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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 <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

DLN: 93493133029806 OMB No 1545-0047

2015

Open to Public Inspection

A F	or the 2	2015 ca <u>lendar year, or tax year beginning 01-01-2015     , and ending 12-31-2015</u>			
	eck if ap	COPERNICUS FOUNDATION		D Employer	identification number
Add	ress cha	nge		23-7164	993
Naı	me chan	Doing business as			
Init	ıal returr			E Telephone	number
Fin	al urn/term	Number and street (or P O box if mail is not delivered to street address) Room/suit 5216 W LAWRENCE AVE	е	·	
	ended re			(773)77	7-0090
	ended re dication	CHICAGO II 60630		<b>G</b> Gross rece	pts \$ 2,421,479
		F Name and address of principal officer	H(a) To the		house for
		HURBERT CIOROMSKI	<b>H(a)</b> Is thus subor	s a group rei dinates?	TYes <b>V</b> No
		2431 FARRELL AVE PARK RIDGE,IL 60068	<b>H(b)</b> Are a		es Yes No
		17/11/1/ (NID 02/12 00000	includ		ıst (see ınstructions)
<b>I</b> Ta	x-exemp	ot status	H(c) Grou		
J W	ebsite:	► N/A			
<b>K</b> Forr	n of orga	anization	L Year of for	mation 1971	M State of legal domicile IL
Pa	rt I	Summary			
		efly describe the organization's mission or most significant activities			
		E COPERNICUS FOUNDATION WAS CHARTED TO SERVE THE METROPOL		GO AREA	AS A MAJOR CIVIC,
2	0	LTURAL, EDUCATIONAL, RECREATIONAL AND ENTERTAINMENT RESOUR	KC E		
ĕ					
E .	—			_	
Governance	<b>2</b> C	heck this box 🔭 if the organization discontinued its operations or disposed of	more than 25	5% of its net	tassets
ب 20	3 1	umber of voting members of the governing body (Part VI, line 1a)		. 13	<b>s</b>   6
Activities &		umber of voting members of the governing body (Part VI, line 1a)		_	
莨		otal number of individuals employed in calendar year 2015 (Part V., line 2a)		_	
듗	1	otal number of volunteers (estimate if necessary)			
	1	otal unrelated business revenue from Part VIII, column (C), line 12		_	
		t unrelated business taxable income from Form 990-T, line 34			'b
				r Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		37,660	43,554
횰	9	Program service revenue (Part VIII, line 2g)		1,082,133	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		496	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		308,848	540,756
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,429,137	7 1,820,082
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1	83,669	89,658
	14	Benefits paid to or for members (Part IX, column (A), line 4)		· · ·	0
92	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		439,547	520,553
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
ੜੇ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		791,229	839,698
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,314,445	1,449,909
	19	Revenue less expenses Subtract line 18 from line 12		114,692	370,173
Net Assets or Fund Balances			Beginning o	f Current Yea	r End of Year
9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	20	Total assets (Part X, line 16)		3,212,620	3,566,594
t As id B	21	Total liabilities (Part X, line 26)		319,03	
Z E	22	Net assets or fund balances Subtract line 21 from line 20			+
	22	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

\*\*\*\*\* Signature of officer

GREGG KOBELINSKI Executive Director

Type or print name and title

Paid Preparer **Use Only** 

Preparer's signature Michael Sieczkowski Print/Type preparer's name Michael Sieczkowski Firm's name ► EVOLVE ACCOUNTING & BUSINESS SERVICES INC

Firm's address ► 4004 N Highland Ave

Arlington Heights, IL 60004 May the IRS discuss this return with the preparer shown above? (see instruction

	1990 (2015)					Page <b>2</b>							
Par		<b>f Program Servi</b> le O contains a resp	-		II								
1	Briefly describe the or			,		·							
THE	COPERNICUS FOUNDA	ATION WAS CHART	ED TO SERV	E THE METROPOLITA	N CHICAGO AREA AS A MA	JOR CIVIC, CULTURAL,							
	CATIONAL, RECREATI												
2	Did the organization un	dertake any significa	ant program s	ervices during the year	which were not listed on								
	the prior Form 990 or 9					┌Yes ┌No							
	If "Yes," describe thes	e new services on So	hedule O										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?												
						⊤Yes ▼No							
	If "Yes," describe thes	e changes on Sched	ule O										
4		(c)(3) and 501(c)(4	) organızatıon	s are required to report	ee largest program services, the amount of grants and allo								
	(Code	) (Expenses \$	1,046,398	ıncludıng grants of \$	) (Revenue \$	)							
	THE ORGANIZATON PROVI	DES ARTS AND PROGRAM	MING SUCH AS F	FOREIGN AND ENGLISH LANG	SUAGE CLASSES, COMMUNITY INFOR	MATION, SEMINARS AND							
	VINTAGE MOVIES AND PRO	VIDES A CIVIC CENTER F	OR ETHNIC AND	AMERICAN EXHIBITIONS AN	D ACTIVITIES								
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)							
	-												
<u></u>	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)							
	(0000	, (=npsss +		menaning grames or y	, ( 4	,							
4d	Other program service			_									
	(Expenses \$	incl	uding grants o	<u> </u>	) (Revenue \$	)							
4e	Total program service	expenses ►	1,046,398	3									

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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	Yes	
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 $11e^{2}$ 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," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
	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		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	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	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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 is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

orm	990 (2015)			Page <b>5</b>
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			.г
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 17			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	7-		No
	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 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	'		
	file Form 8282?	7c		No
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?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
	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?			N
	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
	Section 501(c)(7) organizations. Enter			.10
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		No
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	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		
		Fo	rm <b>99</b> 0	<b>0</b> (2015)

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  6			
	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  9			
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	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?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a 7b	Yes	No
	or persons other than the governing body?	76		NO
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> ı	ıe Cod	(e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	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				
	organization's exempt status with respect to such arrangements?	16h		
S		16b		
	ection C. Disclosure	16b		<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed.  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	16b		
Se 17 18	List the States with which a copy of this Form 990 is required to be filed	16b		

State the name, address, and telephone number of the person who possesses the organization's books and records ►GREGG KOBELINSKI 5216 W LAWRENCE AVE CHICAGO, IL 60630 (773) 777-8898

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🔽 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	ustee	ss er )	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations
10 00	,,						0	0	
	*		×					0	1
10 00	х		х				0	0	
2 00	х		х				0	0	
0 00									
0 00	×						0	0	ı
2 00	х						0	0	
2 00	х						0	0	1
35 00				х			0	0	
+									
	any hours for related organizations below dotted line)  10 00  10 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  35 00	any hours for related organizations below dotted line)  10 00  10 00  2 00  0 00  2 00  X  0 00  2 00  X	any hours for related organizations below dotted line)  10 00	any hours for related organizations below dotted line)  10 00  10 00  2 00  2 00  0 00  2 00  X  0 00  2 00  X	any hours for related organizations below dotted line)  10 00	any hours for related organizations below dotted line)  10 00  10 00  2 00  2 00  0 00  0	any hours for related organizations below dotted line)  10 00  10 00  2 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  2 00  0 00  0 00  2 00  0 00  2 00  0 00  0 00  2 00  0	any hours for related organizations below dotted line)    10 00	any hours   for related organizations   below   dotted line)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	ne and Title Average hours per week (list any hours and a director/trustee)  Average hours per more than one box, unless compensation compensation from the any hours and a director/trustee)		(E) Reportable compensation from related organizations (W-	ition amount of ot ted compensations (W- from the								
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organiza rela organiz	ted
1b c d	Sub-Total				•	· .							
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited	to the	se	liste	d abov	e) w	ho receive	d more th	nan		
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete</i> S					key	emplo	yee,	or highes	t compen	sated employee	Yes	No No
on line 1a? If "Yes," complete Schedule J for such individual											4	No	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5	No
	ction B. Independent Co												
1	Complete this table for your five compensation from the organization from the organizati	zation Report co									thin the organization	n's tax yea	
		( <b>A</b> ) lame and business	address							Des	(B) scription of services		<b>C)</b> ensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright$  0

Total revenue  Rela exe fund rev  1a Federated campaigns 1a  b Membership dues 1b  c Fundraising events 1c  d Related organizations 1d  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines  1a-1f \$\div \ext{41,429}  Total revenue Rela exe fund rev  41,429	(C) (D) Revenue empt business revenue excluded from tax under sections 512-514
Total revenue Rela exe fund revenue Bela exe fund revenue Rela exe	ted or Unrelated Revenue empt business excluded from tax under enue esections
Study Ia Federated campaigns Ia b Membership dues Ib 2,125 c Fundraising events Ic d Related organizations Id	empt business excluded from ction revenue tax under enue sections
The state of the s	enue sections
the state of the s	
b Membership dues 1b 2,125  c Fundraising events 1c  d Related organizations 1d	
b Membership dues 1b 2,125  c Fundraising events 1c  d Related organizations 1d  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f \$	
c Fundraising events 1c  d Related organizations 1d  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f \$	
d Related organizations 1d  d Related organizations 1d  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f \$	
d Related organizations 1d  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f \$	
e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f \$	
f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f \$	
similar amounts not included above  g Noncash contributions included in lines 1a-1f \$  All other contributions, girts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f \$	
S Noncash contributions included in lines 1a-1f \$	
h Total. Add lines 1a-1f	
Business Code	
2a THEATER AND HALL 1,235,285	1,235,285
3 b	· · ·
% C	
\$ d	
Dustriess Code  1,235,285  b  c  d  f All other program service revenue	
f All other program service revenue	
Q Tabel Add lines 2s 26	
— g Total. Add lines 2a-21	
3 Investment income (including dividends, interest, and other similar amounts)	483
4 Income from investment of tax-exempt bond proceeds 0	
<b>5</b> Royalties	<del>-                                     </del>
(I) Real (II) Personal	
<b>6a</b> Gross rents 83,044	
od Gross rents	
<b>b</b> Less rental	
expenses  Rental income 83,044	
or (loss)	
<b>d</b> Net rental income or (loss)	83,044
(ı) Securities (ıı) Other	
7a Gross amount from sales of	
assets other	
than inventory	
<b>b</b> Less cost or	
other basis and sales expenses	
c Gain or (loss)	
<b>d</b> Net gain or (loss)	
<b>8a</b> Gross income from fundraising	
events (not including	
\$	
of contributions reported on line 1c) See Part IV, line 18	
events (not including  s of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses b 601,397	
<b>b</b> Less direct expenses <b>b</b> 601,397	
- 2000 direct expenses i i bj 001.59/	
c Net income or (loss) from fundraising events	
c Net income or (loss) from fundraising events ▶ 251,387	
c Net income or (loss) from fundraising events 251,387  9a Gross income from gaming activities	
c Net income or (loss) from fundraising events 251,387  9a Gross income from gaming activities See Part IV, line 19	
c Net income or (loss) from fundraising events 251,387  9a Gross income from gaming activities See Part IV, line 19	9,347
c Net income or (loss) from fundraising events	9,347
c Net income or (loss) from fundraising events	9,347
c Net income or (loss) from fundraising events	9,347
c Net income or (loss) from fundraising events	9,347
c Net income or (loss) from fundraising events	9,347
c Net income or (loss) from fundraising events	
c Net income or (loss) from fundraising events	9,347
c Net income or (loss) from fundraising events	
c Net income or (loss) from fundraising events	
c Net income or (loss) from fundraising events	
c Net income or (loss) from fundraising events	

## Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiz	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in th	nis Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	89,658	89,658		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	95,718	58,702	37,016	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	382,741	234,727	148.014	
7	Other salaries and wages	0	,	,	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	42,094	25,816	16,278	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	844		844	
c	Accounting	7,500		7,500	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	1,635		1,635	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	60,952	60,952		
17	Travel	1,304		1,304	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	6,376	6,376		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	119,668	113,420	6,248	
23	Insurance	47,676		47,676	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	OUTSIDE SERVICES	181,806	140,491	41,315	
b	REPAIRS AND MAINTENANCE	100,892	93,154	7,738	
c	CONCESSIONS	91,340	91,340		
d	SUPPLIES	65,207	57,624	7,583	
e	All other expenses	154,498	74,138	80,360	
25	Total functional expenses. Add lines 1 through 24e	1,449,909	1,046,398	403,511	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	(	Check if Schedule O contains a response or note to any lir	e in thi	s Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			352,127	1	230,540
	2	Savings and temporary cash investments			248,183	2	198,668
	3	Pledges and grants receivable, net				3	185,440
	4	Accounts receivable, net			19,321	4	26,309
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Consciently a schedule L	mplete	Part II of			
Assets	6	Loans and other receivables from other disqualified personal section 4958 (f)(1)), persons described in section 4958 (contributing employers and sponsoring organizations of such that is a section of section and sponsoring organizations (see instance). It of Schedule L	c)(3)(B ection	), and 501(c)(9)		6	0
Š	_	Nation and leave recovering mate				7	0
⋖	7		es and loans receivable, net				33,875
	8	Inventories for sale or use			18,816		33,675
	9 10a	Prepaid expenses and deferred charges		5,503,545		9	
	ь	Complete Part VI of Schedule D  Less accumulated depreciation	10a 10b	2,622,237		10c	2,881,308
	11	Investments—publicly traded securities			2,011,110	11	0
	12	Investments—other securities See Part IV, line 11		12	0		
	13	Investments—program-related See Part IV, line 11 .		13	0		
	14	· · · · · · · · · · · · · · · · · · ·				14	0
		Intangible assets					10,454
	15	Other assets See Part IV, line 11			2 242 020	15	<del>                                     </del>
	16	Total assets.Add lines 1 through 15 (must equal line 34)			3,212,620		3,566,594
	17	Accounts payable and accrued expenses			36,955	17	27,399
	18	Grants payable				18	
	19	Deferred revenue			30,949		107,704
	20	Tax-exempt bond liabilities				20	
c^	21	Escrow or custodial account liability Complete Part IV				21	
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and dis					
죭		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third	parties		190,523	23	81,630
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	ed third parties,			
					60,608	25	86,103
	26	<b>Total liabilities.</b> Add lines 17 through 25			319,035	26	302,836
<b>л</b> Ф		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► 🏳	and complete			
<u> </u>	27	Unrestricted net assets			2,893,585	27	3,263,758
_ ស ស	28	Temporarily restricted net assets				28	
<u> </u>	29	Permanently restricted net assets				29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.	eck he	re ▶ ┌ and			
О	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment				31	
Ž	32	Retained earnings, endowment, accumulated income, or o				32	
Ě	33	Total net assets or fund balances			2,893,585	33	3,263,758
Z	34	Total liabilities and net assets/fund balances			3,212,620		3,566,594

Dar	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8	320,082
2	Total expenses (must equal Part IX, column (A), line 25)	2		1.4	149,909
3	Revenue less expenses Subtract line 2 from line 1	3			 370,173
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	4		2,8	393,585
		5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,7	263,758
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	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 sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh 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 Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	€	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

## **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

		he organization					Employer identifica	ation number
COPE	RNICUS	S FOUNDATION					23-7164993	
Pa	rt I	Reason for Publi	c Charity S	<b>Status</b> (All organiza	tions must co	mplete this r		ns
		zation is not a private fo						
1	- J	A church, convention		·	= -	· · · · · · · · · · · · · · · · · · ·		
2	Ė	A school described in	•			<del>-</del>		
3	Ė	A hospital or a cooper						
4	Ė	A medical research or		_				). Enter the
-	•	hospital's name, city,	•					
5	_	170(b)(1)(A)(iv).(C	omplete Part I	•	·		_	described in <b>section</b>
6	<u> </u>	A federal, state, or loc	_	_				
7		An organization that n described in <b>section 1</b>	70(b)(1)(A)(v	vi). (Complete Part II	)	_	ental unit or from the o	general public
8	 	A community trust des						£ d
9 10	L	receipts from activitie from gross investmen	es related to it it income and e 30, 1975 S	ves (1) more than 33 as exempt functions—s unrelated business table tesection 509(a)(2). The desection 509(a)(2).	subject to certa xable income (l (Complete Part	in exceptions, ess section 51 III )	and (2) no more than 1 tax) from businesse	331/3% of its support
11	, _	An organization organ	•	•	•	•		uit the nurnoses of
	'	one or more publicly s	•	•			• •	
a	Γ	the box in lines 11a the Type I. A supporting of supported organization organization You mus	rganization op n(s) the power	perated, supervised, or to regularly appoint o	r controlled by 1 r elect a majori	ts supported o	rganization(s), typical	lly by giving the
b	Γ	Type II. A supporting management of the su must complete Part IV	organization s pporting organ	upervised or controllenization vested in the s	d in connection			
c	Г	Type III functionally	•		n operated in c	onnection with	. and functionally inte	grated with, its
_	•	supported organization						g ,
d	Г	Type III non-function						
		not functionally integr (see instructions) <b>Yo</b>					ement and an attentiv	eness requirement
е	Г	Check this box if the o					s a Type I, Type II, T	ype III functionally
		integrated, or Type III	I non-function	ally integrated suppor	tıng organızatıo	n	, ,	,
f	Ente	r the number of support					· · · · · · · _	
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
Nar	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organ listed in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		

	Support Schedule for (Complete only if you Part III. If the organization)	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiz	ation failed to q	ualify under
S	ection A. Public Support						
_	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)Total
(or 1	fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						
6	(f) <b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support			,	,	,	
(or	Calendar year fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
-	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activity	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				3) organization,
	ection C. Computation of Pul						
14	Public support percentage for 201!			e 11, column (f))		14	
15	Public support percentage for 2014 33 1/3% support test—2015.If the	•	•	v on line 12 and	line 14 ie 22 1/20	6 or more, check	this hov
	and stop here. The organization qui 33 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported organic not check a box of	anızatıon on lıne 13 or 16a	•	,	<b>▶</b> ┌
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization merorganization	— <b>2015.</b> If the organization meets the fa	anization did not o cts-and-circums	check a box on lir tances test, chec	ck this box and <b>st</b>	op here. Explain	orted ▶□
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organization  Explain in Part VI how the organization	nızatıon meets th	e "facts-and-circ	umstances" test	, check this box a	and <b>stop here.</b>	
18	<b>Private foundation.</b> If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and see	<b>▶</b> □

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.)

Se	ction A. Public Support	•		,			•	
	Calendar year	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 20	15	<b>(f)</b> Total
	iscal year beginning in) F Gifts, grants, contributions, and	` ,		,,	. ,			
1	membership fees received (Do not include any "unusual grants")	206,355	48,803	14,600	37,660		43,554	350,972
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	1,292,909	1,438,938	1,910,287	1,887,171	2,	.097,411	8,626,716
3	purpose Gross receipts from activities that are not an unrelated trade or							0
4	business under section 513 Tax revenues levied for the organization's benefit and either							0
5	paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without							0
6	charge <b>Total.</b> Add lines 1 through 5	1,499,264	1,487,741	1,924,887	1,924,831	2	140,965	8,977,688
7a		1,133,201	2,107,112	2/32 //007	1,72 1,001		1110,303	0
b	A mounts 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							0
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c from line 6)							8,977,688
Se	ction B. Total Support						_	
	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 20	15	<b>(f)</b> Total
-	iscal year beginning in)							
9 LOa	A mounts from line 6 Gross income from interest,	1,499,264	1,487,741	1,924,887	1,924,831	Ζ,	140,965	8,977,688
	dividends, payments received on securities loans, rents, royalties and income from similar sources	74,270	72,948	80,462	79,845		83,531	391,056
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after							0
С	June 30, 1975 Add lines 10a and 10b	74,270	72,948	80,462	79,845		83,531	391,056
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	11,290	7,951	13,788	13,930		196,978	243,937
13	Total support. (Add lines 9, 10c,	1,584,824	1,568,640	2,019,137	2,018,606	2.	421,474	9,612,681
14	11, and 12)  First five years. If the Form 990 is	for the organization	on's first, second		ifth tax year as a	section 5	01(c)(3	· · · ·
Se	check this box and stop here ection C. Computation of Pub	lic Support P	ercentage					<u> </u>
15	Public support percentage for 201!			13 column (f))		15		93 390 %
16	Public support percentage from 20		•	15, column (1))				
						16		94 790 %
	ction D. Computation of Inv Investment income percentage for				np (f))	,_		4.0== 0:
	· · · · · ·	-			III (1 <i>))</i>	17		4 070 %
18	Investment income percentage from				loon de la company	18	20/	4 490 %
19a	33 1/3% support tests—2015. If the more than 33 1/3%, check this box							line 17 is not <b>►</b> ✓

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 1/3% and line 18 is 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

#### Part IV Supporting Organizations

(Complete 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 11b 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)

مو	ction	Λ	ΔII	Sunn	ortina	Orga	nizations	
361	CUUII	м.	$\sim$ 11	Supp	oi aiig	OI Ua	IIIZALIUIIS	

	ction A. An 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 <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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?	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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	3a		
I	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.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			
	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		
l	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	4b		
	by or in connection with its supported organizations.			
•	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		
	• 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?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 II of Schedule L (Form 990).	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 <b>Part VI</b> .	9a		
ı	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
•	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
I	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		
11	Has the organization accepted a gift or contribution from any of the following persons?			
•	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?	11a		
ı	A family member of a person described in (a) above?	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		

Pai	rt IV Supporting Organizations (continued)			
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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> 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 <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		
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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	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		

Part V	Type III Non-Functionally	, Integrated 509(a)(:	3) Supporting	Organization
	I TO III INDII I UIICUOIIUII	Tillegiatea 303(a)(	J/ Juppoi tilly	OI Gailleadol

Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  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)  Other expenses (see instructions)	1 2 3 4 5 6 7 8	(A) Prior Year	(B) Current Yea (optional)
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	2 3 4 5		
Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  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)	3 4 5 6 7		
Add lines 1 through 3  Depreciation and depletion  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)	4 5 6 7		
Depreciation and depletion  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		
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		
gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	7		
Other expenses (see instructions)			
o the expenses (see methanis)	8		l
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)			
	<u> </u>	(A) Duan Varu	(B) Current Yea
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
<b>a</b> Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
<b>c</b> Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		- Carrona Four
Enter 85% of line 1	2		
F-	3		
Minimum asset amount for prior year (from Section B, line 8, Column A)	4		
Enter greater of line 2 or line 3	5		
Income tax imposed in prior year	5		
<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-in	6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D - Distributions			Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes				
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	orted organizations, in			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons			
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval re	quired)				
6 Other distributions (describe in Part VI) See instru	uctions				
7 Total annual distributions. Add lines 1 through 6					
Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is re	esponsive (provide			
9 Distributable amount for 2015 from Section C, line	6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1 Distributable amount for 2015 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)					
3 Excess distributions carryover, if any, to 2015					
<b>d</b> From 2013					
e From 2014					
f Total of lines 3a through e g Applied to underdistributions of prior years					
h Applied to 2015 distributable amount					
i Carryover from 2010 not applied (see					
instructions)					
j Remainder Subtract lines 3g, 3h, and 3i from 3f					
<b>4</b> Distributions for 2015 from Section D, line 7					
A pplied to underdistributions of prior years					
<b>b</b> Applied to 2015 distributions of prior years					
c Remainder Subtract lines 4a and 4b from 4					
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7 Excess distributions carryover to 2016. Add lines 31 and 4c					
8 Breakdown of line 7					
c Excess from 2013					
<b>d</b> From 2014					
<b>e</b> From 2015					

#### Part VI 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).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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Open to Public

## **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	Information about Schedule D	(Form 990) and its instructions is at <u>www.i</u>	rs.gov/form990.	Inspection
me of the org			Employer identif	ication number
			23-7164993	
		Advised Funds or Other Similar I ed "Yes" on Form 990, Part IV, line 6.	unds or Accour	its.
		(a) Donor advised funds	(b)Funds and o	ther accounts
Total nur	mber at end of year			
A ggregat year)	te value of contributions to (during			
Aggregat	te value of grants from (during year)			
Aggregat	te value at end of year			
		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advised	┌ Yes ┌ No
used only fo		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for		┌ Yes ┌ No
	<u>'</u>	ete if the organization answered "Yes"	on Form 990, Par	t IV, line 7.
Preserv Protecti Preserv Complete Ii		eation or education) Preservation of a	in historically import certified historic sti the form of a conser	ructure
easement o	n the last day of the tax year		Held at	the End of the Yea
Total numb	er of conservation easements		2a	the Life of the real
Γotal acrea	ge restricted by conservation easeme	ents	2b	
Number of o	conservation easements on a certified	historic structure included in (a)	2c	
	conservation easements included in (cucture listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
Number of o	conservation easements modified, trai	nsferred, released, extinguished, or termina	ted by the organizati	on during the
Number of s	states where property subject to cons	ervation easement is located 🕨		
	rganization have a written policy regar and enforcement of the conservation e	ding the periodic monitoring, inspection, ha	ndling of	Yes
Staff and vo	lunteer hours devoted to monitoring,	inspecting, handling of violations, and enfor	cing conservation ea	sements during the
'	expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conservation easem	ents during the yea
Does each	conservation easement reported on lii ection 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes
balance she		ts conservation easements in its revenue a of the footnote to the organization's financi isements	· · · · · · · · · · · · · · · · · · ·	•
Org	anizations Maintaining Collec	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	, or Other Simila	r Assets.
If the organ works of art	uzation elected, as permitted under SF ;, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its reversesses held for public exhibition, education note to its financial statements that describ	, or research in furth	
works of art		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education these items		
Revenue II	ncluded on Form 990, Part VIII, line 1	1	<b>►</b> \$	
Assets inc	luded in Form 990, Part X		<b>-</b> \$	
If the organ	ization received or held works of art, h	nistorical treasures, or other similar assets SFAS 116 (ASC 958) relating to these item	for financial gain, pro	
Revenue in	cluded on Form 990 Part VIII line 1		<b>b</b> ¢	

**b** Assets included in Form 990, Part X

Part II	Organizations Maintaining (continued)	Collections of A	Art, His	torica	l Trea	asures, (	or Ot	her Similar A	ssets	
	sing the organization's acquisition, accollection items (check all that apply)	ession, and other rec	cords, ch						e of its	
a _	Public exhibition		d	┌ Lo	an or	exchange ¡	progra	ms		
ь Г	Scholarly research		е	L 0	ther					
с Г	Preservation for future generations									
	rovide a description of the organization' art XIII	s collections and ex	plaın hov	w they fu	rther t	he organiz	atıon's	exempt purpose	ın	
as	uring the year, did the organization solic sets to be sold to raise funds rather th	an to be maintained						sımılar <b>Tyes</b>	┌ No	
Part I	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Pa	rt IV,	line 9, o	r repo	rted an amoun	t on Forr	n 990,
	the organization an agent, trustee, cus cluded on Form 990, Part X?	todian or other inter	rmediary	for cont	rıbutıo	ns or othe	rasset	ts not <b>Yes</b>	┌ No	
b	If "Yes," explain the arrangement in Pa	art XIII and complet	e the fol	lowing ta	able			Am	ount	
	Beginning balance	•		5			1c			
_	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance					-	1f			
	d the organization include an amount o	n Form 990 Part X	line 21	for escr	worc	ם אב leibotau:	ccount	liability? <b>Ves</b>	No	
b <sub>If</sub> Part \	"Yes," explain the arrangement in Part  Endowment Funds. Comple	te ıf the organızat	tion ans	wered	"Yes"	to Form 9	990, F	art IV, line 10.		ı
		(a)Current year	<b>(b)</b> Pr	or year	b (c	Two years b	oack (	<b>1)</b> Three years back	(e)Four ye	ears back
	eginning of year balance									
<b>b</b> C	ontributions · · · · · · · · · ·									
	et investment earnings, gains, and sses									
<b>d</b> G	rants or scholarships									
	ther expenditures for facilities nd programs 									
f A	dministrative expenses									
	nd of year balance									
2 Pr	ovide the estimated percentage of the	current year end bal	ance (lır	e 1g, co	lumn (	a)) held as				
<b>a</b> Bo	oard designated or quasi-endowment 🕨									
<b>b</b> Pe	ermanent endowment ►									
	emporarily restricted endowment Fine percentages on lines 2a, 2b, and 2c	should equal 100%								
	re there endowment funds not in the pos ganization by	ssession of the orgai	nızatıon	that are	held a	nd admınıs	tered 1	for the	Yes	No
(i)	unrelated organizations					•			(i)	
<b>b</b> If	) related organizations "Yes" on 3a(ii), are the related organiz	ations listed as requ	ııred on S	Schedule	۲? .			<del> </del>	(ii)   ib	
	escribe in Part XIII the intended uses of		endowm	ent fund	s					
Part V	Land, Buildings, and Equip Complete if the organization a		Form 9	9∩ Par	+ T\/	ine 11a S	See Fo	rm 990 Part X	lıne 1∩	
	Description of property	answered res to		(a) ost or othe (investme	r basıs	(b) Cost or oth (othe	er basıs	Accumulated		k value
La lan	d			\mvc3unt	<i>)</i>	<u> </u>	619,378		1	619,378
	ldings		. `.├─				546,102	<u>†</u>	1	330,15
	sehold improvements		· . —				945,491	,	+	1,887,070
	upment		. $\vdash$			<del>                                     </del>	201,275	<del>                                     </del>		43,112
e Oth							91 299	<del> </del>	_	1 597

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2,881,308

<b>Part VIII</b> Investments—Other Securities. Con See Form 990, Part X, line 12.			
(a) Description of security or category		<b>(b)</b> Book value	(c)Method of valuation
(Including name of security)  (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
<b>(3)</b> O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>*</b>		
Part VIII Investments—Program Related.	1		
Complete if the organization answered	'Yes' on Form 990,	Part IV, line $11c{Se}$	e Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
	<b>*</b>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization		orm 990. Part IV. line	11d See Form 990. Part X. line 15
(a) Descri	ption		(b) Book value
	ption		(b) Book value
	ption		(b) Book value
	ption		(b) Book value
	ption		(b) Book value
	ption		(b) Book value
	ption		(b) Book value
	ption		(b) Book value
	ption		(b) Book value
	ption		(b) Book value
	ption		(b) Book value
	ption		(b) Book value
(a) Descri			
(a) Descri	5.)	'Yes' on Form 990	
(a) Descri	5.)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. Complete if the orga	5.)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability	5.) nızatıon answered		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.	5.) nızatıon answered		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	5.) nızatıon answered  (b) Book value	'Yes' on Form 990,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value	'Yes' on Form 990,	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	2,421,479
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	601,397
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,820,082
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	1,820,082
Pari	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Re	eturn.
1	Total expenses and losses per audited financial statements	1	2,051,306
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	601,397
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,449,909
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	1,449,909

### Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Part X FIN48 Footnote	THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION IT IS ALSO REQUIRED TO RECOGNIZE OR DERECOGNIZE IN ITS FINANCIAL STATEMENTS POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ON A "MORE LIKELY THAN NOT" THRESHOLD THE FOUNDATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS THE FOUNDATION'S INCOME TAX FILINGS FOR THE YEARS 2012 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	SPECIAL EVENTS EXPENSES \$601397
Part XII, Line 2d Other expenses and losses per audited F/S	SPECIAL EVENTS EXPENSES \$601397
-	

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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As Filed Data -

DLN: 93493133029806

SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

COPERNICUS FOUNDATION

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

Open to Public Inspection

**Employer identification number** 

				23-7164993	
			the United States. Form 990, Part IV, line	14b.	
and other assistar	nce, the grantees' el	gıbılıty for the gra	ds to substantiate the name or assistance, and	the selection criteria	┌ Yes ┌ No
	Describe in Part V the the United States.	ne organızatıon's p	procedures for monitori	ng the use of its grant	s and other
3 Activites per Region	(The following Part I,	line 3 table can be o	duplicated if additional sp	ace is needed )	
(a) Region	<b>(b)</b> Numbe offices in region	the employees,	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
(1)					
( 2)					
(3)					
(4)					
(5)					
<b>3a</b> Sub-total					
b Total from continuat to Part I					
c Totals (add lines 3a	and 3b)				

1 (a) Name o organization	` '	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method o valuation (book, FMV, appraisal, othe
(1)		POLAND	MEDICAL	89,658	CHECK			
( 2)								
( 3)								
(4)								

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be	<u>duplicated if addit</u>	tional space is no	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					1		1
( 2)		+ + +	·		1		<u>'</u>
(3)		+ +			,		<u>'</u>
(4)		+	·		†		<u> </u>
(5)		+			†		<u> </u>
(6)		+ +			†		<del>                                     </del>
(7)		+ +	·		†		<del>                                     </del>
(8)		+ +			†		<del>                                     </del>
(9)		+ +			+		<del>                                     </del>
( 10)		+ +			†		+
(11)		+ +			+		+
( 12)		+ +			+		<u> </u>
( 13)		+ +			+		
( 14)		+			+		
( 15)		+			+		
( 16)					+		
( 17)		+			+		
( 18)		+			+		

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> ~</u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	⊽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ᅜ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u>~</u>	No

Schedule F (Form 990) 2015

#### **Additional Data**

**Software ID:** 15000324

**Software Version:** 2015v2.0

**EIN:** 23-7164993

Name: COPERNICUS FOUNDATION

Schedule F (Form 990) 2015

Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DLN: 93493133029806

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

**Supplemental Information Regarding** 

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

Name of the organization COPERNICUS FOUNDATION **Employer identification number** 

					23-7164993	
Form 990-EZ filer					on Form 990, Part IV	, line 17.
Indicate whether the organ Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations or key employees listed in services? If "Yes," list the ten higher to be compensated at lease	icitations s a written or oral aç Form 990, Part V est paid individuals	reement II) or ent s or entiti	with any i ity in con es (fundra	e Solicitation of noting Solicitation of go g Special fundrais ndividual (including officencetion with professional	on-government grants overnment grants ing events ers, directors, trustees I fundraising	<b>s√ No</b> undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraı cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
1						
7						
3						
9						
0						
tal			<b>&gt;</b>			

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of
fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross
receipts greater than \$5,000.

	receipts greater than \$5,000	/ <u>-</u>			1
		(a)Event #1  TASTE OF POLONIA	(b)Event #2 OTHER	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col <b>(a)</b> through col <b>(c)</b> )
Φ					
Revenue	4. Currents	670.047	174727		052.704
æ	1 Gross receipts	678,047	174,737		852,784
	2 Less Contributions				
	line 2)	678,047	174,737		852,784
	4 Cash prizes				
	5 Noncash prizes				
မှာ	6 Rent/facility costs				
Expenses	<b>7</b> Food and beverages				
쬬	8 Entertainment				
Direct	<b>9</b> Other direct expenses	521,301	80,096		601,397
ᇫ	10 Direct expense summary Add lines	4 through 9 ın column (d	)		601,397
	11 Net income summary Subtract line 1	.0 from line 3, column (c	)		251,387
Par	<b>t III Gaming.</b> Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
Revenue		<b>(a)</b> Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
မွ	2 Cash prizes				
ense.	Z Casii piizes				
Expense	3 Noncash prizes				
Direct	4 Rent/facility costs				
à	5 Other direct expenses				
		Г Yes %		┌ Yes %	
	<b>6</b> Volunteerlabor	┌ No	│ No	┌ No	
	 	2 thursuals 5 on a share (a		<b>.</b>	
	7 Direct expense summary Add lines	z through 5 in column (c			
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	<u> ►</u>	
9	Enter the state(s) in which the organiza	tion conducts gaming ac	ctivities		
а	Is the organization licensed to conduct	gaming activities in eac	th of these states?		□Yes □No
b	If "No," explain				
10a	Were any of the organization's gaming l				└Yes └No
b	If "Yes," explain				

Schedule	G (Form	990	or 990-EZ	201

Page	3
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11	Does the organization conduct gaming	activities with nonmem	bers?	Yes	No
12	Is the organization a grantor, beneficia	ary or trustee of a trust o	or a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		ГYes Г	No
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the per	son who prepares the or	ganızatıon's gamıng/specıal events books	s and records	
	Name <b>▶</b>				
15a	Does the organization have a contract		whom the organization receives gaming		
	revenue?	men a emia parcy nom v	mom the organization receives gaining	□Yes □	No
h		avanua racaiyad by tha	organization 🟲 \$ a		110
	amount of gaming revenue retained by			and the	
_					
	If "Yes," enter name and address of th	e third party			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🕨				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer	 Employee			
	Director/officer	Employee	☐ Independent contractor		
17	Mandatory distributions				
	·	e law to make charitable	e distributions from the gaming proceeds	to	
	retain the state gaming license?		5 5.	ГYes Г	No
ь	• •	red under state law dist	ributed to other exempt organizations or s		
	in the organization's own exempt activ			•	
Pa	rt IV Supplemental Information	on. Provide the explain the explain the state of the stat	anations required by Part I, line 2b, as applicable. Also complete this pa		(v); and
	Return Reference		Explanation		
		L	· · · · · · · · · · · · · · · · · · ·		

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DLN: 93493133029806

#### Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

Open to Public Inspection

Internal Revenue Service				www.iis.go	<u> </u>					16	ispect	ion
Name of the organization COPERNICUS FOUNDATION					En	nploye	r identi	fication	n numbe	r		
COPERNICUS FOL	JNDATION						2:	3-716	4993			
Part I Exc	ess Benefit	Transaction	<b>s</b> (section	501(c)(3), s	ection 501(c)	(4), and 501(c				only)		
		anızatıon answe					_					
<b>1 (a)</b> Nar	ne of disqualifi	ed person	<b>(b)</b> Rel	•		fied person an	d (4	-	cription	of _	<b>(d)</b> Cor	rected?
				or	ganızatıon			tran	saction		Yes	No
2 Enter the	amount of tax	ncurred by orga	nızatıon ma	inagers or dis	qualified pers	ons during the	year	under	section			
4958 .									<b>&gt;</b> \$			
<b>3</b> Enter the	amount of tax,	ıf any, on line 2	, above, reii	mbursed by tl	he organizatio	n		•	<b>&gt;</b> \$			
Part II Lo	ans to and	or From In	terested	Dersons								
		rganization ans			0-EZ, Part V,	line 38a, or Fo	orm 99	0, Par	t IV, lın	e 26, o	rıfthe	
org	ganızatıon repo	orted an amount	on Form 99	0, Part X, lın	e 5, 6, or 22							
(a) Name of	(b) Relations	hip (c)	(d) Loan	to	(e)Original	(f)Balance	(g)	In	(h	`	(i)Wr	
interested	with	Purpose of			principal	due	defa		Appro	ved	agreer	
person	organizatio	n loan	organizatio	n?	amount				by boa			
			То	From	-		Yes	No	commi	No	Yes	No
			10	110111			163	140	163	110	165	+140
												+
												1
					1							
					1					<u> </u>		
					1			1		1		
		<u> </u>										
otal C-		► \$ istance Bene	filing To	towastad F								
		organization				rt IV. line 27	_					
(a) Name of		(b) Relationshi		1	of assistance	<del>_</del>		stance	e (e)	Purpos	e of ass	sistance
pers		interested pers	on and the						``			
		organiza	tion									
									+			
									$\dashv$			

Part IV Business Transactions Involving Interested Persons.								
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) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's			
				Yes	No			
(1) LESTER WOJCINOWICZ	DIRECTOR	284,655	CAPITALIMPROVEMENTS		No			
(2) WALTER PRZYBY	ADVISORY DIR	19,380	CLEANING AND MAIN		No			
Part V Supplemental Informati	on		•	•	•			

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2015

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DLN: 93493133029806

OMB No 1545-0047

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

2015

Open to Public Inspection

Name of the organization	Employer identification number
COPERNICUS FOUNDATION	
	23-7164993

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	THE FORM 990 IS REVIEWED AND SIGNED BY THE MANAGING DIRECTOR THE BOARD OF DIRECTORS HAS GIVEN THE MANAGING DIRECTOR THE AUTHORITY TO SIGN THE TAX RETURN THE BOARD OF DIRECTORS SUBSEQUENTLY RECEIVES A COPY OF THE 990
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE BOARD DISCUSSES AND MONITORS REGULARLY
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	ANNUAL SALARY INCREASES ARE SUBMITTED TO THE BOARD FOR APPROVAL
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	DOCUMENTS ARE AVAILABLE UPON REQUEST
Form 990, Part IX, Line 24e Other Expenses	BAD DEBT Column (A) - Total = \$1364, Column (B) - Program Services = \$1364, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	BANK FEES Column (A) - Total = \$35189, Column (B) - Program Services = \$0, Column (C) - M anagement & General = \$35189, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	DONATIONS Column (A) - Total = \$10413, Column (B) - Program Services = \$0, Column (C) - M anagement & General = \$10413, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	EQUIPMENT RENTAL Column (A) - Total = \$6824, Column (B) - Program Services = \$6824, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	INTERNET Column (A) - Total = \$9154, Column (B) - Program Services = \$0, Column (C) - Man agement & General = \$9154, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	MEALS AND ENTERAINMENT Column (A) - Total = \$5365, Column (B) - Program Services = \$0, Column (C) - Management & General = \$5365, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	MISCELLANEOUS Column (A) - Total = \$6901, Column (B) - Program Services = \$1380, Column (C) - Management & General = \$5521, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Printing and Publications Column (A) - Total = \$3657, Column (B) - Program Services = \$0, Column (C) - Management & General = \$3657, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	TAXES AND LICENSE Column (A) - Total = \$64570, Column (B) - Program Services = \$64570, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	TELEPHONE Column (A) - Total = \$11061, Column (B) - Program Services = \$0, Column (C) - M anagement & General = \$11061, Column (D) - Fundraising = \$0