 2015
						,
	Iditional Data					Return to Form

Software ID: 15000260 **Software Version:**

2 Less: Contributions

efile Public Visual Render ObjectId: 201631269349301348 - Submission: 2016-05-05

TIN: 95-4309251

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2045

		Complete if the c	rganization ans	wered "Yo	es" on Form 990, Part IV, lines	11100 17, 18, or 19, or if the	2015
partment of the Treasury	_	or	ganization ente	red more t	than \$15,000 on Form 990-EZ, orm 990 or Form 990-EZ.	line 6a.	Open to Public Inspection
mal Revenue Service me of the organiz		Information about	Schedule G (Fo	rm 990 or	990-EZ) and its instructions is		ntification number
ACE RESOURCE C						95-4309251	
	_	•		_		orm 990, Part IV, line 1	7.
		ers are not requ		•	•		
_	_	anization raised fo	unds through	any of th	e following activities. Chec	,	
Mail solicita						n-government grants	
Internet ar	nd email sol	licitations			f Solicitation of go	vernment grants	
Phone solic	citations				g Special fundraisi	ng events	
In-person s	solicitations	5					
					ndividual (including officers ction with professional fund	draining completes 7	es 🗆 No
		est paid individual st \$5,000 by the		fundraise	ers) pursuant to agreement	s under which the fundrais	
(i) Name and ad individua or entity (fund	I	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			103	NO			
tal							
List all states in licensing.	which the c	organization is re	gistered or lice	ensed to	solicit contributions or has	been notified it is exempt f	rom registration or
					200 57	5000011	(5
Paperwork Reduc	CTION ACT NO	tice, see the Instri	uctions for For	m 990 or	990-E2. Cat. No	o. 50083H Schedule G ((Form 990 or 990-EZ) 201
					Page 2		
hedule G (Form 99	90 or 990-E	Z) 2015					Page 2
art II Fund	raising E	vents. Comple				rm 990, Part IV, line 18,	, or reported more
		f fundraising e\ reater than \$5		ıtions aı	nd gross income on For	m 990-EZ, lines 1 and 6	b. List events with
9,033	9	,	(a) Even	t #1	(b) Event #2	(c)Other events	_ (d)
			GOL	F	AV FAIR	8	Total events (add col. (a) through
			(event t		(event type)	(total number)	col. (c))
1 Gross receip	pts			31,3	03 25,35	2 118,137	174,792

	3 Gross income (line 1 minus line 2)	31,303	25,352	118,137	7 174,792
	4 Cash prizes			7,985	7,985
	5 Noncash prizes			,	,
Direct Expenses	6 Rent/facility costs	4,030		1,700	5,730
ped	7 Food and beverages	2,671		11,543	<u> </u>
n	8 Entertainment	,		,	,
ĕ	9 Other direct expenses	1,059		24,593	3 25,652
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		l.	53,581
	11 Net income summary. Subtract line 10	from line 3, column (d)			121,211
Par	Gaming. Complete if the orga	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	1
	on Form 990-EZ, line 6a.				
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Ř	1 Gross revenue				
n D	- Cash prizes				
2	2 Cash prizes				
ם	3 Noncash prizes				
Direct	4 Rent/facility costs				
5	5 Other direct expenses	1,059		24,593	25,652
		☐ Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
a b	Net gaming income summary. Subtract Enter the state(s) in which the organizati Is the organization licensed to conduct ga If "No," explain:	on conducts gaming activ	ities:these states?		
a b	Enter the state(s) in which the organizati Is the organization licensed to conduct go If "No," explain:	on conducts gaming activities in each of	these states?	e tax year?	Yes No
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a b Oa b	Enter the state(s) in which the organizati Is the organization licensed to conduct gas If "No," explain: Were any of the organization's gaming lice If "Yes," explain: Jule G (Form 990 or 990-EZ) 2015 Does the organization conduct gaming according to the organization conduct gaming accord	on conducts gaming activities in each of each	these states?	e tax year?	Yes No Form 990 or 990-EZ) 2015 Page 3
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