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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Α | For th | e 2015 calendar year, or tax year beginning JUL 1, 2015 and endi | The second secon | IN 30, 2016 | |
|---------------------------|-------------------|---|--|---|--------------------------------|
| В | Check if | C Name of organization | | D Employer identifi | ication number |
| | applicab | e: | | D Limployer identili | ication number |
| | Addre | ss e BOOK TRUST | | | |
| | Name chang | Doing business as | | 20-412 | 4164 |
| | Initial return | | m/suite | | |
| F | Final | 790 CUEDMAN CODEED CUITE 2003 | iii/Suite | E Telephone number | er 8 – 9 8 8 9 |
| | termir ated | | | G Gross receipts \$ | |
| | Amen | DENVER, CO 80203 | ŀ | | 3,404,559. |
| | Applic | | | H(a) Is this a group re for subordinates | |
| | pendi | SAME AS C ABOVE | | | |
| ī | Tax-ex | empt status: X 501(c)(3) | 527 | H(b) Are all subordinates i | |
| | | te: WWW.BOOKTRUST.ORG | | | list. (see instructions) |
| _ | | | | H(c) Group exemption formation: 2006 | ■ State of legal domicile: CO |
| - | art I | Summary | LIGATO | Tiormanon, 2000 | VI State of legal domicile, CO |
| | | Briefly describe the organization's mission or most significant activities: WE INSPIRE | Z A PAS | SSION FOR READING | 3 |
| Activities & Governance | | BY EMPOWERING LOW-INCOME CHILDREN TO CHOOSE AND OWN BOOKS. | AIA | DOION FOR READING | 3 |
| nai | 1 | Check this box if the organization discontinued its operations or disposed of | | H 050/ 1:1 1 | |
| Ver | | | | | ssets. |
| ලි | | | | 3 | 0 |
| లర ల | 5 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 11 |
| iţi | 6 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | | 5 | 11 |
| Ę | 7.0 | Total number of volunteers (estimate if necessary) | | 6 | 225 |
| A | /a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| | В | Net unrelated business taxable income from Form 990-T, line 34 | ······ | 70 N 20 N | 0. |
| | | Contributions and mosts (Doub) (III Page 41) | | Prior Year | Current Year |
| Revenue | | Contributions and grants (Part VIII, line 1h) | | 2,991,048. | 3,211,262. |
| | 1 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 3. | 0. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 37,835. | 87,996. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,028,886. | 3,299,258. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 1000000 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 733,016. | 886,060. |
| ens | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ᄶ | b b | Total fundraising expenses (Part IX, column (D), line 25) | | | |
| _ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,150,138. | 2,329,712. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,883,154. | 3,215,772. |
| or | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 145,732. | 83,486. |
| ts o | | | Begi | inning of Current Year | End of Year |
| Net Assets Fund Baland | 20 | Fotal assets (Part X, line 16) | | 1,490,477. | 1,599,094. |
| let / | 21 | Fotal liabilities (Part X, line 26) | . | 33,989. | 60,100. |
| | art II | Net assets or fund balances. Subtract line 21 from line 20 | | 1,456,488. | 1,538,994. |
| | | | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules and | | | knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which pr | reparer h | as any knowledge. | 1 |
| ٥. | | Signature of officer | | Date | 0 |
| Sig | - 1 | | | Date | |
| Her | e | AMY FRIEDMAN, PRESIDENT & CEO Type or print name and title | | | |
| | | | nel Do | to | II DTIN |
| De! | , [| Print/Type preparer's name Fraparer's signature | Da | OHOUR | PTIN |
| Paid | | OORI J. EGGETT | 1. | 2/1/2016 if self-employe | |
| _ | parer | Firm's name EKS&H LLLP | | Firm's EIN | 46-1497033 |
| use | Only | Firm's address 7979 E. TUFTS AVENUE, SUITE 400 | | 200 | |
| _ | | DENVER, CO 80237-2521 | | Phone no.303- | |
| May | the IF | S discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

| Form | m 990 (2015) BOOK TRUST | 20-4124164 | Page 2 |
|------|---|-----------------------------|----------|
| | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | х |
| 1 | Briefly describe the organization's mission: | | |
| | SEE SCHEDULE O. | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| _ | | | Yes X No |
| | the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | L | res 🕰 No |
| _ | · | | Yes 🗓 No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program ser | vices? | res 🚣 No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations | to others, the total expens | es, and |
| | revenue, if any, for each program service reported. | | |
| 4a | · | (Revenue \$ |) |
| | SEE SCHEDULE O. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ | (Revenue \$ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) | (Revenue \$ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4.1 | Other pregram convices (Describe in Caladula C.) | | |
| 40 | Other program services (Describe in Schedule O.) | • | |
| _ | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 40 | LOTAL DYDOTAM SERVICE EXPENSES ➡ | | |

532002 12-16-15

Form 990 (2015) BOOK TRUST 20-4124164 Page **3**

Form 990 (2015) Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|----------|-----|---------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | Х | |
| • | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Λ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 3 | | х |
| 4 | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| 4 | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | |
| 3 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| Ü | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | ۰ | | |
| ′ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | |
| 0 | | 8 | | х |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | ۰ | | |
| 3 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | - | | - |
| .0 | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | 10 | | |
| •• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| u | Part VI | 11a | х | |
| h | 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 | | х |
| c | 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 | | х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| - | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | х |
| | 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 | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | 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 | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | | 14a | | Х |
| 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 | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| | | | - | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |

Form **990** (2015)

orm 990 (2015) BOOK TRUST 20-4124164 Page **4**

Form 990 (2015) BOOK TRUST Part IV Checklist of Required Schedules (continued)

| 20- | Did the examination energic one or more beginted facilities? If "Vee " complete Cahadula II | 20- | Yes | No X |
|-----|--|------------|-----|---------|
| | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 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 | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 8 | 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 | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 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 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

BOOK TRUST 20-4124164 Page 5

Form 990 (2015) **Part V** Sta Statements Regarding Other IRS Filings and Tax Compliance

| Section Sect | | Check if Schedule O contains a response of note to any line in this part v | | | | Щ | | |
|---|-----------------|--|---|----------------|-----|-------|--|--|
| b Enter the number of Forms W26 included in line 1a. Enter o If not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2a 1.1 2b 1.1 2b 1.2 2b 2b 2b 2b 2b 2b 2b | | | 1 1 | | Yes | No | | |
| c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to prize winners? 2a Effect the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 Intelligent of the calendar year ending with or within the year covered by this return 3 Intelligent of the calendar year ending with or within the year covered by this return 3 Intelligent of the sum of lines 1 and 2 is ig repaired than 250, you may be required to e-file (see instructions) 3 Intelligent of the sum of lines 1 and 2 is ig repaired than 250, you may be required to e-file (see instructions) 3 Intelligent of the sum of lines 1 and 2 is ig repaired than 250, you may be required to e-file (see instructions) 3 Intelligent of the sum of lines 1 and 2 is ig repaired than 250, you may be required to e-file (see instructions) 3 Intelligent of the sum of lines 1 and 2 is ig repaired than 250, you may be required to e-file (see instructions) 3 Intelligent of the sum of lines 1 and 2 is ignored and 2 is intelligent 2 is intelligent 2 intelligent | | | | 2 | | | | |
| dependingly winnings to prize winners? a First 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 b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2 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 rower during the yea? 3a Law 1 if Yea, 1 and 1 filed a Form 950 For firs his year If 1/%, 1 foll ne3 business and 1 filed price of the state of 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 accounts (FBAR). 5b If Yea, 1 inter the name of the foreign country. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file or grant tax file form 8896. 5c If Yea, 1 in the sace of 5d, did the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions and er section 170(c). 5c If Yea, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions and party for goods and services provided to the payor? 5c Obd the organization receive a payment in excess of \$75 made partly as a contribution of payor tyric the organization form \$220? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yea, 1 did the organization receive a payment in excess of \$75 made partly as a contribution of payment and the payor than \$200 the pay | | | | 4 | | | | |
| 2a Earth the number of employees reported on Form WA3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrealed business gross income of \$1,000 or more during the year? 3a Did the organization have unrealed business gross income of \$1,000 or more during the year? 3a A Earth of Wes, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b Did Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b Did any taxed during the calendary year, did the organization have uniforest 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 A Earth of the firm of file form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 5b Did any taxebe party nority the organization that it was or is a party to a prohibited at shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file form 8886-T? 5c If "Yes," to line 5a or 5b, did the organization file form 8886-T? 5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization sell, example, or dehrevised slopses of targible personal property for which it was required to the Form 8282? 7d Did the organization sell, example, or dehrevised slopses of targible personal property for which it was required? 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | С | | | | v | | | |
| tried for the calendary year ending with or within the year covered by this return 2a 11 | 0- | | I | 10 | Λ | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Lix the view, has it filed a Form 990 T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 3b Lix the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary 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 At any time during the calendary year, did the organization have a branch and the proper of the proper during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5b Lix Yes, 'to line 5a or 5b, did the organization file Form 888617 6c Lix the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Lix the organization that were not tax deductible as charitable contributions? 7b Lix Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7roganizations that many receive deductible contributions under section 170(c). 8b Lix Yes,' did the organization include with every solicitation an express statement that such contribution of gross and party as a contr | 2a | | 1. | | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a X 3b if Yes, "set filed a Form 950 Tor this year? if Yes," of the 3p, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, level as a bank account, as entering country (such as a bank account, securities account, or other financial accountry) 5a Vies," enter the name of the foreign country, level as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account as foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibitote tax shelter transaction at any time during the tax year? Sa X 5b Old any taxable party notify the organization that it was or is a party to a prohibitod tax shelter transaction? Sb X 5c If Yes, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the reno tax edeductible as charitable contributions? Sc 6c Does the organization and the explanation include with every solicitation an express statement that such contributions or gifts 6c Bb If Yes, "did the organization notify the donor of the value of the goods or services provided to the payor? 7a X 7b If Yes, "did the organization notify the donor of the value of the goods or services provided? 7b X 7c If Yes, "indicate the number of Forms 8282 filed during the year 17d 7a 7a 7a 7a 7a 7a 7a | L | | | | Y | | | |
| 3a X M 17 Yes, *has it flide a Form 990-1 for this year? If *No.* to fire 3b, provide an explanation in Schedule O 3b 4 4 4 4 4 4 4 4 4 | b | | | 20 | Λ | | | |
| b if "Yes," has it filed a Form 980-T for this year" if "No." in time 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a x b if "Yes," enter the name of the foreign country. See instructions for filing requirements for fine CRF 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 Us b Did any stable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax educutible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7b If "Yes," indicate the number of Forms 8282 filed during the year 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8282? 7c If Yes, indicate the number of Forms 8282 filed during the year 7c If If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r If X 7 | 32 | | | 32 | | x | | |
| 4a A 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, ecount, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions or programization that it was or is a party to a prohibited tax shelter transaction? See instructions or see a party to a prohibited tax shelter transaction at any time during the tax year? See instructions that we annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductible as charitable contributions? See if I'Yes, 'I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). July 19'** (I'Yes, 'I did the organization notify the donor of the value of the goods or services provided? The service of the organization receive a payment in excess of S'5 made party as a contribution and party for goods and services provided to the payor? The service of the organization organization on the during the year and the service organization organization organization organization services appropriate displayed to the organization organi | | | | | | - 21 | | |
| triancial account in a foreign country (such as a bank account, securities account, or other financial accountity? b (if "Yes," enter the name of the foreign country; "See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Usid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line Sa or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twe not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6b If "Yes," indicate the number of Forms 8282 filed during the year 6b If the organization received any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7c X 6c If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? 8c Sponsoring organization make any taxable distributions under section 49667 9a If the organization make any taxable distributions under section 49667 9b If the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667 9a If the organization members or shareholders 1a Gross income from members or shar | | | | 30 | | | | |
| b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b X b Did any taxable party notify the organization file Form 888817 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 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? 6b If "Yes," did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a 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 X 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 8c Did the organization receive any funds, directly or indirectly, or paymenting organization than the payor and p | -r a | | - · · · · · · · · · · · · · · · · · · · | 42 | | x | | |
| 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C Tyres,* to line Sa or Sb, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 If Yes,* did the organization notify the donor of the value of the goods or services provided? 7 If Yes,* indicate the number of Forms 8282 filed during the year payment in excess of \$75 made partly as a contribution of a payment to file Form 8282? 8 If Yes,* indicate the number of Forms 8282 filed during the year 9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(k)7 organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 B Gross income from members or shareholders b Gross income | h | · · · · · · · · · · · · · · · · · · · | accounty: | T a | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes; to line 5a or 5b, did the organization file Form 8886-7? 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? 5c If Yes; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d 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 X 7b If Yes; did the organization notify the donor of the value of the goods or services provided? 7b If Yes; indicate the number of Forms 8282 filled during the year 7c If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 7h If the organization received a contribution of ass, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7h If the organization make any taxable distributions under section 4966? 9s Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9s Did the sponsoring organization make any taxable distributions under section 4966? 9s Did the sponsoring organization make any taxable distributions under section 4966? 9s Cection 501(c)(12) organizations. Enter: a first content from members or s | | | ccounts (FBAR) | | | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-T? 6 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization reteries a payment in excess of \$75 made party as a contribution and partly for gods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 10 If the organization make any taxable distributions under section 4966? 10 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 11 Section 501(c)(7) organization make any taxable distributions under section 4966? 12 Section 501(c)(7) organization make any taxable distributions under section 4966? 13 Section 501(c)(7) organization benefit contract and the section of Form 990 in lieu of Form 1041? 12a Fores received from them.) 15 Section 501(c)(7) organization included on Part VIII, line 12 16 Gross recome from members or shareholders 17 Section 501(c)(7) organizations. Enter: 18 If Yes, "enter th | 5a | | | 5a | | х | | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$55 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business biodings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Gross income from members or shareholders b Gross income from embers or shareholders b Gross income from embers or shareholders b Gross income from embers or shareholders b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Section 501(c)(2) qualified nonprofit health insurance issuers. a Is the organization incessed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | | $\overline{}$ | | _ | | |
| 6a Des 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of or cars, boats, airplanes, or other vehicles, did the organization the a Form 1098-C? Sponsoring organization have excess business holdings at any time during the year? S Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders c Gross included on Form 990, Part VIII, line 12 b Gross included on Form 990, Part VIII, line 12, for public use of club facilities 11b Section 501(c)(12) organizations. Enter: a Gross included on Form 990, Part VIII | | | | | | | | |
| b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 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? 7 Te 2 X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? B Gross receipts, included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12a Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 12b Section 501(c)(12) organization in Received or accrued during the year 13 Section 501(c)(12) organization in Received or accrued during the year 13 Section 501(c)(12) organization in Information the organization fliel form 1041? b If "Yes," enter the amount of | | | | | | | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 The X Condition of the goods and services provided to the payor? The X Condition of the goods or services provided? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The X Condition of Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The X Condition of Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-CO? The X Condition of Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-CO? The X Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(7) organizations. Enter: 1 Section 501(c)(7) qualified nonprofit health insurance issuers. 1 Section 501(c)(7) qualified nonprofit health insurance issuers. 1 Section 501(c)(7) qualified nonprofit health insurance issuers. 1 S | | | | 6a | | х | | |
| were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization series a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 | b | | | | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 To X 1 If "Yes," enter the amount of reserves the organization make a distribution of under sources apainst a sunch as face the amount of reserves the reserves the amount of reserves to hand 2 If "Yes," enter the amount of reserves on hand 2 If "Yes," has it filed a Form 720 to report these payments for indoor tanning services during the tax year? 3 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 4 If We organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 5 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 If the sponsoring organization make any taxable distributions under section 4966? 9 Descripts, included on Form 990, Part VIII, line 12 10 If the sponsoring organizations center: 11 Section 501(c)(7) organizations. Enter: 2 Gross income from members or shareholders 3 Section 501(c)(12) organizations. Enter: 3 If the manuman of tax-exempt interest received or accrued during the year 12 In | | • | • | 6b | | | | |
| a 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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 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? 7 | 7 | | | | | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 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? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 f If the organization make any taxable distributions under section 4966? g Sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization sective. g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organizations. Enter: a Initiation fees and capital contributions or device of club facilities b Gross income from members or shareholders b Gr | а | | vices provided to the payor? | 7a | Х | | | |
| to file Form 8282? 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? 72 | b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Х | | | |
| d if "Yes," indicate the number of Forms 8282 filed during the year | С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as required | | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 I X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is lic | | to file Form 8282? | ·········· | 7с | | Х | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther 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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for | d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10c 10c 10c 11d 10c 11d 11d 12a 11d 11e 12a 11e 11b 12a 11b 11c 12a 11c 12a 11b 11b 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | ontract? | 7e | | Х | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make and istribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | f | | | | | | | |
| 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did Gross income from members or shareholders Did 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? Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. De 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 C Enter the amount of reserves on hand Indication is licensed to issue qualified health plans Did the organization receive any payments for indoor tanning services during the tax year? Italia Indication is fellowed an explanation in Schedule O. De Inter the amount of reserves on payments for indoor tanning services during the tax year? Did the organization receive any payments for indoor tanning services during the tax year? Did the organization is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Description of the amount of tax explanation in Schedule O. Description of the particular of the payments of the payments? If "No," pro | g | If the organization received a contribution of qualified intellectual property, did the organization file February | orm 8899 as required? | 7g | | | | |
| sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 Initial Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation file a Form 1098-C? | 7h | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Inob Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Inob Sotic() (12) organizations. Enter: a Gross income from members or shareholders Individual 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Individual Individual Information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Individual Indi | 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | l by the | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b | | sponsoring organization have excess business holdings at any time during the year? | | 8 | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $$ | | 9b | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a | 10 | | 1 1 | | | | | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | а | | | | | | | |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | | | 10b | | | | | |
| b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | 11 | * * * * * | l I | | | | | |
| 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | 11a | | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | b | | l | | | | | |
| b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | | | | | | |
| Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | l I | 12a | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | , | 12b | | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | | | | 7.0 | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | а | - | | 13a | | | | |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | b | · · · · · · · · · · · · · · · · · · · | 1405 | | | | | |
| 14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b | | | | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b | | | · · · · · · · · · · · · · · · · · · · | 44- | | v | | |
| | | | | - | | | | |
| | b | if the strain of the date of the strain of t | ⊎∪ | | 000 | (2015 | | |

Form 990 (2015) BOOK TRUST 20-4124164 Page **6**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | | | | v |
|------------|--|---------|------|----|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Х |
| Sec | tion 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 1a | | | |
| | 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 | | | |
| 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 | Х | |
| 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 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | | 6 | | Х |
| 7a | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | ۳ | | |
| <i>1</i> a | | 70 | | х |
| | more members of the governing body? | 7a | | Λ |
| D | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | l | | 37 |
| _ | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | 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 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | X | |
| 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 | Х | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| 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 | х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| 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 | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 17 | | |
| 13 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| _ | | 45- | v | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Х | Х |
| a | Other officers or key employees of the organization | 15b | | Λ |
| 40 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| loa | 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 | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►HI, WA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| - | DONNA FROST - 720-458-9889 | | | |
| | 789 SHERMAN STREET, SUITE 300A, DENVER, CO 80203 | | | |

Form **990** (2015)

Form 990 (2015) BOOK TRUST 20-4124164 Page **7**

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) Name and Title | (B) Average hours per week | box | not c , unle | Pos heck ss pe | more rson | than is bot or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|-----------------------|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--------|--|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) RON LOWY | 2.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0 |
| (2) BRAD FLORIN | 2.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0 |
| (3) DAVID DIEHL | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | _ | 0. | 0. | 0 |
| (4) CHERYL ZIMLICH | 2.00 | 1 | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | С |
| (5) CHUCK PAPPALARDO | 2.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | С |
| (6) JILL E. SCHATZ | 2.00 | 4 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (7) ADRIENNE SCHATZ | 2.00 | 4 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (8) DAVID PEREZ | 2.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | С |
| (9) AMY FRIEDMAN | 60.00 | 4 | | l | | | | | | |
| PRESIDENT & CEO | | | | Х | | | | 159,825. | 0. | 27,009 |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | l | | | |

Form **990** (2015)

Page 8 Form 990 (2015) BOOK TRUST 20 - 4124164Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and title | Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estima amour othe | | | |
|---|---|--|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|--|--|--------------------------------|-------------------|--|----------------|
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | | com fr orga | pensa om th anizat d relat inizati | e ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | + | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | \perp | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| С | Sub-total Total from continuation sheets to Part VI | II, Section A | | | | | | | 159,825. 0. 159,825. | | 0. 0. | | | 009. |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization | | | | | | | | | | <u>"-l</u> | | 27 | 1 |
| 3 | Did the organization list any former officer, | | | | | | | | | | | 0 | Yes | No X |
| 4 | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 | um of reportab | le co | omp | ensa | atior | n and | d ot | her compensation from | the organization | | 4 | Х | A |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors | | | | | | | | | | | 5 | | Х |
| 1 | Complete this table for your five highest co the organization. Report compensation for | - | - | | | | | | | • | nsa | tion f | rom | |
| | (A) Name and business | address | NO | NE | | | | | (B) Description of s | ervices | Со | (C mper | s) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Total number of independent contractors (i | including but n | ot li | mite | d to | tho | se li | ster | 1 ahove) who received m | nore than | | | | |
| | \$100,000 of compensation from the organi | · · | .o. II | | J 10 | | 0 | | a abovo, who received in | 10.0 than | | orm (| 990 (| 2015) |

BOOK TRUST 20-4124164 Page **9**

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 318 1 a Federated campaigns **b** Membership dues 1b 242,809. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 2,968,135. 4,398 g Noncash contributions included in lines 1a-1f: \$ 3,211,262 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 242,809. of including \$ contributions reported on line 1c). See Part IV, line 18 a 193,297 Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 87,996 87,996. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

532009 12-16-15

Form 990 (2015)

Form 990 (2015)

87,996.

3,299,258.

0

Total revenue. See instructions.

Form 990 (2015) BOOK TRUST 20-4124164 Page **10**

Part IX Statement of Functional Expenses

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

| Dο | Check if Schedule O contains a response not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|---------|--|----------------|-----------------------------|---------------------------------|----------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| _ | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| _ | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | | 190,333. | 114,200. | 19,033. | 57,100 |
| 6 | trustees, and key employees | 130,333. | 111,200. | 13,033. | 37,100 |
| U | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 568,231. | 227,547. | 59,757. | 280,927 |
| 8 | Pension plan accruals and contributions (include | 300,231. | 227,317. | 35,737. | 200,527 |
| J | section 401(k) and 403(b) employer contributions) | 12,011. | 4,653. | 1,581. | 5,777 |
| 9 | Other employee benefits | 56,010. | 19,959. | 2,890. | 33,161 |
| 10 | Payroll taxes | 59,475. | 25,848. | 6,171. | 27,456 |
| 11 | Fees for services (non-employees): | , | , | -, | , |
| '' a | Management | | | | |
| b | Legal | 711. | | 711. | |
| c | Г | 10,371. | | 10,371. | |
| d | | | | | |
| e | D (' 1(1 ' ' ' O D ' N' ' ' 47 | | | | |
| f | Investment management fees | | | | |
| g | // / L 100/ (I) 05 F | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | 96,289. | 77,784. | 1,162. | 17,343 |
| 12 | Advertising and promotion | 12,602. | 12,049. | , | 553 |
| 13 | Office expenses | 89,154. | 28,867. | 36,754. | 23,533 |
| 14 | Information technology | 72,674. | 50,983. | 1,661. | 20,030 |
| 15 | Royalties | , | , | , | · |
| 16 | Occupancy | 36,000. | 28,800. | 2,160. | 5,040 |
| 17 | Travel | 42,137. | 22,400. | 2,184. | 17,553 |
| 18 | Payments of travel or entertainment expenses | , | , | · | • |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 7,972. | 1,559. | 3,559. | 2,854 |
| 20 | Interest | | | · | · |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 3,214. | | 3,214. | |
| 23 | Insurance | 4,085. | 2,567. | 332. | 1,186 |
| 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 0.) | | | | |
| а | BOOKS | 1,911,006. | 1,911,006. | | |
| b | BACK TO SCHOOL MATERIAL | 28,490. | 28,490. | | |
| С | MEALS AND ENTERTAINMENT | 8,787. | 1,681. | 2,453. | 4,653 |
| d | LOSS ON ASSET DISPOSAL | 6,220. | | 6,220. | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,215,772. | 2,558,393. | 160,213. | 497,166 |
| 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) | | | | |

Form **990** (2015)

orm 990 (2015) BOOK TRUST 20-4124164 Page **11**

Form 990 (2015) Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pa | art X | | | |
|---------------|-----|--|------------|---------------------------------|-----|---------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 53,543. | 1 | 63,074. |
| | 2 | Savings and temporary cash investments | | 294,277. | 2 | 431,548. |
| | 3 | Pledges and grants receivable, net | | 1,127,420. | 3 | 1,062,224. |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directo | | | | |
| | | trustees, key employees, and highest compensated employees. Com | plete | | | |
| | | Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defin | ed under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and co | ntributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntar | y | | | |
| ş | | employees' beneficiary organizations (see instr). Complete Part II of S | ch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | [| | 7 | |
| Ä | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 0. | 9 | 6,274. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a | 33,857. | | | |
| | b | Less: accumulated depreciation 10b | 4,657. | 14,737. | 10c | 29,200. |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 500. | 15 | 6,774. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 1,490,477. | 16 | 1,599,094. |
| | 17 | Accounts payable and accrued expenses | | 33,989. | 17 | 60,100. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| Ş | 22 | Loans and other payables to current and former officers, directors, tru | | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified pe | | | | |
| abi | | Complete Part II of Schedule L | | | 22 | |
| = | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | Г | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Pa | rt X of | | | |
| | | Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 33,989. | 26 | 60,100. |
| | | Organizations that follow SFAS 117 (ASC 958), check here | and | | | |
| Se | | complete lines 27 through 29, and lines 33 and 34. | | | | |
| ğ | 27 | Unrestricted net assets | | 124,264. | 27 | 424,093. |
| Fund Balances | 28 | Temporarily restricted net assets | | 1,332,224. | 28 | 1,114,901. |
| ē | 29 | Permanently restricted net assets | | | 29 | |
| Ξ | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | | |
| p | | and complete lines 30 through 34. | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | _ | 1,456,488. | 33 | 1,538,994. |
| | 34 | Total liabilities and net assets/fund balances | | 1,490,477. | 34 | 1,599,094. |

Form **990** (2015)

Form 990 (2015) BOOK TRUST 20-4124164 Page **12**

| Pa | rt XI Reconciliation of Net Assets | | | | | | |
|---|--|----------|------|------|--------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3 | ,299 | 258. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3 | ,215 | 772. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 83,4 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1 | ,456 | 488. | | |
| 5 | Net unrealized gains (losses) on investments | 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 | | - | 980. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| | column (B)) | 10 | 1 | ,538 | 994. | | |
| Pa | rt XIII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Lash Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | | | |
| 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 | | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |
| | | | Form | 990 | (2015) | | |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number BOOK TRUST 20-4124164

| Pa | rt I | Reason for Public (| Charity Status (| All organizations must c | omplete th | is part.) Se | ee instructions. | | | | |
|-----|-------|---|------------------------|---|--------------------|--------------------|-----------------------------|-------------------------|--|--|--|
| he. | organ | ization is not a private found | dation because it is: | (For lines 1 through 11, | check only | one box.) | | | | | |
| 1 | | A church, convention of ch | urches, or association | on of churches describe | d in sectio | n 170(b)(1 | I)(A)(i). | | | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). | Attach Schedule E (Forr | n 990 or 9 | 90-EZ).) | | | | | |
| 3 | | A hospital or a cooperative | hospital service org | anization described in s | ection 170 |)(b)(1)(A)(ii | i). | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospita | l describe | d in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, | | | |
| | | city, and state: | • | | | | | • | | | |
| 5 | | An organization operated for | or the benefit of a co | ollege or university owne | d or opera | ted by a q | overnmental unit describ | ped in | | | |
| _ | | section 170(b)(1)(A)(iv). (C | | | | , 9 | | | | | |
| 6 | | | | mental unit described in | section 17 | 70(b)(1)(A) | (v). | | | | |
| | Х | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | |
| • | | section 170(b)(1)(A)(vi). (C | - | antial part of its support | nom a gov | Ciriiriciitai | anic or from the general | pablic accombca in | | | |
| 8 | | A community trust describe | | (1)(A)(vi) (Complete Par | + 11 \ | | | | | | |
| 9 | H | • | | | | contributi | ana mambarahin faas a | and arose receipts from | | | |
| 9 | ш | An organization that norma | | | | | | | | | |
| | | activities related to its exen | | | | | | | | | |
| | | income and unrelated busin | | (less section 511 tax) if | om busine | esses acqu | ired by the organization | arter June 30, 1975. | | | |
| 40 | | See section 509(a)(2). (Con | . , | | -f-t C | ti F(| 00(-)(4) | | | | |
| 10 | H | An organization organized | • | • | • | | | | | | |
| 11 | | An organization organized | • | • | - | | • | | | | |
| | | more publicly supported or | | | | | | STECK THE DOX ITI | | | |
| _ | | lines 11a through 11d that | | | | • | | | | | |
| а | | ☐ Type I. A supporting orga | · · | • | | | | | | | |
| | | the supported organization | ., . | • | a majority | or the dire | ctors or trustees of the s | supporting | | | |
| | | organization. You must o | • | | | | | | | | |
| b | L | | • | | | | | - | | | |
| | | control or management o | | | same perso | ons that co | ontrol or manage the sup | рропеа | | | |
| | | organization(s). You mus | | | | | | 1 21 | | | |
| С | | | | | | | • • | ea with, | | | |
| | | its supported organizatio | | | | | | | | | |
| d | | ☐ Type III non-functionally | | | | | • • • • • • • | | | | |
| | | that is not functionally int | - | • | • | | | iveness | | | |
| | | requirement (see instruct | · | - · | | | | | | | |
| е | | ☐ Check this box if the orga | | | | | ı Type I, Type II, Type III | | | | |
| _ | | functionally integrated, or | • • | | | | | | | | |
| t | | er the number of supported of | | | | | | | | | |
| g | | vide the following information i) Name of supported | n about the supporte | ed organization(s). (iii) Type of organization | (iv) Is the o | rganization | (v) Amount of monetary | (vi) Amount of | | | |
| | , | organization | (11) 2.114 | (described on lines 1-9 | isted | in your | support (see | other support (see | | | |
| | | • | | above (see instructions)) | | document? | instructions) | instructions) | | | |
| | | | | | Yes | No | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ota | al | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Page 2

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

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

| Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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) | (n) = · · | | | | | | | |
|--|-------------|--|--|--|--|--|--|--|
| membership fees received. (Do not include any "unusual grants.") 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 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) Tax revenues levied for the organization or 2,551,709. 2,141,707. 2,350,128. 2,991,048. 3,211,263. | (f) Total | | | | | | | |
| include any "unusual grants.") 2 ,551,709. 2,141,707. 2,350,128. 2,991,048. 3,211,263. 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 Total. Add lines 1 through 3 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) | | | | | | | | |
| 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 Total. Add lines 1 through 3 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) | | | | | | | | |
| ization'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 | 13,245,855. | | | | | | | |
| or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 2,551,709. 2,141,707. 2,350,128. 2,991,048. 3,211,263. 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) | | | | | | | | |
| The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 2,551,709. 2,141,707. 2,350,128. 2,991,048. 3,211,263. 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) | | | | | | | | |
| furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 | | | | | | | | |
| the organization without charge 4 Total. Add lines 1 through 3 2,551,709. 2,141,707. 2,350,128. 2,991,048. 3,211,263. 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) | | | | | | | | |
| 4 Total. Add lines 1 through 3 2,551,709. 2,141,707. 2,350,128. 2,991,048. 3,211,263. 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) | | | | | | | | |
| 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) | | | | | | | | |
| 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) | 13,245,855. | | | | | | | |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | | |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | | |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | | |
| amount shown on line 11, column (f) | | | | | | | | |
| column (f) | | | | | | | | |
| | | | | | | | | |
| 6 Public current Catacating Comment | 4,446,554. | | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | 8,799,301. | | | | | | | |
| Section B. Total Support | | | | | | | | |
| Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | (f) Total | | | | | | | |
| 7 Amounts from line 4 2,551,709. 2,141,707. 2,350,128. 2,991,048. 3,211,263. | 13,245,855. | | | | | | | |
| 8 Gross income from interest, | | | | | | | | |
| dividends, payments received on | | | | | | | | |
| securities loans, rents, royalties | | | | | | | | |
| and income from similar sources 49. 362. 52. 3. | 466. | | | | | | | |
| 9 Net income from unrelated business | | | | | | | | |
| activities, whether or not the | | | | | | | | |
| business is regularly carried on 113,825. 37,835. 87,996. | 239,656. | | | | | | | |
| 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 | 13,485,977. | | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | | | | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) | | | | | | | | |
| organization, check this box and stop here | <u></u> | | | | | | | |
| Section C. Computation of Public Support Percentage | | | | | | | | |
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 65.25 % | | | | | | | |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 58.16 % | | | | | | | |
| 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box a | | | | | | | | |
| stop here. The organization qualifies as a publicly supported organization | | | | | | | | |
| b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this | box | | | | | | | |
| and stop here. The organization qualifies as a publicly supported organization | ▶□ | | | | | | | |
| 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or | r more, | | | | | | | |
| and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | | | | | | | | |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ▶□ | | | | | | | |
| b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10 |)% or | | | | | | | |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the | | | | | | | | |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ▶□ | | | | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | > | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2015

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 | olow, please com | proto r urt m.j | | | | |
|-----------|--|------------------|----------------------|------------------------|----------------------|----------------------|---------------|
| | endar 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 per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| <u>Se</u> | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 40 | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | 1 | | |
| | assets (Explain in Part VI.) | | | | ļ | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | <u> </u> | | |
| 14 | First five years. If the Form 990 is for | the organization | s first, second, thi | d, fourth, or fifth to | ax year as a section | on 501(c)(3) organiz | zation, |
| <u></u> | check this box and stop here ction C. Computation of Publ | | | | | | P |
| | | | | l (f)) | | 15 | |
| | Public support percentage for 2015 (I Public support percentage from 2014 | | | | | 16 | <u>%</u> % |
| | ction D. Computation of Inves | | | | | 10 | 70 |
| 17 | | | | | | 17 | % |
| | | | | | | 18 | |
| | Investment income percentage from 2014 Schedule A, Part III, line 17 | | | | | | |
| .50 | more than 33 1/3%, check this box a | | | | | | |
| ŀ | 33 1/3% support tests - 2014. If the | | | | | | |
| • | line 18 is not more than 33 1/3%, che | • | | | • | • | |
| 20 | Private foundation. If the organization | | | • | | • | |

532023 09-23-15

Page 4

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

- 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 |
|-----|--------|----|
| | | |
| 1 | | |
| | | |
| 2 | | |
| 3a | | |
| | | |
| 3b | | |
| | | |
| Зс | | |
| | | |
| 4a | | |
| | | |
| 4b | | |
| | | |
| 4c | | |
| | | |
| 5а | | |
| 5b | | |
| 5c | | |
| | | |
| 6 | | |
| | | |
| 7 | | |
| | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 30 | | |
| 9с | | |
| | | |
| 10a | | |
| | | |
| 10b | 000 E7 | |

| Га | rt IV Supporting Organizations _(continued) | | | |
|-----|---|-----------|-----|----|
| | • | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | 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 | | |
| | ction B. Type I Supporting Organizations | | | |
| | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | • | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | 2 | | |
| 800 | supervised, or controlled the supporting organization. | | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | _ | | |
| | the supported organization(s). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 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 Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | ction 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 yea(see instructions): | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | tructions | s). | |
| 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. <i>Answer (a) and (b) below.</i> | | | |
| а | | | | |
| а | trustees of each of the supported organizations? Provide details in <i>Part VI.</i> | 3a | | |
| b | | Ja | | |
| | of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. | 3b | | |

3569-001

| Pa | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | | | | | |
|-----------------------|---|-----------|------------------------------|--------------------------------|--|--|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All | | | | | | | |
| | other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | | |
| Sect | ion 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 | | | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | | | |
| а | Average monthly value of securities | 1a | | | | | | |
| | Average monthly cash balances | 1b | | | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | | |
| е | Discount claimed for blockage or other | | | | | | | |
| | factors (explain in detail in Part VI): | | | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | | | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | | | | |
| | see instructions). | 4 | | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | | |
| 6 | Multiply line 5 by .035 | 6 | | | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | | |
| Sect | 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 | | | | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | | |
| 6 | | | | | | | | |
| | emergency temporary reduction (see instructions) | | | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | y-integra | ated Type III supporting org | ganization (see | | | | |
| | instructions) | - | | | | | | |

Schedule A (Form 990 or 990-EZ) 2015

Page 7

| Par | t V | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|-------|---------|--|-------------------------------|------------------------|-----------------|
| Secti | ion D - | Distributions | | , | Current Year |
| 1 | Amou | | | | |
| 2 | Amou | | | | |
| | organ | | | | |
| 3 | Admir | nistrative expenses paid to accomplish exempt purpose | | | |
| 4 | Amou | nts paid to acquire exempt-use assets | | | |
| 5 | Qualif | ied set-aside amounts (prior IRS approval required) | | | |
| 6 | Other | distributions (describe in Part VI). See instructions. | | | |
| 7 | Total | annual distributions. Add lines 1 through 6. | | | |
| 8 | Distrib | outions to attentive supported organizations to which the | ne organization is responsive | | |
| | | de details in Part VI). See instructions. | 3 | | |
| 9 | | outable amount for 2015 from Section C, line 6 | | | |
| 10 | | amount divided by Line 9 amount | | | |
| | | , | (i) | (ii) | (iii) |
| | | | Excess Distributions | Underdistributions | Distributable |
| Secti | ion E - | Distribution Allocations (see instructions) | | Pre-2015 | Amount for 2015 |
| 1 | Distrib | outable amount for 2015 from Section C, line 6 | | | |
| 2 | | rdistributions, if any, for years prior to 2015 | | | |
| | | onable cause required-see instructions) | | | |
| 3 | | es distributions carryover, if any, to 2015: | | | |
| a | Ελουσ | o distributions sarry over, it arry, to 2010. | | | |
| b | | | | | |
| c | | | | | |
| | From | 2013 | | | |
| | From | | | | |
| | | of lines 3a through e | | | |
| | | ed to underdistributions of prior years | | | |
| | | ed to 2015 distributable amount | | | |
| i | | over from 2010 not applied (see instructions) | | | |
| i | | inder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | | outions for 2015 from Section D, | | | |
| - | line 7: | · | | | |
| а | | ed to underdistributions of prior years | | | |
| | | ed to 2015 distributable amount | | | |
| | | inder. Subtract lines 4a and 4b from 4. | | | |
| 5 | | ining underdistributions for years prior to 2015, if | | | |
| - | | Subtract lines 3g and 4a from line 2 (if amount | | | |
| | | er than zero, see instructions). | | | |
| 6 | _ | ining underdistributions for 2015. Subtract lines 3h | | | |
| - | and 4 | | | | |
| | instru | | | | |
| 7 | | | | | |
| - | and 4 | ss distributions carryover to 2016. Add lines 3j | | | |
| 8 | | down of line 7: | | | |
| a | | | | | |
| b | | | | | |
| | Exces | ss from 2013 | | | |
| | | ss from 2014 | | | |
| | | ss from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; |
|----------|--|
| T GIT TI | 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.) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

3569-001

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Employer identification number

| вос | K TRUST | 20-4124164 | | |
|--|---|---|--|--|
| Organization type (check o | ne): | | | |
| Filers of: | Section: | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | |
| | 527 political organization | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | |
| | 501(c)(3) taxable private foundation | | | |
| | s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | ile. See instructions. | | |
| | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor | | | |
| Special Rules | | | | |
| sections 509(a)(1) a any one contributo | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoun line 1. Complete Parts I and II. | or 16b, and that received from | | |
| year, total contribu | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ ruelty to children or animals. Complete Parts I, II, and III. | | | |
| year, contributions is checked, enter h purpose. Do not co | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious emplete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000. If this box s, charitable, etc., t received <i>nonexclusively</i> | | |
| but it must answer "No" on | nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-EZ, or 990-PF). | | | |

| | , | , , | , | <u> </u> |
|----------------------|-------|-----|---|--------------------------------|
| Name of organization | | | | Employer identification number |
| BOOK TRUST | | | | 20-4124164 |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. |
|------------|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 1 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 2 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 3 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 4 | Name, address, and Zir + + | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 5 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 6 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

20-4124164

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II I | radditional space is needed. | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - - - - - - | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - \$ | |

| name of orga | | | Employer Identification number | | | | |
|---------------------------|---|---|---|--|--|--|--|
| Part III | | columns (a) through (e) and the following | 20-4124164 ction 501(c)(7), (8), or (10) that total more than \$1,000 for ine entry. For organizations or the year. (Enter this info. once.) | | | | |
| | Use duplicate copies of Part III if addition | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| - | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to transferee | | | | |
| (a) No. | 422 436 | | | | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| \vdash | | (e) Transfer of gift | 1 | | | | |
| - | Transferee's name, address, a | | Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| - | | | - | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | |
| - | Transferee 3 Hame, address, e | | Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| · | | | | | | | |
| - | Transferee's name, address, a | (e) Transfer of gift and ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number BOOK TRUST

| Par | t I Organizations Maintaining Donor Advised | Funds or Other Similar Funds | S Or ACCOUNTS Complete if the | |
|-----|---|--|--|-------|
| | organization answered "Yes" on Form 990, Part IV, line | | or Accountation Complete in the | |
| | organization answered Tes On Torm 550, Fart W, inte | (a) Donor advised funds | (b) Funds and other accounts | |
| 1 | Total number at end of year | (a) Berief daviced failed | (b) I arias aria sarisi associatio | |
| 2 | | | | |
| | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | _ | - | | l |
| _ | are the organization's property, subject to the organization's ex | | | No |
| 6 | Did the organization inform all grantees, donors, and donor adv | | | |
| | for charitable purposes and not for the benefit of the donor or or | • • • | | ١ |
| Do | impermissible private benefit? | | Yes | No |
| Par | | | Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | · | | |
| | Preservation of land for public use (e.g., recreation or edu | · — | corically important land area | |
| | Protection of natural habitat | Preservation of a cer | tified historic structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d conservation contribution in the form | | |
| | day of the tax year. | | Held at the End of the Tax | Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | | |
| С | Number of conservation easements on a certified historic struc | cture included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired aft | ter 8/17/06, and not on a historic struct | cure | |
| | listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or terminated by th | e organization during the tax | |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation ease | ment is located > | | |
| 5 | Does the organization have a written policy regarding the perio | dic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it h | nolds? | Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | andling of violations, and enforcing con | servation easements during the year | |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | ng of violations, and enforcing conserva | ation easements during the year | |
| | > \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 170 | O(h)(4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | Yes | No |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | include, if applicable, the text of the footnote to the organizatio | n's financial statements that describes | the organization's accounting for | |
| | conservation easements. | | | |
| Par | t III Organizations Maintaining Collections of A | | Other Similar Assets. | |
| | Complete if the organization answered "Yes" on Form 9 | 90, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC | 958), not to report in its revenue state | ment and balance sheet works of art, | |
| | historical treasures, or other similar assets held for public exhib | oition, education, or research in furthera | ance of public service, provide, in Part | XIII, |
| | the text of the footnote to its financial statements that describe | es these items. | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC | 958), to report in its revenue statemen | t and balance sheet works of art, histo | rical |
| | treasures, or other similar assets held for public exhibition, edu | cation, or research in furtherance of pu | ıblic service, provide the following amo | unts |
| | relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ | |
| | | | | |
| 2 | If the organization received or held works of art, historical treas | | | |
| | the following amounts required to be reported under SFAS 116 | | 3 | |
| а | Revenue included on Form 990, Part VIII, line 1 | • | > \$ | |
| | Assets included in Form 990, Part X | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

BOOK TRUST Schedule D (Form 990) 2015 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): ☐ Public exhibition Loan or exchange programs b Scholarly research Other ☐ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: **Amount** 1c c Beginning balance d Additions during the year 1d e Distributions during the year 1e Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year **1a** Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses **d** Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No bv: (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| · · · · · · · · · · · · · · · · · · · | ription of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------------|----------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| | | (| | | |
| b Buildings | | | | | |
| c Leasehold imp | rovements | | | | |
| d Equipment | | | 33,857. | 4,657. | 29,200. |
| e Other | | | | | |
| Total. Add lines 1a t | hrough 1e. (Column (d) must equa | al Form 990, Part X, colum | nn (B), line 10c.) | • | 29,200. |

Schedule D (Form 990) 2015

| (a) Description of security or category (including name of security) | on Form 990, Part IV, line 1 | 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost of | r end-of-year market value |
|---|------------------------------|--|----------------------------|
| | (b) BOOK Value | (c) iviethod of valuation: Cost of | enu-or-year market value |
| 1) Financial derivatives | | | |
| 2) Closely-held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 000 Port IV line 1 | 11a Saa Farm 000 Bart V line 12 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost of | r end-of-vear market value |
| | (a) Book value | (c) Method of Valuation: Cook of | Toria or your market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Complete if the organization answered "Yes" (a) | Description | 174. 336 F 3111 336, F 416 75, III 6 F6. | (b) Book value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | | | |
| (9) | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. | e 15.) | | . ▶ |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | | l1e or 11f. See Form 990, Part X, lir | . ▶ ne 25. |
| Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 11e or 11f. See Form 990, Part X, lir b) Book value | ne 25. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | on Form 990, Part IV, line 1 | | ne 25. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes | on Form 990, Part IV, line 1 | | . ▶ ne 25. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) | on Form 990, Part IV, line 1 | | ne 25. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) | on Form 990, Part IV, line 1 | | ne 25. |
| Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) | on Form 990, Part IV, line 1 | | ne 25. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | on Form 990, Part IV, line 1 | | ne 25. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | on Form 990, Part IV, line 1 | | ne 25. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | on Form 990, Part IV, line 1 | | ne 25. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | on Form 990, Part IV, line 1 | | ne 25. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | on Form 990, Part IV, line 1 | | ne 25. |

532053 09-21-15 Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 BOOK TRUST 20-4124164 Page 4

| Pa | Reconciliation of Revenue per Audited Financial Sta | | Revenue per R | eturn. | |
|---------|--|-----------------------------|---------------|---------------|---------------------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | | | | 2 762 177 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,762,177. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | ا م ا | | | |
| a | Net unrealized gains (losses) on investments | | 357,618. | | |
| b | Donated services and use of facilities | | 357,010. | | |
| C | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | • | | 0- | 257 610 |
| e | Add lines 2a through 2d | | | 2e | 357,618. 3,404,559. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,404,333. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 45 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | -105.301. | | |
| b | Other (Describe in Part XIII.) | | | 40 | -105,301. |
| C | Add lines 4a and 4b Total revenue Add lines 2 and 4a (This must equal Form 900, Part I line 12) | | | 4c 5 | · · · · · · · · · · · · · · · · · · · |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. rt XII Reconciliation of Expenses per Audited Financial St | <i>.)</i> tatements With | Expenses per | | 3,299,258. |
| ı a | Complete if the organization answered "Yes" on Form 990, Part IV, lin | | Expenses per | netuin. | |
| _ | | | | 1 | 3,679,671. |
| 1 | Total expenses and losses per audited financial statements | | | • | 3,073,071. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a | 357,618. | | |
| a | Donated services and use of facilities | | 337,010. | | |
| b | Prior year adjustments Other leases | | | | |
| ۲ C | Other losses | | 106,281. | | |
| d | , | | | 20 | 463,899. |
| е 3 | Add lines 2a through 2d | | | 2e 3 | 3,215,772. |
| 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | • | 3,213,772. |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 42 | | | |
| b | Other (Describe in Part XIII.) | | | | |
| | | - | | 4c | 0. |
| | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | | 5 | 3,215,772. |
| | rt XIII Supplemental Information. | 0.) | | <u> </u> | 0,220,772 |
| lines | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a * X LINE 2: | | | 4, Part A, II | nie 2, Part Ai, |
| THE | ORGANIZATION APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT M | ETHODOLOGY TO | | | |
| REFI | ECT THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSIT | IONS TAKEN OR | | | |
| EXPI | CTED TO BE TAKEN IN A TAX RETURN. AFTER EVALUATING THE TA | X POSITIONS | | | |
| TAKI | N, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO AMO | UNTS HAVE | | | |
| BEE | RECOGNIZED AS OF JUNE 30, 2016 AND 2015. IF INCURRED, IN | TEREST AND | | | |
| PENZ | ALTIES ASSOCIATED WITH TAX POSITIONS WOULD BE RECORDED IN | THE PERIOD | | | |
| ASSI | SSED AS ADMINISTRATION AND GENERAL EXPENSE. NO INTEREST O | R PENALTIES | | | |
| HAVI | BEEN ASSESSED AS OF JUNE 30, 2016 AND 2015. | | | | |
| | | | | | |
| PART | XI, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| | | | | | |
| CDF | TAI. EVENT EYDENCEC | _105 301 | | | |

532054

-105,301.

3569-001

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

(FOITH 990 OF 990-LZ)

Supplemental Information Regarding 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.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization | | | | | | Employer identification number | | |
|--|---|---|-------------------|-----------------------------------|---------|---|---|--|
| BOOK TRUST | | | | | | 20-4124164 | | |
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | | | |
| Indicate whether the organization raised funds through any of the following activities. Check all that apply. a | | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have co or con contribu | ustody trol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | Yes | No | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total 3 List all states in which the organization | on is registered or licensed to solicit (| | utions | s or has been notified | d it is | exempt from re | egistration | |
| or licensing. | | | | | | · | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| | | of fundraising event contributions and gro | | | events with gross receip | ts greater than \$5,000. |
|-----------------|-------|--|-------------------------|--|--------------------------|----------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | | | (add col. (a) through |
| | | | VINO AND LIBRI | EXTRAVAGANZA | 1 | col. (c)) |
| ē | | | (event type) | (event type) | (total number) | |
| Revenue | | | | | | |
| Rev | 1 | Gross receipts | 176,032. | 165,120. | 94,954. | 436,106. |
| _ | | | | | | |
| | 2 | Less: Contributions | 115,066. | 56,766. | 70,977. | 242,809. |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 60,966. | 108,354. | 23,977. | 193,297. |
| | | Ocale micro | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Nanagah prizas | | | | |
| SS | 3 | Noncash prizes | | | | |
| ens(| 6 | Rent/facility costs | 17,266. | 500. | 2,652. | 20,418. |
| Direct Expenses | ١ | Tient facility costs | | | 2,002. | 20,120. |
| ct E | 7 | Food and beverages | 32,355. | 16,215. | 11,639. | 60,209. |
|)ire | ļ · | | , - | , | , - | , - |
| _ | 8 | Entertainment | 500. | 2,969. | | 3,469. |
| | 9 | Other direct expenses | 7,503. | 9,320. | 4,382. | 21,205. |
| | 10 | | 9 in column (d) | | > | 105,301. |
| | | Net income summary. Subtract line 10 from li | ne 3, column (d) | |) | 87,996. |
| Pa | ırt I | | answered "Yes" on Form | n 990, Part IV, line 19, or | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| æ | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | - | niligo/progressive niligo | | col. (a) through col. (c)) |
| Вè | ١. | | | | | |
| | 1 | Gross revenue | | | | |
| | 2 | Cook prizes | | | | |
| Direct Expenses | _ | Cash prizes | | | | |
| ben | 3 | Noncash prizes | | | | |
| Ä | ľ | Nondasii piizes | | | | |
| rect | 4 | Rent/facility costs | | | | |
| 亩 | | | | | | |
| | 5 | Other direct expenses | | | | |
| | | · | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | No | No No | |
| | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | |
| | | | | | | |
| | | ter the state(s) in which the organization condu | · · · · — | | | |
| | | the organization licensed to conduct gaming ac | | | | Yes No |
| b | If " | No," explain: | | | | |
| | | | | | | |
| 10- | \\/ | ere any of the organization's gaming licenses re | avoked suspended or to | erminated during the toy | /ear? | Yes No |
| | | Va - II averalation | • | - | | IC3 INU |
| | | res," explain: | | | | |
| | | | | | | |
| | | | | | | |

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

| Sch | ledule G (Form 990 or 990-EZ) 2015 BOOK TRUST 20-412 | 14104 | | Page 3 |
|-----|--|--------|-------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | The organization's facility | 13a | | % |
| | An outside facility | 13b | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| b | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$ | | | |
| c | If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | └── No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| _ | organization's own exempt activities during the tax year 🕨 \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). | nes 9, | 9b, 1 | 0b, 15b, |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Schedule G | (Form 990 or 990-EZ) | BOOK TRUST | 20-4124164 | Page 4 |
|------------|---|---------------------|------------|----------|
| Part IV | (Form 990 or 990-EZ) Supplemental Info | rmation (continued) | | <u> </u> |
| | •• | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Employer identification number BOOK TRUST 20-4124164

| | | | Yes | No |
|------------|---|----|-----|----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | Х |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | Х | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|--------------------|-------------|--|---|---|--|------------------------------------|--------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(I)-(U) | reported as deferred on prior Form 990 |
| (1) AMY FRIEDMAN | (i) | 152,325. | 7,500. | 0. | 4,793. | 22,216. | 186,834. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | - | 0. | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | _ |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | - |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOOK TRUST

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

Employer identification number 20-4124164

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BOOK TRUST INSPIRES A PASSION FOR READING BY EMPOWERING CHILDREN FROM LOW-INCOME FAMILITY TO CHOOSE AND OWN BOOKS, INCREASING THEIR LITERACY SKILLS AND FOSTERING LIFE-LONG LEARNING. BOOK TRUST RAISES FUNDS SO THAT PARTICIPATING CHILDREN IN HIGH-POVERTY ELEMENTARY SCHOOLS CAN PURCHASE \$7 WORTH OF BOOKS A MONTH, TYPICALLY 2 TO 3 BOOKS PER MONTH OR 18-20 BOOKS OVER THE COURSE OF THE YEAR. MORE THAN 20 YEARS AGO, A YOUNG FORT COLLINS STUDENT WAS DISTRESSED TO REALIZE THAT MANY OF HER CLASSMATES WERE UNABLE TO PURCHASE BOOKS THROUGH THE MONTHLY SCHOLASTIC CATALOGS BECAUSE THEIR FAMILIES DIDN'T HAVE ENOUGH MONEY. YEARS LATER WHEN THE LITTLE GIRL WAS AN ADULT, SHE RETURNED TO COLORADO AND BEGAN BOOK TRUST TO INSURE THAT ALL CHILDREN WOULD HAVE THE CHANCE TO FALL IN LOVE WITH READING BY CHOOSING AND OWNING THEIR OWN BOOKS. IN 2001. BOOK TRUST BEGAN OPERATING AS A PILOT PROGRAM UNDER THE FISCAL SPONSORSHIP OF THE SERIMUS FOUNDATION AND THIS PILOT REACHED 170 STUDENTS ACROSS LARIMER COUNTY. BY 2006, BOOK TRUST HAD OBTAINED INDEPENDENT NONPROFIT STATUS. TODAY, BOOK TRUST OPERATES IN 132 SCHOOLS IN FIFTEEN STATES (CALIFORNIA, COLORADO, FLORIDA, HAWAII, IDAHO, NEW YORK, MISSOURI MONTANA, OREGON, PENNSYLVANIA, TEXAS, VIRGINIA, WASHINGTON, WEST VIRGINIA, AND WISCONSIN) AND IS ABLE TO REACH MORE THAN 38,700 STUDENTS. FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: BOOK TRUST SEEKS TO MAKE A CHANGE IN THE LIVES OF CHILDREN. AND THAT CHANGE IS GROUNDED IN RESEARCH AND EVALUATION. OUR ONGOING EVALUATION EFFORTS DEMONSTRATE BOOK TRUST PROGRAMS ARE DOING EXACTLY WHAT WE THINK

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

| Name of the organization BOOK TRUST | Employer identification number 20-4124164 |
|---|---|
| THEY ARE DOING: GENERATING AN INTEREST IN AND EXCITEMENT FOR READING | |
| AND LEARNING, IMPROVING LITERACY SKILLS, AND INCREASING FAMILY AND | |
| PARENTAL ENGAGEMENT IN READING AT HOME. | |
| DURING THE 2015-2016 SCHOOL YEAR, BOOK TRUST OPERATED IN COMMUNITIES IN | |
| FIFTEEN STATES AND DELIVERED 890,000 BOOKS INTO THE HANDS OF OVER | |
| 38,700 CHILDREN, AN INCREASE OF 11% FROM THE PREVIOUS YEAR. SINCE 2001, | |
| BOOK TRUST HAS PROVIDED OVER 5.2 MILLION BOOKS TO KIDS. | |
| HIGHLIGHTS FROM OUR 2015-2016 EVALUATION RESULTS INCLUDE THE FOLLOWING: | |
| GREATER INTEREST IN AND EXCITEMENT FOR READING AND LEARNING: | |
| EIGHTY-SEVEN PERCENT OF BOOK TRUST TEACHERS REPORT THAT BOOK TRUST HAS | |
| INCREASED STUDENT DESIRE TO IMPROVE THEIR READING SKILLS. | |
| IMPROVED LITERACY SKILLS: BOOK TRUST CLASSROOMS SAW A NEARLY 30% | |
| INCREASE IN THE NUMBER OF STUDENTS READING AT GRADE LEVEL BY YEAR'S | |
| END. | |
| INCREASED FAMILY ENGAGEMENT IN READING: NINETY-EIGHT PERCENT OF BOOK | |
| TRUST TEACHERS REPORT THAT THEIR STUDENTS ARE READING AT HOME WITH | |
| THEIR FAMILIES. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 2: | |
| JILL SCHATZ AND ADRIENNE SCHATZ HAVE A FAMILY RELATIONSHIP. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11: | |
| A COPY OF THE FORM 990 IS REVIEWED BY THE TREASURER AND THE PRESIDENT/CEO | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| EACH FALL, ALL BOARD POLICIES ARE REVIEWED WITH BOARD MEMBERS. AT THAT | |
| TIME, THE CONFLICT OF INTERST FORMS ARE REVIEWED AND BOARD MEMBERS ARE | |
| ASKED TO DISCLOSE ANY CONFLICTS AND COMPLETE A CONFLICT OF INTEREST | |