DLN: 93493263004496

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

| A F | or the | e 2015 ca | lendar year, or tax year beginr | ning 07-01-2015 , and ending 06-30-2 | 2016 | | | |
|--------------------------------|---------------------|----------------|--|--|-------------|------------------------------|-----------------|-------------------------------|
| | | applicable | C Name of organization Cool Effect Inc | | | D Empl | oyer ident | tification number |
| | | change | | | | 47-5 | 068496 | |
| | ime ch itial ret | | Doing business as | | | | | |
| Fu | nal | | | mail is not delivered to street address) Room | /suite | E Teleph | none numbe | er |
| re | turn/te | erminated | 919 Sır Francıs Drake Blvd | | | (415 |) 454-26 | 665 |
| M An | nended | d return | City or town, state or province, co Kentfield, CA 94904 | ountry, and ZIP or foreign postal code | | G Gross | receipts \$ (| 6 130 156 |
| M Ap | plicatio | on pending | Kentilala, art 31301 | | | G Gloss | receipts \$ | 0,120,130 |
| | | | F Name and address of p RICHARD H LAWRENCE J | | H(a) | Is this a grou | | |
| | | | 919 Sır Francıs Drake Blv | | Н(Б) | subordinates? Are all subord | | 「Yes INo 「Yes INo |
| | | | Kentfield, CA 94904 | | | ıncluded? | | , |
| I Ta | ax-exe | mpt status | ✓ 501(c)(3) | (insert no) 4947(a)(1) or 527 | H(c) | Group exemp | | see instructions) |
| υ V | /ebsit | te:► ww | w cooleffect org | | | Group exemp | cion num | bei 🕶 |
| | | | Corporation Trust Associa | tion Other b | | ar of formation 2 | 015 M S | state of legal domicile DE |
| | art I | _ | imary | oner P | Lie | ar or rollination 2 | 013 | itate of legal doffficile. DE |
| | | | | on or most significant activities | | | | |
| | | Cool Effe | | earth by supporting verified carbon re- | ducing pro | jects across th | ne globe t | hrough crowd |
| 9 | - | funding | | | | | | |
| Governance | - | | | | | | | |
| 를 | 2 | Check th | his box 🕶 if the organization o | discontinued its operations or dispose | d of more t | han 25% of its | net ass | ets |
| | - | | | | | | | |
| Activities & | | | | ning body (Part VI, line 1a) | | | 3 | 6 |
| ij. | | | | s of the governing body (Part VI, line 1 | | | 4 | 4 |
| Ę | | | | n calendar year 2015 (Part V, line 2a) necessary) | | | 6 | 10 |
| ٠. | 1 | | | Part VIII, column (C), line 12 | | | 7a | 0 |
| | | | | rom Form 990-T, line 34 | | | 7b | |
| | | | | · | | Prior Year | <u> </u> | Current Year |
| | 8 | Contr | ributions and grants (Part VIII, | line 1h) | | | | 6,111,840 |
| nie | 9 | Progr | am service revenue (Part VIII, | line 2g) | | | | 0 |
| Revenue | 10 | | | nn (A), lines 3, 4, and 7d) | · | | | 8,316 |
| _ | 11 | | |), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | 0 |
| | 12 | 10tai | revenue—add lines 8 through 1 | 1 (must equal Part VIII, column (A), | line | | | 6,120,156 |
| | 13 | Grant | s and sımılar amounts paıd (Pa | rt IX, column (A), lines 1–3) | | | | 0 |
| | 14 | | | t IX, column (A), line 4) | | | | 0 |
| 82 | 15 | Saları 5–10 | | yee benefits (Part IX, column (A), line | :S | | | 246,223 |
| Expenses | 16a | | • | X, column (A), line 11e) | . — | | | 0 |
| ੜੇ | Ь | Total fo | undraising expenses (Part IX, column | (D), line 25) ▶23,818 | | | | |
| ш | 17 | | |), lines 11a-11d, 11f-24e) | · _ | | | 2,479,460 |
| | 18 | Total | expenses Add lines 13-17 (m | nust equal Part IX, column (A), line 25 |) | | | 2,725,683 |
| | 19 | Rever | nue less expenses Subtract lin | e 18 from line 12 | | | | 3,394,473 |
| Net Assets or Fand Balances | | | | | Begir | ning of Current | Year | End of Year |
| See! | 20 | Total | assets (Part X, line 16) | | | | | 3,700,882 |
| 절절 | 21 | Total | liabilities (Part X, line 26) . | | | | | 598,404 |
| | 22 | | | ct line 21 from line 20 | | | | 3,102,478 |
| | rt III | | nature Block | xamined this return, including accomp | anving co | hadulas and st | atemonto | and to the best of |
| my k | nowle | edge and | | omplete Declaration of preparer (other | | | | |
| | | *** | *** | | | 2016-09-19 | | |
| Sigi | n | I | nature of officer | | | Date | | |
| Her | | RIC | HARD H LAWRENCE JR Co-Founder | | | | | |
| | | Тур | e or print name and title | | 1- | | | |
| . | ٠. | | Prınt/Type preparer's name Douglas W Regalıa | Preparer's signature Douglas W Regalia | Date | Check if self-employed | PTIN P001863 | 89 |
| Pai | | , | Firm's name 🕨 Regalia & Associates | CPAs | 1 | Firm's EIN 🕨 | | |
| | par | er | Firm's address 🟲 103 Town Country D | | | Phone no (92 | 5) 314-039 | 90 |
| US | e Or | ווי אור | | | | · · | | |

Danville, CA 94526

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ┌ No

2,641,094

Total program service expenses ►

| | 990 (2015) | | | Page |
|-----|---|-----|-----|------|
| Par | t 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)? If "Yes," complete Schedule A 📆 | 1 | Yes | 140 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. ** | 11a | Yes | |
| b | 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 2 | 11b | | No |
| 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 | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| 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 | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Νo |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV </i> | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Νo |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Dar | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|------|
| | | | | NI - |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 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 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | No |
| 36 | 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 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

| | 990 (2013) | | | | | Page |
|-----|--|----------|--------------------------|----------|-----|----------|
| Pai | t V Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this | | V | | | |
| | | | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable | 1a | 0 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners? | o ven | dors and reportable | 1c | | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and | | | | | |
| | Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 3 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal emp | | | 2b | Yes | |
| 32 | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file Did the organization have unrelated business gross income of \$1,000 or more durin | • | • | 3a | | Νo |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation | _ | | 3b | | No |
| | At any time during the calendar year, did the organization have an interest in, or a si | ıgnatu | ire or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities ac account)? \cdot . | count | , or other financial | 4a | | No |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank | k and | Financial Accounts | | | |
| _ | (FBAR) | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during Did any taxable party notify the organization that it was or is a party to a prohibited | | | 5a | | No No |
| | | Lax SI | ierter transaction, | 5b | | 110 |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | • • | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$10 | | | 6a | | Νo |
| ь | organization solicit any contributions that were not tax deductible as charitable configures," did the organization include with every solicitation an express statement the | | | | | |
| 7 | were not tax deductible? | | | 6b | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contributi | ion an | d partly for goods and | 7a | | Νo |
| | services provided to the payor? | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services p Did the organization sell, exchange, or otherwise dispose of tangible personal proper | | | 7b | | |
| · | file Form 8282? | • | winch it was required to | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 0 | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a p | ersor | nal benefit contract? | _ | | N. |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a perso | onal h | enefit contract? | 7e 7f | | No No |
| g | If the organization received a contribution of qualified intellectual property, did the o | | | | | 110 |
| _ | required? | • • | | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C? | | the organization file a | 7h | | Νo |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess bu | cinoc | s holdings at any timo | | | |
| | during the year? | • • | · · · · · | 8 | | Νo |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966 | ?. | | 9a | | Νo |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or rela | ated p | person? | 9b | | No |
| 10 | Section 501(c)(7) organizations. Enter | | 1 | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 |) ın lıe | eu of Form 1041? | 12a | | Νo |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the | 12b | | | | |
| 13 | year Section 501(c)(29) qualified nonprofit health insurance issuers. | TZD | | | | |
| ٠. | Control Control (20) Annual lea nonprovin meant in mountaince issueds. | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Nadditional information the organization must report on Schedule O | lote. S | See the instructions for | 12- | | NI a |
| h | Enter the amount of reserves the organization is required to maintain by the states | | I | 13a | | Νo |
| | ın which the organization is licensed to issue qualified health plans | 13b | | | | |
| | Enter the amount of reserves on hand | 13c | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax | | | 14a | | No |
| D | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana | ili nuit | i scriedule U | 14b | l l | |

| Part VI Governance, Management, and Disclosur | Part VI | Governance. | Management. | and | Disclosur |
|---|---------|-------------|-------------|-----|-----------|
|---|---------|-------------|-------------|-----|-----------|

| Se | ction A. Governing Body and Management | | | |
|------------|---|-------|--------|-----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 6 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 4 | | | |
| 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 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | H | | 110 |
| | more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | Yes | No |
| L0a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| l1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| L2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| L3 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| . 4 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| L5 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| l6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed ► CA | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | |

State the name, address, and telephone number of the person who possesses the organization's books and records ►Alissa Van Leuven 919 Sir Francis Drake Blvd 201 Kentfield, CA 94904 (415) 454-2665

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

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

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

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

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

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

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

| control of the organization for any federal organization compensated any earliest officer, an ector, or district | | | | | | | | | | |
|--|---|--|------------------------|--------------------|-----------------------------|------------------------------|----------------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | more pers and | than on is a dii | one bot rect | not box h ar or/tr | ustee | ess er) | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Ke) employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| (1) RICHARD H LAWRENCE JR | 8 00 | l x | | | | | | 0 | 0 | 0 |
| Co-Founder | 0 00 | ^ | | X | | | | ١ | 0 | U |
| (2) DEE LAWRENCE | 8 00 | | | | | | | | | |
| Co-Founder | | X | | X | | | | 0 | 0 | 0 |
| (3) SKYE LAWRENCE | 0 00 8 00 | | | | | | | | | |
| | | x | | × | | | | 0 | 0 | 0 |
| Director | 0 00 40 00 | | | | _ | | | | | |
| (4) MARISA DE BELLOY | | | | × | | | | 106,250 | 0 | 0 |
| <u>C00</u> | 0 00 | | | | | | | | | |
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| | | | | | | | | | | Form 990 (2015) |

| t VII | Section A. Officers, | Directors, | Trustees, k | Cev Employ | ees, and Hig | hest Com | pensated Emplo | vees | (continued |
|-------|----------------------|------------|-------------|------------|--------------|----------|----------------|------|------------|
|-------|----------------------|------------|-------------|------------|--------------|----------|----------------|------|------------|

| | (A) Name and Title | (B) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Report compensions from organizations | | | | | | Repor comper from organiza | table nsation the tion (W- | (E) Reportable compensation from related organizations (W- | (| (F) Estima mount of compens from t | ted f other ation |
|-------------------------|---|---|---|---------|-------|--------|----------|-------|-------------------------------------|-------------------------------------|--|-----|--|-------------------------|
| | | for related organizations below dotted line) | izations Produce (한 영화 기계 | | | | | | | | | | rganizati relate organiza | ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Sub-Total | | | | | | <u> </u> | | | | | | | |
| c d | Total from continuation sheet Total (add lines 1b and 1c) | = | | | • | | ▶ | | 100 | 6,250 | | | | |
| 2 | Total number of individuals (in \$100,000 of reportable compe | cluding but not | limited | to the | ose I | ıste | d abov | e) w | ho receive | d more th | an | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any f oon line 1a? <i>If "Yes," complete S</i> | | | | | key | emplo | yee, | or highes | t compen | sated employee | 3 | | No |
| 4 | For any individual listed on line organization and related organ individual | | | | | | | | | | | | | |
| 5 | Did any person listed on line 1 services rendered to the organ | | | • | | | | | | anızatıon | or individual for | 5 | | N o N o |
| | ection B. Independent Co | ntractors | | | | | | | | | L | - | 1 | |
| 1 | Complete this table for your five compensation from the organization | /e highest comp | | | | | | | | | | | av vear | |
| | | (A) lame and business | · | 4 (1011 | 101 | LITE (| aiend | ₄ı ye | ar enamy | | (B) cription of services | 115 | (C) Compen | |
| 2555. Paton of Scivices | | | | | | | | | | · | | , | | |
| | | | | | | | | | | | | | | |

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

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

Form **990** (2015)

| Part V | 1111 | Statement of Revenue | | | | | _ |
|---|------------|--|--------------------|---------------|----------------------------------|----------------------------------|---------------------------------------|
| | | Check if Schedule O contains a response | or note to any lin | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt function | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | revenue | revenue | sections 512-514 |
| s છ | 1a | Federated campaigns 1a | | | | | |
| ons, Gifts, Grants Similar Amounts | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | | | | | |
| ffs, ≓ A | d | Related organizations 1d | | | | | |
| . Gi nila | e | Government grants (contributions) 1e | | | | | |
| ons, Sin | _ | - | C 111 940 | | | | |
| utic Ter | f | All other contributions, gifts, grants, and similar amounts not included above | 6,111,840 | | | | |
| 를 | g | Noncash contributions included in lines 1a-1f \$ | 5,087,341 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add lines 1a-1f | | 6,111,840 | | | |
| 9 | | E | Business Code | | | | |
| euri | 2a | | | | | | |
| ₽e | b | | | | | | |
| - Ce | С | | | | | | |
| ier w | d | | | | | | |
| 3 | e | | | | | | |
| Program Service Revenue | f | All other program service revenue | | | | | |
| Š | g | Total. Add lines 2a-2f | 🕨 | 0 | | | |
| | 3 | Investment income (including dividends, | | | | | 0.011 |
| | | and other similar amounts) | • | 8,316 | | | 8,316 |
| | 4 | Income from investment of tax-exempt bond prod | | 0 | | | |
| | 5 | Royalties | (II) Personal | ٩ | | | |
| | 6a | Gross rents (1) Real | (II) Personal | | | | |
| | ь | Less rental | | | | | |
| | _ | expenses Rental income | | | | | |
| | C | or (loss) | | | | | |
| | d | Net rental income or (loss) | | 0 | | | |
| | 7a | (i) Securities Gross amount | (II) Other | | | | |
| | - | from sales of assets other | | | | | |
| | | than inventory | | | | | |
| | b | Less cost or other basis and | | | | | |
| | | sales expenses | | | | | |
| | C | Gain or (loss) Net gain or (loss) | | ol | | | |
| ۸. | d 8a | Gross income from fundraising | | ٩ | | | |
| nue | - Ou | events (not including | | | | | |
| ⊕ }. | | \$ of contributions reported on line 1c) | | | | | |
| č | | See Part IV, line 18 | | | | | |
| Other Revenue | | a | | | | | |
| ŏ | | Less direct expenses b | unto | 0 | | | |
| | | Net income or (loss) from fundraising everages gross income from gaming activities | ents - | 0 | | | |
| | 3 a | See Part IV, line 19 | | | | | |
| | ь | Less direct expenses b | | | | | |
| | | Net income or (loss) from gaming activiti | es | 0 | | | |
| | | Gross sales of inventory, less | • | | | | |
| | | returns and allowances . | | | | | |
| | h | less cost of goods sold | | | | | |
| | | Less cost of goods sold b Net income or (loss) from sales of invent | orv 🛌 | 0 | | | |
| | | | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | All other revenue | + | | | | |
| | e | Total. Add lines 11a-11d | 🕨 | | | | |
| | 12 | Total revenue See Instructions | . - | 0 | | | |

Part IX Statement of Functional Expenses

| | on 501(c)(3) and 501(c)(4) organizations must complete all columns | All other organiza | ations must com | plete column (A) | |
|----|--|-----------------------|---|---|---|
| | Check if Schedule O contains a response or note to any line in t | | | | |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 106,250 | 90,313 | 10,625 | 5,312 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 121,942 | 103,651 | 12,194 | 6,097 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 18,031 | 15,326 | 1,803 | 902 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| b | Legal | 11,454 | | 11,454 | |
| C | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | | | _ |
| 12 | Advertising and promotion | 984,522 | 984,522 | | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 0 | | | |
| 17 | Travel | 21,396 | 18,187 | 2,139 | 1,070 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 180,965 | 153,820 | 18,097 | 9,048 |
| 23 | Insurance | 1,083 | 921 | 108 | 54 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Marketing and outreach | 931,178 | 931,178 | | |
| b | Public relations | 237,668 | 237,668 | | |
| c | Outside consulting services | 59,716 | 59,716 | | |
| d | Website registration and maint | 23,507 | 19,981 | 2,351 | 1,175 |
| е | All other expenses | 27,971 | 25,811 | 2,000 | 160 |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,725,683 | 2,641,094 | 60,771 | 23,818 |
| 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) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X $\dots \dots \dots \dots \dots \dots$ (A) (B) Beginning of year End of year 17.808 1 Cash-non-interest-bearing 1 2 2 0 Savings and temporary cash investments 0 Pledges and grants receivable, net 3 3 4 4 71 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 0 7 8 0 8 9 0 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 31,712 Complete Part VI of Schedule D 10a b 10b 3,204 10c 28,508 Less accumulated depreciation 11 1.915.940 11 12 0 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . 14 14 1,738,239 15 15 316 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . 0 16 3,700,882 598.404 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 . 0 26 598.404 26 **Total liabilities.**Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 3.102.478 27 27 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 ž 33 0 33 3,102,478 0 Total liabilities and net assets/fund balances 34 3.700.882

| | 330 (2013) | | | Г | aye 12 |
|-----|---|---------|----|-----|------------|
| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | eneek it believate a contains a response of note to any line in this fate XI 1 1 1 1 1 1 | T | • | | • • • |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 6,1 | . 20,156 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 2,7 | 25,683 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 3,3 | 394,473 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot . | 4 | | | C |
| 5 | Net unrealized gains (losses) on investments | 5 | | - 2 | 291,995 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 3,1 | .02,478 |
| Par | t XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u>. ୮</u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Νo |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both | ewed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both | arate | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant | | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O | ın | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133? | he | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

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As Filed Data -

DLN: 93493263004496

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

| Cool E | ffect Ir | nc | | | | | | |
|-------------|----------|--|--|--|---|---|--|--|
| Da | rt I | Peacon for Publi | ic Charity S | Status (All organiza | tions must co | malete this r | 47-5068496 | nc |
| | | zation is not a private for | | | | | • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 1 | / ga | A church, convention | | | | | | |
| 2 | <u>'</u> | A school described in | • | | | - | | |
| 3 | , | A hospital or a cooper | | | | | | |
| 4 | <u>'</u> | | | | | | |) Enterthe |
| 4 | ı | A medical research or hospital's name, city, | - | erated in Conjunction v | vitii a nospitai u | iescribed ili se | CCION 170(D)(1)(A)(III |). Enter the |
| 5 | Γ | | ated for the be | nefit of a college or un I) | iversity owned | or operated by | a governmental unit o | described in section |
| 6 | \sqcap | A federal, state, or loc | al governmen | t or governmental unit | described in se | ection 170(b)(1 | l)(A)(v). | |
| 7 | <u>~</u> | An organization that n described in section 1 | | | | om a governme | ental unit or from the g | jeneral public |
| 8 | Г | A community trust de | scribed in sect | tion 170(b)(1)(A)(vi) | (Complete Par | tII) | | |
| 9 | Г _ | receipts from activition from gross investmen organization after Jun | es related to it nt income and ne 30, 1975 S | ves (1) more than 33 as exempt functions—sunrelated business table esection 509(a)(2). | subject to certa xable income (l (Complete Part | in exceptions, ess section 51 III) | and (2) no more than 1 1 tax) from businesse | 331/3% of its support |
| 10 | <u> </u> | An organization organ | • | • | • | • | | |
| 11 | _ | An organization organ one or more publicly s the box in lines 11a th | upported orga nrough 11d tha | nizations described in at describes the type o | section 509(a) of supporting or |)(1) or section ganization and | 509(a)(2) See sectio complete lines 11e, 1 | on 509(a)(3). Check . 1f, and 11g |
| а | ı | Type I. A supporting of supported organization You mus | n(s) the power | to regularly appoint o | r elect a majori | | | |
| b | Γ | Type II. A supporting management of the su must complete Part IV | organization s ipporting organ | upervised or controllenization vested in the | d in connection | | | |
| c | Г | Type III functionally | • | | n operated in c | onnection with | . and functionally integ | grated with, its |
| | • | supported organization | | | | | | g , |
| d | Γ | Type III non-function not functionally integr | ated The orga | nızatıon generally mu | st satisfy a dist | rıbutıon requir | | ` ' |
| _ | _ | (see instructions) Yo Check this box if the o | | | | | ca Tuno I Tuno II T | vno III functionally |
| е | ' | integrated, or Type III | | | | | s a rype I, rype II, r | ype III lunctionally |
| f | Ente | r the number of support | | | | | | |
| g | | Provide the following i | nformation abo | out the supported orga | ınızatıon(s) | | _ | |
| | | | | | | | | |
| Nam | ne of s | (i) supported organization | (ii)EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organ listed in your docume | nızatıon governıng | (v) A mount of monetary support (see instructions) | (vi) A mount of other support (see instructions) |
| | | | | | Yes | No |] | |
| | | | | | | | | |
| | | | | | | | | |
| Tete | 1 | | | | | | | |
| <u>Tota</u> | 1 | | | | | | | |

| Pa | (Complete only if you | | | | | | |
|-----|---|--------------------|--------------------|--------------------|---------------------|--|------------------|
| | Part III. If the organiz | | | | | | |
| S | ection A. Public Support | | | | | | |
| | Calendar year | (a)2011 | (b) 2012 | (c) 2013 | (d)2014 | (e) 2015 | (f) Total |
| - | fiscal year beginning in) | (=)==== | (2)2022 | (5)2020 | (4)2021 | (5)2525 | (1). ota. |
| 1 | Gifts, grants, contributions, and membership fees received (Do | | | | | 6,111,840 | 6,111,840 |
| | not include any unusual grants) | | | | | 0,111,040 | 0,111,040 |
| 2 | | | | | | | |
| | organization's benefit and either | | | | | | 0 |
| | paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit | | | | | | 0 |
| | to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | 6,111,840 | 6,111,840 |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | 5,842,535 |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 | | | | | | |
| | from line 4 | | | | | | 269,305 |
| S | ection B. Total Support | | | | | | |
| | Calendar year | (a)2011 | (b) 2012 | (c)2013 | (d)2014 | (e) 2015 | (f) ⊤otal |
| (or | fiscal year beginning in) 🟲 | (4)2011 | (6)2012 | (0)2013 | (u)2014 | | |
| 7 | A mounts from line 4 | | | | | 6,111,840 | 6,111,840 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | 8,316 | 8,316 |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| | business activities, whether or | | | | | | 0 |
| | not the business is regularly | | | | | | · · |
| | carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | 0 |
| | VI) | | | | | | |
| 11 | Total support. Add lines 7 | | | | | | 6,120,156 |
| | through 10 | | | | | | 3,123,133 |
| 12 | · | | | | | 12 | |
| 13 | First five years. If the Form 990 is | | | | | | organızatıon, |
| _ | check this box and stop here ection C. Computation of Pu | | | <u> </u> | <u> </u> | | |
| | • | | | - 4 4 1 (6) | | - | |
| 14 | Public support percentage for 201 | | | ie 11, column (f)) | | 14 | 0 % |
| 15 | Public support percentage for 201 | 4 Schedule A, Pa | irt II, line 14 | | | 15 | |
| 16a | 33 1/3% support test—2015. If the | | | | line 14 is 33 1/30 | % or more, check th | |
| L | and stop here. The organization qu | • | | - | | 2.4/20/ | ▶ □ |
| D | 33 1/3% support test—2014. If the box and stop here. The organization | | | | a, and time 15 is 3 | 3 1/3% of more, che | eck tills ▶□ |
| 17a | 10%-facts-and-circumstances test | | | | ne 13.16a.or16 | b. and line 14 | -, |
| | is 10% or more, and if the organiz | | | | | | |
| | in Part VI how the organization me | | | | | | |
| | organization | | | | | | ▶ ┌ |
| b | 10%-facts-and-circumstances tes | | | | | | |
| | 15 is 10% or more, and if the orga Explain in Part VI how the organiz | | | | | | , |
| | supported organization | ation meets the | iacis-aliu-circur | natances lest I | ne organization q | uaimes as a publicly | ′ ▶□ |
| 18 | Private foundation. If the organiza | tion did not checl | k a box on line 1: | 3, 16a, 16b, 17a. | or 17b, check th | s box and see | -, |
| | instructions | | | . , , -, | , | | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A 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)

| Se | ction | Δ ΔΙ | Sunna | rtina | Orgai | nizations |
|----|-------|-------|-------|-------|-------|-------------|
| Je | CUUII | A. A. | Subbl | , unu | Oluai | IIIZativiis |

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

| Pai | Supporting Organizations (continued) | | | |
|-------------|--|----|-----|----|
| Se | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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, supervised or controlled the supporting organization. | 2 | | |
| Se | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Se | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 | | |
| Se | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 a b | The organization is the parent of each of its supported organizations Complete line 3 below | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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 | | |
| Ŀ | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| Ŀ | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

| | Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S | | | uct ions. All other |
|----------|--|----------|-------------------------|--------------------------------|
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| ! | Recoveries of prior-year distributions | 2 | | |
| | Other gross income (see instructions) | 3 | | |
| | Add lines 1 through 3 | 4 | | |
| | Depreciation and depletion | 5 | | |
| ı | 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 | | |
| , | Other expenses (see instructions) | 7 | | |
| 1 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | 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 | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| | Subtract line 2 from line 1d | 3 | | |
| | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Multiply line 5 by 035 | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | | |
| | Section C - Distributable Amount | | | Current Year |
| | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| | Enter 85% of line 1 | 2 | | |
| | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| | Enter greater of line 2 or line 3 | 4 | | |
| | Income tax imposed in prior year | 5 | | |
| i | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrate | d Type III supporting o | rganızatıon (see |

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

Part VI Supplemental Information.

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

| Facts | And | Circum | stances | Test |
|-------|-----|--------|---------|------|
|-------|-----|--------|---------|------|

| Return Reference | Explanation |
|------------------|-------------|

Schedule A (Form 990 or 990-EZ) 2015

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OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

| Revenue Service | Information about Schedule D | (Form 990) and its instructions is at <u>www.</u> | .irs.gov/form | 1990. Inspection |
|--|---|---|-----------------------------|----------------------------|
| ne of the orga | nization | | Employe | r identification number |
| FUECT THE | | | 47-5068 | 3496 |
| | | r Advised Funds or Other Similar ed "Yes" on Form 990, Part IV, line 6 | | Accounts. |
| | | (a) Donor advised funds | (b) Fun | ds and other accounts |
| Total num | ber at end of year | | | |
| A ggregate year) | e value of contributions to (during | | | |
| Aggregate | e value of grants from (during year) | | | |
| Aggregate | e value at end of year | | | |
| _ | | advisors in writing that the assets held in c the organization's exclusive legal control? | | ┌ Yes ┌ No |
| used only for | | and donor advisors in writing that grant fun benefit of the donor or donor advisor, or foi | | rpose Yes No |
| | · · · · · · · · · · · · · · · · · · · | ete if the organization answered "Yes | " on Form 99 | 90. Part IV. line 7. |
| Preserva Protectio Preserva Complete lin | tion of land for public use (e g , recre on of natural habitat tion of open space es 2a through 2d if the organization | ne organization (check all that apply) eation or education) | a certified his | |
| easement on | the last day of the tax year | | | Held at the End of the Yea |
| Fotal numbe | r of conservation easements | | 2a | reid de the End of the Ted |
| Γotal acreag | e restricted by conservation easeme | ents | 2b | |
| Number of co | onservation easements on a certified | l historic structure included in (a) | 2c | |
| | onservation easements included in (octure listed in the National Register | c) acquired after 8/17/06, and not on a | 2d | |
| Number of co tax year ► | onservation easements modified, tra | nsferred, released, extinguished, or termin | ated by the or | ganızatıon durıng the |
| Number of st | rates where property subject to cons | ervation easement is located > | | |
| Does the org | | ding the periodic monitoring, inspection, h | andling of | ┌ Yes |
| Staff and voluge year | unteer hours devoted to monitoring, | inspecting, handling of violations, and enfo | orcing conserv | ation easements during the |
| | xpenses incurred in monitoring, insp | ecting, handling of violations, and enforcing | g conservatior | easements during the yea |
| | onservation easement reported on li ction 170(h)(4)(B)(ii)? | ne 2(d) above satisfy the requirements of s | section 170(h |)(4) Yes No |
| balance shee | | ts conservation easements in its revenue : of the footnote to the organization's financ asements | • | • |
| | | ctions of Art, Historical Treasures ed "Yes" on Form 990, Part IV, line 8 | | Similar Assets. |
| If the organiz works of art, | zation elected, as permitted under SI historical treasures, or other similar | FAS 116 (ASC 958), not to report in its re assets held for public exhibition, educatio note to its financial statements that descri | venue statemon, or research | ın furtherance of publıc |
| works of art, | | FAS 116 (ASC 958), to report in its revent rassets held for public exhibition, education o these items | | |
| Revenue in | cluded on Form 990, Part VIII, line | 1 | ► \$ | |
| Assets inclu | uded in Form 990, Part X | | | |
| If the organiz | zation received or held works of art, l | historical treasures, or other similar assets SFAS 116 (ASC 958) relating to these iter | s for financial | |
| Pavanua incl | luded on Form 990 Part VIII lune 1 | | | b. ¢ |

b Assets included in Form 990, Part X

| Par | t III | Organizations Maintaining (continued) | Collections of Art, | His | tori | cal Tre | asures | s, or O | ther | Similar | Asse | ets | |
|--------|---------------|---|-----------------------------|----------------|---------|--------------------------|-------------------|---------------------------|---------------|---------------------------|---------|-----------------|----------|
| 3 | | g the organization's acquisition, accection items (check all that apply) | ession, and other records | , ch | ieck a | | | | | significant | use of | its | |
| а | F | Public exhibition | | d | Γ | Loan or | exchang | ge progr | ams | | | | |
| b | Г 9 | Scholarly research | | e | Γ | Other | | | | | | | |
| c | Г | reservation for future generations | | | | | | | | | | | |
| 4 | Provi Part | de a description of the organization's XIII | s collections and explain | hov | v the | / further | the orgai | nızatıon | 's exe | empt purpo | se in | | |
| 5 | | g the year, did the organization solid ts to be sold to raise funds rather the | | | | | | | | lar ୮ ϒ | es | _ No | |
| Pa | rt IV | Escrow and Custodial Arra Complete if the organization a Part X, line 21. | | m ⁹ | 990, | Part IV | , line 9, | or rep | orte | d an amo | unt o | n Forr | n 990, |
| 1a | | e organization an agent, trustee, cus ded on Form 990, Part X? | todian or other intermedi | ary | for c | ontributi | ons or ot | her ass | ets n | ot ୮ ୪ | es | □ No | |
| ь | If | 'Yes," explain the arrangement in Pa | art XIII and complete the | fol | lowin | g table | | | | Δ | moun | t | |
| c | Ве | ginning balance | | | | | | 1c | | | | | |
| d | A d | ditions during the year | | | | | | 1d | | | | | |
| е | Dis | stributions during the year | | | | | | 1e | | | | | |
| f | En | ding balance | | | | | | 1f | | | | | |
| 2a | Dıd t | ne organization include an amount o | n Form 990, Part X, line 2 | 21,1 | fores | crow or | custodia | l accour | nt liab | oility? 「Y | es | No | |
| | | | | | | | | | | | | | |
| b | If"Y | es," explain the arrangement in Part | XIII Check here if the e | xpla | anatı | on has be | een provi | ded in P | art X | III | | | <u> </u> |
| Pa | rt V | Endowment Funds. Comple | te if the organization a | ans | were | | | | | | | | |
| | | | (a)Current year (l |) Pri | or yea | ır b (| c) Two yea | rs back | (d) Th | ree years bad | k (e | Four ye | ars back |
| 1a | | nning of year balance | | | | | | | | | - | | |
| b | Cont | ributions | | | | | | | | | | | |
| c | Net i | nvestment earnings, gains, and | | | | | | | | | | | |
| d | Gran | ts or scholarships | | | | | | | | | | | |
| e | | r expenditures for facilities programs | | | | | | | | | | | |
| f | - A dm | inistrative expenses | | | | | | | | | + | | |
| g | End | ofyearbalance | | | | | | | | | | | |
| 2 | Provi | de the estimated percentage of the (| current year end balance | (lın | e 1g, | column | (a)) held | as | | | | | |
| а | Board | d designated or quasi-endowment ► | | • | | | | | | | | | |
| ь | | anent endowment 🕨 | | | | | | | | | | | |
| c | • | oorarily restricted endowment Forecast or lines 2a, 2b, and 2c | should agual 100% | | | | | | | | | | |
| За | • | here endowment funds not in the pos | • | on t | that a | re held s | and admi | nictoro | l for t | ho | | | |
| Ju | | nization by | ssession of the organizati | 011 (| ciiac c | ire ireia e | ina aann | msteret | 1 101 6 | iie | | Yes | No |
| | (i) ur | related organizations | | | | | | | | | 3a(i) | | |
| | | elated organizations | | | | | | | | L | 3a(ii) | | |
| ь 4 | | es" on 3a(II), are the related organiza ribe in Part XIII the intended uses o | | | | | | | • | [| 3b | | |
| | rt VI | Land, Buildings, and Equip | | VVIII | ent it | ilius | | | | | | | |
| T G | L VI | Complete if the organization a | | n 99 | 90, F | art IV, | line 11a | a.See F | orm | 990, Par | t X, In | ne 10. | |
| | | Description of property | | (a) | | or other ba vestment) | Cost or | (b) other ba other) | sis | Accumula (c)depreciati | | (d) Boo | ok value |
| 1a | Land | | | | | | | | | | | | |
| b | Buildir | ngs | | | | | | | | | | | |
| c | Lease | nold improvements | | | | | | | | | | | |
| d | Equipr | nent | | | | | | 30,43 | 34 | | 3,074 | | 27,360 |
| | | | | | | | | 1,27 | | | 130 | | 1,148 |
| Tota | al. Add | lines 1a through 1e <i>(Column (d) mus</i> | t equal Form 990, Part X, c | olur | nn (B |), line 10 | (c).) . | | | ▶ | | | 28,508 |

| | (a) Description of security or cate (including name of security) | gory | (b) Book value | (c)Method of valuation Cost or end-of-year market va |
|--------------------|---|---|---------------------------|---|
| | derivatives | | | |
| Closely-h Other | held equity interests | | | |
| | | | | |
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| | n (b) must equal Form 990, Part X, col (B) line 12 | | | |
| t VIII | Investments—Program Related | d. arad 'Vas' an Farm O | O Part IV line 11c | |
| | Complete if the organization answer | | (b) Book value | ee Form 990, Part X, line 13. (c) Method of valuation |
| | (a) Description of investment | | (b) Book value | Cost or end-of-year market va |
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| | on (b) must equal Form 990, Part X, col (B) line 13 Other Assets. Complete if the organi (a) D | | n Form 990, Part IV, line | 11d See Form 990, Part X, line 15 (b) Book value |
| | Other Assets. Complete If the organi | zatıon answered 'Yes' o | n Form 990, Part IV, line | |
| | Other Assets. Complete If the organi | zatıon answered 'Yes' o | n Form 990, Part IV, line | |
| | Other Assets. Complete If the organi | zatıon answered 'Yes' o | n Form 990, Part IV, line | |
| al. (Colum | Other Assets. Complete if the organi (a) D in (b) must equal Form 990, Part X, col.(B) in Other Liabilities. Complete if the | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organi (a) D | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| nl. (Column | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Colum | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o | | (b) Book value |
| al. (Columart X | Other Assets. Complete if the organical Description of liability (a) Description of liability | zation answered 'Yes' o Description line 15.) organization answere (b) Book valu | | (b) Book value |

| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | ue per Retur | n |
|------|---|--------------|---------------------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 7,113,199 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses) on investments 2a -291,9 | 9 5 | |
| b | Donated services and use of facilities | 38 | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII).............2d | | |
| e | Add lines 2a through 2d | 2e | 993,043 |
| 3 | Subtract line 2e from line 1 | 3 | 6,120,156 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$ | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII).............. 4b | | |
| C | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 6,120,156 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expen | ises per Ret | urn. |
| 1 | Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | 1 | 4,010,721 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | - | 1,010,721 |
| a | Donated services and use of facilities | 38 | |
| b | Prior year adjustments | , 30 | |
| c | Other losses | | |
| d | Other (Describe in Part XIII) 2d | | |
| e | Add lines 2a through 2d | 2e | 1,285,038 |
| 3 | Subtract line 2e from line 1 | 3 | 2,725,683 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | · · · · · · · · · · · · · · · · · · · |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | . 5 | 2,725,683 |
| | | • | |
| | t XIII Supplemental Information | | |
| Part | vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b an : V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this pa rmation | | y additional |
| | Return Reference Explanation | | |
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| Part XIII Supplemental Info | ormation (continued) |
|-----------------------------|----------------------|
| Return Reference | Explanation |
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Schedule D (Form 990) 2015

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DLN: 93493263004496

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

| | e of the organization ffect Inc | | | | Employer identificat | tion number | |
|------------|---|----------------------------------|--|--|--|-------------|---------|
| JOI LI | rect ine | | | | 47-5068496 | | |
| Par | tI Types of Property | | | | | | |
| | | (a) Check If applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | (d Method of d noncash contrib | letermining | nts |
| 1 / | Art—Works of art | | | j | | | |
| 2 / | Art—Historical treasures . | | | | | | |
| 3 / | Art—Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 (| Clothing and household | | | | | | |
| | goods | | | | | | |
| | Cars and other vehicles | | | | | | |
| | Boats and planes | | | | | | |
| | Intellectual property | X | 1 | 5,087,341 | EM1/ | | |
| | Securities—Fublicity traded . Securities—Closely held stock . | | 1 | 3,087,341 | TH V | | |
| | Securities—Partnership, LLC, | ' | | | | | |
| | or trust interests | | | | | | |
| .2 | Securities—Miscellaneous | | | | | | |
| | Qualified conservation contribution—Historic structures | | | | | | |
| .4 | Qualified conservation contribution—Other | | | | | | |
| .5 | Real estate—Residential . | | | | | | |
| .6 | Real estate—Commercial | | | | | | |
| . 7 | Real estate—O ther | | | | | | |
| | Collectibles | | | | | | |
| | Food inventory | | | | | | |
| | Drugs and medical supplies . | | | | <u> </u> | | |
| | Taxıdermy | | | | | | |
| | Historical artifacts | | | | | | - |
| | Scientific specimens | | | | - | | |
| | Archeological artifacts | | | | | | |
| | Other►() Other►() | | | | | | |
| | Other ► () | | | | | | |
| | Other ► (| | | | | | |
| 9 | Number of Forms 8283 received for which the organization comple | | | | 29 | | |
| | · | | , | - | <u> </u> | Yes | No |
| 80a | During the year, did the organiza | atıon receıv | e by contribution any prope | erty reported in Part I, lines | 1 through 28, that | | |
| | ıt must hold for at least three ye | ears from th | e date of the initial contribu | ıtıon, and which is not requi | red to be used | | |
| | for exempt purposes for the enti | ıre holdıng p | period? | | | 30a | No |
| | If "Yes," describe the arrangem | | | | | | |
| 31 | Does the organization have a gi | ft acceptan | ce policy that requires the | review of any non-standard | contributions? | 31 | No |
| \$2a | Does the organization hire or us contributions? | e third part | ies or related organizations | to solicit, process, or sell | noncash • • • | 32a | l No |
| b | If "Yes," describe in Part II | | | | | | |
| 33 | If the organization did not report describe in Part II | t an amount | : in column (c) for a type of | property for which column (| a) is checked, | | |

Page 2

| 3 C | 116 | æ | uı | _ | 141 | _ | <u>. r</u> | U | | 7 | 7 | <u> </u> | <u>, </u> | ١. | <u> </u> | <u> </u> | _ | _ |
|------------|-----|---|----|---|-----|---|------------|---|------|---|----|----------|--|----|----------|----------|---|---|
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nental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2015)

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DLN: 93493263004496

OMB No 1545-0047

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization Cool Effect Inc **Employer identification number** 47-5068496

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et | Board members Richard Lawrence, Jr and DEE LAWRENCE are husband and wife Board member SKYELAWRENCE is the daughter of Richard Lawrence, Jr and DEE LAWRENCE |
| Form 990, Part VI, Line 11b Form 990 Review Process | FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL THE FORM IS THEN REVIEWED BY THE ORGAN IZATION'S MANAGEMENT and A MEMBER OF THE BOARD OF DIRECTORS AFTER A FULL REVIEW (WITH MOD IFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBER S OF THE ORGANIZATION'S VOTING BODY A REPRESENTATIVE OF MANAGEMENT AUTHORIZES THE FINAL R ETURN WHICH IS THEN E-FILED WITH THE INTERNAL REVENUE SERVICE |
| Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST ATLEAST ANNUA LLY ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND T HE BOARD ARE STRICTLY PROHIBITED THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATION SHIPS ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED I N ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES |
| Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management | MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH- LEVEL PERSONNEL PERI ODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS EFFORTS ARE MADE TO SECURE COMPENSA TION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT I N ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES FINAL COM PENSATION ADJUSTMENTS ARE APPROVED BY THE BOARD |
| Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | COMPENSATION OF OTHER INDIVIDUALS IS REVIEWED PERIODICALLY BY MEMBERS OF MANAGEMENT EFFOR TS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPET ITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES |
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGALFILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BYTAX AUTHORITIE S AND THE GENERAL PUBLIC TAX RETURNS ARE POSTED ANNUALLY TOWWW GUIDESTAR ORG (WHERE they are AVAILABLE FOR VIEWING AS ELECTRONIC COPIES) AND ARE ALSO AVAILABLE FOR A PHYSICAL INSP ECTION AT THE ORGANIZATION'S OFFICE IN Kentfield, CALIFORNIA |

OMB No 1545-0047

2015

Open to Public Inspection

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

► Attach to Form 990.

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

| Name of the organization Cool Effect Inc | | | | 47-506849 | | tion number | | |
|---|--|---|----------------------------|---|-----------------|--|-------------------------|--------------------|
| Part I Identification of Disregarded Entities Complete | ıf the organization | answered "Yes" on | Form 990, Part | | | | | |
| (a) Name, address, and EIN (If applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | | (f) Direct controlling entity | | |
| (1) Global Offset Research LLC 845 Third Avenue 8th Floor New York, NY 10022 37-1792256 | Carbon emission reduction | DE | 272 | 3,607 | Cool Effe | ect Inc | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the | ti ons Complete if t tax year. | he organization ans | swered "Yes" on | Form 990, Par | t IV, lın | e 34 because it | had on | ie |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity st (if section 501(c | tatus :)(3)) | (f) Direct controlling entity | Section (13) c en | ontrolle itity? |
| | | | | | | | Yes | No |
| | | | | | | | | |
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| Identification of Related Organizations Taxable as a Partnershi | | | answered ' | 'Yes" on | Form 990, | Part IV, | line 34 |
|---|---------------|-------------|------------|----------|-----------|----------|---------|
| because it had one or more related organizations treated as a partnersh | up during the | e tax year. | | | | | |

| (a) Name, address, and EIN of related organization | | (c) Legal domicile (state or foreign country) | entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h Disprop alloca | ortionate | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mana partn | ner? | (k) Percentage ownership |
|--|---|---|--------|--|---------------------------------|--|-------------------------|-----------|--|---------------|------|--------------------------------|
| | | | | ' | | | Yes | No | | Yes | No | l |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total Income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section (b)(i contro entit | n 512 13) olled sy? |
|--|--------------------------------|--|-------------------------------------|---|---------------------------------|---|---------------------------------------|--|------------------------------|
| | | | | | | | | Yes | No |
| (1) GLOBAL OFFSET RESEARCH LLC 845 THIRD AVENUE 8TH FLOOR New York, NY 10022 37-1792256 | Carbon Reduction | | COOL EFFECT INC | ЩС | 272 | 3,607 | 100 000 % | | No |
| | | | | | | | | | |
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| Part V Transactions With Related Organizations Complete if the organization ans | swered "Yes" on Form | 990, Part IV, line | 34, 35b, or 36. | | | |
|---|---|------------------------|-------------------------------|------------|--------|----|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more | e related organizations lis | sted in Parts II-IV? | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | | No |
| $oldsymbol{c}$ Gıft, grant, or capital contribution from related organization(s) | | | | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | | | | 1d | Yes | |
| e Loans or loan guarantees by related organization(s) | | | | 1e | | No |
| | | | | | | |
| f Dividends from related organization(s) | | | | 1f | | No |
| g Sale of assets to related organization(s) | | | | 1 g | | No |
| h Purchase of assets from related organization(s) | | | | 1h | | No |
| i Exchange of assets with related organization(s) | | | | 1i | | No |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No |
| | | | | | | |
| ${f k}$ Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No |
| I Performance of services or membership or fundraising solicitations for related organization(s) . | | | | 11 | | No |
| $m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) . | | | | 1m | Yes | |
| f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Yes | |
| o Sharing of paid employees with related organization(s) | | | | 10 | Yes | |
| | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1р | | No |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | | No |
| | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | Yes | |
| s Other transfer of cash or property from related organization(s) | | | | 1s | | No |
| | | | | | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must compl | | · · | T | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining am | ount ir | volved | |
| (1)GLOBAL OFFSET RESEARCH LLC | d | 20,000 | Cost Basis | | | |
| (2)GLOBAL OFFSET RESEARCH LLC | r | 10,000 | Cost Basis | | | |
| | | | <u> </u> | | | |
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| revenue) that was not a related organization. See instructions r | | | | | | | | | | | | | |
|--|--------------------------------|----------------------------------|--|-----|---|------------------------------------|--|-------------------------------------|----|---|----------------------|----------|---------------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | domicile (state or foreign | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | org | (e) all partners section 501(c)(3) janizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations | _ | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2015