Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

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

2015

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning , 2015, and ending

A F	or the	2015 calend	ar year, or tax year beginning , 2015, and ending		, 20
В	Check if ap	oplicable			lentification number
	Address c	hange	COUTER PORTHE DEPENSE OF FREE ENTERPRISE	91-	0973976
=	Name cha	•		Telephone r	
=	Initial retui	rn m∕terminated		425 ·	-455-5038
=	rinai retur Amended		City or town, state or province, country, and ZIP or foreign postal code	Group Exe	mption
=		n pending	BELLEVUE WA 98005	Number I	•
G /	Account	ing Method	Cash ☐ Accrual Other (specify) ► H Che	eck ▶ 🗌	if the organization is not
1 4	Vebsite	:: ▶			ach Schedule B
J T	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (For	m 990, 99	0-EZ, or 990-PF).
		organization:			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets	
(Pai	rt II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$	16,631
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		
			the organization used Schedule O to respond to any question in this Part I		🗆
	1		ns, gifts, grants, and similar amounts received	. 1	15,916
	2		ervice revenue including government fees and contracts	. 2	
	3	-	ip dues and assessments	. 3	
	4	Investment	Income	. 4	7/5
	5a	Gross amo	unt from sale of assets other than inventory 5a		
	b	Less: cost	or other basis and sales expenses		
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5с	
ine	6		d fundraising events	45.00	
	а	Gross inc	ome from gaming (attach Schedule G if greater than	- 1	
		\$15,000) .	6a	'	
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions		
è		from fundr	aising events reported on line 1) (attach Sonedble-Guithe)		
_		sum of suc	h gross income and contributions exceeds \$15,000 6b		
	С	Less: direc	t expenses from gaming and fundraising events	- .	
	d	Net income	e or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtraction	ct	
		line 6c) .	$\sim \cdots \sim \cdots$	· 6d	
	7a	Gross sale:	s of inventory, less returns and allowances		
	b	Less cost	of goods sold		
	С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7с	
	8	Other rever	nue (describe in Schedule O)	. 8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	16,631
	10	Grants and	sımılar amounts paid (list in Schedule O)	. 10	
	11	Benefits pa	ud to or for members	. 11	
ses	12	Salaries, of	ther compensation, and employee benefits	. 12	
	13	Profession	al fees and other payments to independent contractors	. 13	
Expen	14		rent, utilities, and maintenance		
ũ	15	Printing, pu	ublications, postage, and shipping	. 15	
	16	Other expe	nses (describe in Schedule O)	. 16	125
	17	Total expe	nses. Add lines 10 through 16	17	125
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	16,506
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	th	•
As		end-of-yea	r figure reported on prior year's return)	. 19	ZZ 0,460
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	. 20	0
<u>z</u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	236,966
For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2015)

	990-EZ (2013) CENTEL TOE THE DETER		- Enland	<u> </u>	<u> </u>	37 / 6 Page 2
Pa	Balance Sheets (see the instructions	•				_
	Check if the organization used Schedule	e O to respond to a	ny question in this			<u> </u>
			Ĺ	(A) Beginning of year	$\overline{}$	
22	Cash, savings, and investments			216,187		
23	Land and buildings					
24	Other assets (describe in Schedule O)			4,273		
25	Total assets					
26 27	Net assets or fund balances (line 27 of column					
Par					21	236,766
ı aı	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?	o to respond to d	ily question in this	urtin		uired for section
Desc	ribe the organization's program service accompline assured by expenses. In a clear and concise in				orgai	nizations, optional for
	ons benefited, and other relevant information for e		c scrvices provided	, the number of		,
28	PUBLIC EDUCATION C		JERAL PU	BLIC		
	WITH REGARD TO THE					
	PROPEROTY RIGHTS AND ECONO	omic RIGHTS.	ONEX 18,000 C	28 VISTORS		40
	(Grants \$	includes foreign gra	ants, check here .	> 🗀 🕽	28a	40
29	LEGAL ACTION: LEGAL DE	SENSE OF L	EGAL RIGHT	S AS WELL		
	AS EXTURATION OF THUS	e richas i	JITH REGA	wto the		
	FROE EUNDORSC SYSTEM, PRO					
	(Grants \$	includes foreign gra	ants, check here .	▶ 🗆	(Required for sect 501(c)(3) and 501(organizations, opt others) 28a 29a 30a 31a 32 structions for Patter (e) Estimated an other compens	
30	•					
	/O					
04	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	
31		includes foreign gra			21.	
32	Total program service expenses (add lines 28a	through 31a)	ints, theth here .			40
Par						
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,	T	<u></u>
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		
A	AN M. GOTTLIES	PICES IDEN	12	رهـ		<i>C</i> 2
	BELEVIE, WA 98005	15 Hours				
	on arnoud	VICE ARESIR	47	\sim		
<u> </u>	ELLEVUE, WA 98005	ZO HURS				
	SAM SLOM	DURECTOR	-0-			- ©)
<u></u>	MOLULU, HI	2 Hurs	-0-		<u> </u>	
	DOLLE VERSUET	DIRECTUR	-0	-0-		~
	A DOOL GOTTUED	2 Huns			 	
	PODOLULU, HI DULIE VERSNEL BELLEVUE WA 98005 ANDREW GOTTLIER GELLEVUE WA 98005	ZHUMS	-0-	-0-		4
	Beccore COF 18-03	2 400			+	
		-				
					+-	
		-				
					 	
		†				
		·····			+	•
		1				
					T	
		-				
					T	
			I		1	

	Society (Explored in the Colonia of		Page 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	×,.
b C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c	<i>NIA</i>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	×
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a	X
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b MA Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	36d	
ь 40а	Gross receipts, included on line 9, for public use of club facilities		:
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		5 1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	;	:
e 41	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	メ
42a	The organization's books are in care of ► ALAN M. GOTTLES Telephone no. ► 425	- A C	7
724			9-2°23
ь	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)? If "Yes," enter the name of the foreign country:		res No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
	At any time during the calendar year, did the organization maintain anyoffice outside the U.S.?	42c	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· //	es No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	NIA
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45a 45b	X

Form 990-E	2 (2015) CENTER FUR TH	BENEFOR E	of freezew	merase 9	/-0973976 _{age 4}
	-144				Yes No
46 Di	d the organization engage, directly or i candidates for public office? If "Yes,"	ndirectiy, in political d complete Schedule C	campaign activities on C. Part I	behalf of or in oppo	sition 46 X
Part VI	Section 501(c)(3) organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and complete t	the tables for lines
	50 and 51.				_
	Check if the organization used So	hedule O to respond	to any question in t	his Part VI	<u> </u>
47 Di	d the organization engage in lobbying	activities or have a	section 501(h) election	n in effect during th	e tax
	ar? If "Yes," complete Schedule C, Pa		<i></i>	_	47
	the organization a school as described i				. 48
	d the organization make any transfers t	· ·	_		49a 🗶
	"Yes," was the related organization a somplete this table for the organization's				. 49b //
	nployees) who each received more that				
		(b) Average	(c) Reportable	(d) Health benefits,	o (a) Estimated amount of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and deferre	
	10:15		(compensation	
	$\mathcal{N}\mathcal{O}\mathcal{M}$				
					-
			<u> </u>		<u> </u>
	otal number of other employees paid over complete this table for the organization		, P	aantraatara uuha aa	ah waaannad waana 46
\$1	00,000 of compensation from the organization	anization. If there is no	one, enter "None."	CONTRACTORS WHO Ear	ch received more man
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Compensation
·-	121				
	NONE		-		
	<u> </u>				
			1		
		· · · · · · · · · · · · · · · · · · ·			
	ital number of other independent contri d the organization complete Schedi				
	mpleted Schedule A	ne A? Note. All			
	ties of perjury, I declare that I have examined this				
true, correct	, and complete Declaration of preparer (other that	n officer) is based on all			
Sign	Signature of officer	Joures			
Here	1	LIEB P			
	Type or print name and title				
Paid	Print/Type preparer's name	Preparer's signature			
Prepare					
Use On					
May the II	Firm's address ► RS discuss this return with the prepare	r shown above? Se			
40.	U IRC(1) ELECTION (WAS MAD			
	- 12 DE BUE FR	TER PRISE			
VE	an an add HATUP. A	TEEN IVIA			
EXI	CONTROL DE PROS	ENTERAS			
UE	PENSE OF MEE				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

	of the orga		THE	() SS	33 K F	AF	FREE	5	mse.	سادوت	Employer identification	n number 773 976
Par											part.) See instruction	
							(For lines 1 t		<u>-</u>			37107
1	-		•					_		-	70(b)(1)(A)(i).	
2	A sch	ool desc	ribed in s	section	170(b)(1)(A)(ii). (A	ttach Sched	ule E (F	orm 990	or 990-E	Z).)	
3							nization desc					
	hospi	tal's nam	ie, city, a	nd state	e:						section 170(b)(1)(A)	
5					the benefit plete Part II		ollege or uni	versity	owned o	or operate	ed by a governmen	tal unit described in
6							ental unit de					
7	7 MAn organization that normally receives a substantial part of its support from a governmental unit or from the general publi described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	☐ A con	nmunity 1	rust des	cribed i	n section 1	70(b)(1)(A)(vi). (Cor	nplete	Part II.)			
9	9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
											tion 509(a)(4).	
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.											
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
b												
С											with, and functional	ly integrated with,
d	that	is not fu	nctionally	y integra	ated. The or	ganiza		y must	satisfy a	dıstrıbuti	ction with its supportion requirement and I Part V.	• • • • • • • • • • • • • • • • • • • •
е	☐ Che	ck this b	ox if the	organız	ation receiv	ed a w		ination	from the	RS that	it is a Type I, Type	II, Type III
f		-	-	_								
g					_		ted organiza					
	(i) Name of	supported	organizatio	n	(ii) EIN		iii) Type of orgar (described on lin ibove (see instru	es 1-9	listed in yo	organization ur governing ment?		(vi) Amount of other support (see instructions)
									Yes	No	1	
(A)												
(B)				-								
(C)												
(D)												
(E)							-		-			
Total			·								-	

Part	lle A (Form 990 or 990-EZ) 2015 CEUTS FX						
	(Complete only if you checked the						
	Part III. If the organization fails to						•
Secti	ion A. Public Support						
Calen	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,339	33,237	571,235	28,513	15,916	663,240
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8339	33,237	578235	28,513	15,916	683,240
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			:			534,724
6	Public support. Subtract line 5 from line 4.		ar in the section of	e or overenene e :			128,516
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	B,339	33,237	577,235	28,513	15,916	663,240
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	114	96	48	598	715	2,011
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,,				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						665,251
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organization	,	d, third, fourth,	or fifth tax ye	ar as a section	on 501(c)(3)
	organization, check this box and stop her				<u></u>	· · · · ·	🕨 🗆
	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2015 (line 6 Public support percentage from 2014 Sch 331/3% support test—2015. If the organization qual box and stop here. The organization qual	edule A, Part	II, line 14 check the box	on line 13, and	[Ine 14 is 33 ¹ /		
b	331/3% support test—2014. If the organicheck this box and stop here. The organi					15 is 33½%	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-a acts-and-circu	and-circumstar ımstances" tes	nces" test, che t. The organiza	ck this box an tion qualifies a	d stop here. E as a publicly si	Explain in upported

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

18

Schedule A (Form 990 or 990-EZ) 2015	CENTER	FIR THE	DEFENSE	of FREE	BUTHLANGE	91-0973976page 3
--------------------------------------	--------	---------	---------	---------	------------------	------------------

Part III Support Schedule for Organizations Described in Section 509(a)(2	Part III	Support Sche	dule for (Organizations	Described in Se	ection 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 te	sts listed bel	low, please co	omplete Part	II.)	
Secti	on A. Public Support			_			
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees			, ,			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise			,			
	sold or services performed, or facilities			/			
	furnished in any activity that is related to the			a // /	1		
_	organization's tax-exempt purpose			// //-	 		
3	Gross receipts from activities that are not an		/		1		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf				}		· ·
5	The value of services or facilities		1				
	furnished by a governmental unit to the				İ		
	organization without charge						
6	Total. Add lines 1 through 5					_	
-	Amounts included on lines 1, 2, and 3						
1 a	received from disqualified persons .						
b	Amounts included on lines 2 and 3		}			1	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		MAKE THE TANK	NAME OF THE OWNER, OWNE	A CHARLES		
	line 6.)	强能					
Secti	on B. Total Support				her traditions are		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(4) 2011	(2) 2012	(0) 2010	(4) 2014	(6) 2010	(i) Total
10a	Gross income from interest, dividends,						
IUa	payments received on securities loans, rents,						
	royalties and income from similar sources .						
_	·						
b	Unrelated business taxable income (less			/ .	И		
	section 511 taxes) from businesses			/	H		
	acquired after June 30, 1975				,		
C	Add lines 10a and 10b			, ,	_		
11	Net income from unrelated business						
	activities not included in line 10b, whether			1			
	or not the business is regularly carried on			İ			
12	Other income. Do not include gain or						
	loss from the sale of capital assets		,				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		•	1			
14	First five years. If the Form 990 is for the	e organization	'e firet secon	d third fourth	or fifth tax w	or as a section	n F01/a\/3\
	organization, check this box and stop he i	_	13 11131, 300011	la, triila, loarti	, or man tax ye	sai as a sectio	11 30 1(c)(3)
Coati			<u>· · · · · · · · · · · · · · · · · · · </u>	/////		<u> </u>	····
	on C. Computation of Public Suppor	<u>*</u>		0 - 1	·	1 4= 1	
15	Public support percentage for 2015 (line 8			3, column (t))	.1.	15	%
16 Casti	Public support percentage from 2014 Sch			· · · · t	// · // · · ·	16	%
	on D. Computation of Investment Inc			/`	1 10	-1	
17	Investment income percentage for 2015 (• •	•	nn (t))	17	%
18	Investment income percentage from 2014					18	%
19a	331/3% support tests - 2015. If the organi						
	17 is not more than 331/3%, check this box a	and stop here.	The organizati	on qualifies as a	a publicly suppo	orted organizati	on . 🕨 🗌
b	331/3% support tests - 2014. If the organiz	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this b	oox and stop h	ere. The organ	ızatıon qualıfıes	as a publicly si	upported organi	zation 🕨 🦳
20	Private foundation. If the organization did	d not check a	hox on line 14	19a or 19b o	heck this box	and see instru	ctions 🕨 🗀

Part IV Supporting Organizations

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

Section A. All Supporting Organizations	\Box	Ί	1	
/	\mathcal{V}_{I}		7	

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

		Yes	No
g <i>y</i>			
	1		
s			
_	2		
r	3a		
d e	Sa		
9	3b		
()			
f	3с		
	4a		
า ว			
	4b		
n d			
)	4.0		
	4c	-	
J			
,		ť	
	5a		
/	5b		
)	5с		
i i	. 1		
,	6		
r 1			
•	7		
•	8		
; 			
ı	9a		
١			
ŀ	9b		
	9с		
	10a		
	10b		
	200 010	00 EZ	2015

	e A (Form 990 or 990-EZ) 2015 CEVIER PURTING DESERVE OF PRESE BY SERVE 7/- 09	<u> 737</u>	16	Page
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)):
_	below, the governing body of a supported organization?	11a		<u> </u>
	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 4, b, or c, provide detail in Part VI.	11c		L
3661	No. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	r r	ļ	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	19		
	the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
	, , , , , , , , , , , , , , , , , , ,		Yes	Nο
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	:		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	:		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	.1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	:	:	
<u> </u>	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s			
С	The organization supported a governmental entity. Describe in Fart VI now you supported a government entity (s	ee insti 	ructic	ons).
2	Activities Test. Answer (a) and (b) below.	\	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		_
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	2-		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		كسر

Schedule A (Form 990 or 990-EZ) 2015 (SUTER FUR THE DEPOLES OF FR	<u>ح</u>	B 11402015 9/2	0973976
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	0 7 8 7 6 Page (
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			nstructions All
other Type III non-functionally integrated supporting organizations must co	ompi	lete Sections A through E.	non dodono. An
Section A - Adjusted Net Income	•	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		· · · · · · · · · · · · · · · · · · ·
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	, -	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			and the red market the comment of the com-
instructions for short tax year or assets held for part of year):		阿斯斯 主义或引擎对外则	THE PERSON NAMED OF PERSONS NAMED OF PER
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)	5		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2015

4

6

Schedule A (Form 990 or 990-EZ) 2015	FOR THE DEPENSE	OF FREE	ENTERPRISE	91-0973976age
--------------------------------------	-----------------	---------	------------	---------------

Fairt	- 1	s) Supporting Organi	zauons (continuea)	1
	ction D - Distributions			Current Year
	part to deposited organizations to accomplish parposed			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	** *		
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	<u> </u>		
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
9	(provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by Line 9 amount	-	(ii)	(iii)
	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	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 required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				_
<u>b</u>				
d	From 2013			
e	From 2013	<u>-</u>		
f	Total of lines 3a through e		·	··· -
g	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		"	
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	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			
7	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

NA

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 COUTER FUR THE DEPENSE OF FIRE ENTERARISE 91-0973 97 Page
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, 2
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 lines 2. 5, and 6. Also complete this part for any additional information. (See instructions)
lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II LINE 17
IN 2013 THE CENTER RECEIVED AN UNUSUAL GAM
THE CENTER RECEIVED 1410 UNUSUAL GAME
OF \$550,000. WE REPORTED IT ON LINE I(c) OF PART
SECTION A. INSTRUCTIONS A PAGE TO SAY "DO NOT INCLUDE
ANY UNUSUAL GRANTS". WAHOUT THAT GRANT WE MEET
THE PUBLIC SUPPORT TEST ON LIMES 14 AND 15.
11.0 1000 2010 1 (C) 010 DITES 17 AND 13.
WE MEET THE PUBLIC SPEPPORT TEST IN 2011,2012
WE MEET THE PUBLIC SPAPPORT TEST IN 2011,2012 2014 AND 2015. WITHOUT THAT "UNUSUAL GRANT" WE
WOULD ALSO MEET THE PUBLIC SUPPORT TEST IN 2013
00000 11-20 11E 1-201C 301(QT) 1E31 10 2013
WE CONTINUE TO EXPECT TO MEET THE PUBLIC
SUPPORT TEST IN 2016 THROUGH ATTACTING MORE
PUBLIC SUPPORT WITH OUR CONTINUOUS SOLICITATIONS
OF FUNDS.