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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>

DLN: 93493224005336 OMB No 1545-0047

2015

Open to Public Inspection

A I	For the 2	2015 ca <u>lendar year, or tax year beginning</u> 04-01-2015 <u>, and ending 03-31-2016</u>	<u> </u>		
ВС	heck if ap	plicable C Name of organization MENSA EDUCATION AND RESEARCH FOUNDATION		D Employer ide	entification number
T A	ddress cha			75-285724	8
П	ame chan	ge Doing business as			
☐ Ir	ıtıal returi	n		E Telephone nur	nher
	nal	Number and street (or P O box if mail is not delivered to street address) Room/suite 1229 CORPORATE DRIVE WEST	e	·	
_	turn/term	inated		(817)607-	55//
_	mended re oplication	ARLINGTON, TX 760066103	L	G Gross receipts	\$ 4,709,554
		F Name and address of principal officer	H(a) Is this	a group retur	n for
		DAVID REMINE		inates?	ΓYes Γ Νο
		1229 CORPORATE DRIVE WEST ARLINGTON,TX 760066103		subordinates	□Yes □No
			ınclude If "No.		(see instructions)
I T	ax-exemp	pt status		exemption nu	
J V	Vebsite:	:► WWW MENSAFOUNDATION ORG			
V Fo	rm of ora	anization	L Year of form	2004 N	1 State of legal domicile TX
	art I	Summary	L real of folio	iation 2004 F	1 State of legal dofficile 17
	_	efly describe the organization's mission or most significant activities			
		PROVIDE FINANCIAL, EDUCATIONAL AND RESEARCH ASSISTANCE IN 1	THE AREAS O	FINTELLIGE	NCE
8	_				
€	_				
Governance	2 C	heck this box 🔭 if the organization discontinued its operations or disposed of	more than 25	% of its net as	ssets
<u> </u>					
	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	10
Activities &	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		. 4	10
2		otal number of individuals employed in calendar year 2015 (Part V, line 2a) .		. 5	0
ä		otal number of volunteers (estimate if necessary)		. 6	500
		otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
	ь ме	t unrelated business taxable income from Form 990-T, line 34	1		(
		Contributions and synth (Doub VIII line 1h)	Prior		Current Year
ā	8 9	Contributions and grants (Part VIII, line 1h)		382,530 39,899	1,160,328 75,181
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		73,330	71,246
歪	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		95,054	54,359
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		590,813	1,361,114
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		120,164	114,558
	14	Benefits paid to or for members (Part IX, column (A), line 4)	, 0	, C	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	0	C	
Expenses	16a	5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0	
Φ ⊕	ь	Total fundraising expenses (Part IX, column (D), line 25) \$\infty\$36,060		ŭ l	
Ð	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		356,929	320,827
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		477,093	435,385
	19	Revenue less expenses Subtract line 18 from line 12		113,720	925,729
Net Assets or Fund Balances			Beginning of		End of Year
To get	20	Total assets (Part X, line 16)		3,272,137	4,185,281
주문 주문	21	Total liabilities (Part X, line 26)		168,021	175,135
žÏ	22	Net assets or fund balances Subtract line 21 from line 20		2101116	101011

Part III Signature Block

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

Sign	
Here	

Signature of officer

GUY CONTI TREASURER

Type or print name and title

Paid Preparer **Use Only** Print/Type preparer's name KAREN A GRIES CPA

Preparer's signature KAREN A GRIES CPA

Firm's name FCLIFTONLARSONALLEN LLP

Firm's address ► 5001 SPRING VALLEY ROAD SUITE 600W

May the IRS discuss this return with the preparer shown above? (see instruction For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2015) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	FOUNDATION RECOGNIZES, ENCOURAGES AND COMMUNICATES EXCELLENCE IN HUMAN INTELLIGENCE GLOBALLY OUGH EDUCATION, RESEARCH AND RECOGNITION PROGRAMS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 149,057 including grants of \$ 0) (Revenue \$ 75,181)
	JOURNAL AND PUBLIC EDUCATION - THE FOUNDATION PUBLISHES THE "MENSA RESEARCH JOURNAL" AT LEAST THREE TIMES PER YEAR THIS JOURNAL HIGHLIGHTS SCHOLARLY ARTICLES AND RECENT RESEARCH RELATED TO HUMAN INTELLIGENCE THE SUPPORT OF GIFTED CHILDREN IS A FOCAL POINT FOR THE FOUNDATION THE FOUNDATION HAS INCREASED FUNDING FOR GIFTED YOUTH PROGRAMS A KEY RESOURCE IS THE WEBSITE WWW MENSAFORKIDS ORG, WHICH OFFERS EDUCATIONAL GAMES AND ARTICLES FOR YOUTH UNDER THE AGE OF 12 THE FOUNDATION HOSTS COLLOQUIUMS THAT ARE OPEN TO THE PUBLIC COLLOQUIUMS OFFER AN IN-DEPTH LOOK AT A PARTICULAR TOPIC AND OFFER A CLIMATE OF INTELLECTUAL EXCITEMENT IN WHICH CONCEPTS ARE EXPLORED, DIALOGUES ARE STARTED AND IDEAS ARE GENERATED THE FOUNDATION ALSO HAS A PODCAST SERIES, CONVERSATIONS WITH MENSA IN THE PODCASTS, MENSA MEMBERS ARE MATCHED WITH SUBJECT-AREA EXPERTS TO EXPLORE A TOPIC THE FOUNDATION HAS PUBLISHED 11 PODCASTS TO DATE, AND THEY ARE AVAILABLE TO THE PUBLIC AT NO CHARGE FROM OUR WEB SITE AND THROUGH ITUNES
4b	(Code) (Expenses \$ 133,987 including grants of \$ 114,558) (Revenue \$ 0)
	SCHOLARSHIPS AND AWARDS - THE FOUNDATION PRESENTS AWARDS FOR EXCELLENCE TO RESEARCHERS BASED ON OUTSTANDING RESEARCH ON HUMAN INTELLIGENCE, INTELLECTUAL GIFTEDNESS AND RELATED FIELDS OTHER AWARDS GIVEN BY THE FOUNDATION ARE DISTINGUISHED TEACHER OF THE YEAR, COPPER BLACK AWARD FOR CREATIVITY, INTELLECTUAL BENEFITS AWARD, LAURA JOYNER AWARD FOR OUTSTANDING WORK IN HUMAN INTELLIGENCE, AND LIFETIME ACHIEVEMENT AWARD FOR RESEARCH ON HUMAN INTELLIGENCE AND GIFTEDNESS THE FOUNDATION AWARDS SCHOLARSHIPS TO COLLEGE STUDENTS THE FOUNDATION AWARDED 195 SCHOLARSHIPS AND AWARDS DURING THE FISCAL YEAR ENDED MARCH 31, 2016
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 283,044

	Part IV	Checklist of	Required	Schedules
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	Checking of Regulied 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	
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	Yes	
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. I	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
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 20a	"Yes," complete Schedule G, Part III	19		No No
		20a		No_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	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		
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	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2013)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			N.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

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			
	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
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	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
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			
	List the States with which a copy of this Form 990 is required to be filed▶			
18 19	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). Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			
13	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 ILL BECKHAM 1229 CORPORATE DRIVE WEST ARLINGTON, TX 760066103 (817) 607-5577 Part VII

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/tr	office	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	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) DAVE REMINE	15 00									
PRESIDENT	0 00	X		×				0	0	0
(2) MARIE MAYER	15 00									
VICE PRESIDENT		×		×				0	0	0
	1 00									
(3) JAMES WERDELL		×		×				0	0	C
TREASURER	0 00									
(4) GUY CONTI	15 00	l x		l _x				0	0	0
SECRETARY	0 00									
(5) JOANNE SOPER	10 00	×						0	0	0
TRUSTEE	1 00	^						U	U	U
(6) LESSA SCHERRER	10 00									
TRUSTEE	0 00	X						0	0	0
(7) ELDON ROMNEY	10 00									
TRUSTEE		×						0	0	0
(8) JANE HANSON	10 00									
TRUSTEE		×						0	0	0
	0 00				\vdash					
(9) PHYLLIS MILLER		×						0	0	0
TRUSTEE	0 00									
(10) JOAN HILLER	10 00	×						0	0	0
TRUSTEE	0 00									
				_			\vdash			
				_	_		\vdash			
-										
					\vdash		\vdash			_

t VTT S	Section A. Officers, Dire	ors, Trustees, K	ev Employees, a	and Highest Com	pensated Employees	(continue
---------	---------------------------	------------------	-----------------	-----------------	--------------------	-----------

	(A) Name and Title	Average hours per week (list any hours for related and Title Average hours per week (list any hours and a director/trustee) Average hours position (do not check more than one box, unless compensation compensation from related organizations (Worganizations (Worganizati											ted f other ation he	
		for related organizations below dotted line)			Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganızatı relate organıza	ed
												+		
												-		
												+		
							<u> </u>							
1b c	Sub-Total		 ection A	٠.			. •							
d	Total (add lines 1b and 1c) .				•		•			0	0			0
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) w	no receive	d more th	nan			
													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														No
5	Did any person listed on line 1 services rendered to the organ									anızatıon • • •	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												ax year	
		(A) lame and business									(B) scription of services		(C) Compen)

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

Part V	1111	Statement o						
		Check if Schedi	ule O contains a respor	ise or note to any lin	(A)	(B)	(C)	 (D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections
	1.2	Fodorated cam	naugne 1a					512-514
क रह	1a	Federated cam	· -					
Gifts, Grants ilar Amounts	Ь	Membership du	es 1b					
, E	С	Fundraising eve	ents 1c					
ifts ar /	d	Related organiz	zations 1d	56,900				
9.≘	е	Government grant	s (contributions) 1e					
Contributions, and Other Sim	f	All other contribute	ons, gifts, grants, and 1f	1,103,428				
	•	sımılar amounts no						
	g	Noncash contribute 1a-1f \$	ons included in lines					
ng u	h	Total. Add lines	s 1a-1f		1,160,328			
o e				Business Code				
a Ji	2a	PUBLICATIONS		511120	45,884	45,884		
eve.	b	COLLOQUIUM		900099	29,297	29,297		
e de l		COLLOQUIDIN		900099	29,297	29,297		
Ó E	с С			 				
Program Serwde Revenue	d							
Ĕ	e f	All other presum	am sarvisa ravarva	 				
Đọ.	f	An other progra	am service revenue					
<u> </u>	g	Total. Add lines	s 2a-2f	🛌	75,181			
	3		ome (including dividendar amounts)		85,379			85,379
	4		stment of tax-exempt bond	· · · · ·	· ·			
	5			· · · · .				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	75,892					
	b	Less rental	23,358					
	_	expenses	,					
	С	Rental income or (loss)	52,534					
	d	Net rental inco	me or (loss)		52,534			52,534
	_	Constant and the constant	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	3,310,949					
	ь	Less cost or						
	_	other basis and sales expenses	3,325,082					
	С	Gain or (loss)	-14,133					
	d	Net gain or (los	s)		-14,133			-14,133
venue	8a	Gross income f events (not inc \$	luding					
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 a					
₹	b		penses b					
	C		(loss) from fundraising	events 🛌				
	9a		rom gaming activities ne 19					
		, alc i v , iii	a					
	b	Less direct ex	penses b					
	С		(loss) from gaming acti	vities .				
	10a	Gross sales of						
		returns and allo	owances . a					
	b	less costofa	oods sold b					
	C		(loss) from sales of inve	entory				
		Miscellaneou:		Business Code				
	11a	MISCELLANEO		900099	1,825			1,825
	b							
	c							
	d	All other reven	ue					
	e	Total. Add lines		🕨				
	12	Total revenue	See Instructions .	<u> </u>	1,825			
	_			•	1,361,114	75,181	0	125,605

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in th	ns Part IX			
	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				
2	Grants and other assistance to domestic individuals See Part IV, line 22	114,558	114,558		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	5,058	4,670	302	8
C	Accounting	9,660	4,444	4,057	1,15
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	11,484		11,484	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	145,751	67,046	61,215	17,49
12	Advertising and promotion				
13	Office expenses	34,309	27,696	3,524	3,08
14	Information technology	10,470	10,404	66	
15	Royalties				
16	Occupancy				
17	Travel	83,683	51,288	25,130	7,26
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	,
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	MISCELLANEOUS	18,675	1,257	10,447	6,97
b	LOCAL GROUP REIMBURSEME	1,667	1,667	,	,
c	SUPPLIES	70	14	56	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	435,385	283,044	116,281	36,060
26	Joint costs.Complete this line only if the organization	733,363	203,044	110,201	30,000
2 0	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here F [if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 54,629 87,433 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 63.094 4 4 59.180 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 7 8 8 1,120 1.782 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 510,794 Complete Part VI of Schedule D 10a b 10b 222.022 300,939 10c 288,772 Less accumulated depreciation 2,852,355 3,748,114 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 15 3,272,137 16 4,185,281 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,418 14,438 17 17 104,950 18 109,650 18 48,653 19 51.047 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 23 Secured mortgages and notes payable to unrelated third parties . 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 26 168.021 26 175,135 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Balances lines 27 through 29, and lines 33 and 34. 1,204,791 2,400,090 27 27 1,540,206 1,250,937 28 28 Fund 29 359,119 29 359,119 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 30 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 3,104,116 33 4,010,146 Total liabilities and net assets/fund balances 3.272.137 34 4.185.281

	1990 (2013)				Page ⊥ ∡
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,:	361,114
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	435,385
3	Revenue less expenses Subtract line 2 from line 1	3		9	925,729
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		3,:	104,116
5	Net unrealized gains (losses) on investments	5			-19,699
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		4,(010,146
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
	oneck in beneatie of contains a response of note to any fine in this rate xiz.			Yes	No
1	Accounting method used to prepare the Form 990	_		. 03	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rea separate basis, consolidated basis, or both	viewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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 sebasis, consolidated basis, or both	eparate			
	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 overs of the audit, review, or compilation of its financial statements and selection of an independent accounta		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	За		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 audit		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

		IE ORGANIZATION ATION AND RESEARCH FOUN	NDATION				Employer identifica	ation number	
PILNS	A LDOCA	ATION AND RESEARCH TOOL	VDATION				75-2857248		
Pa	rt I	Reason for Publi	c Charity S	status (All organiza	tions must co	mplete this p	art.) See instruction	ons.	
The	organız	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one bo	ox)		
1	Ē	A church, convention		·	= :	•	= '		
2	Ė	A school described in	•			•			
3	, T	A hospital or a cooper							
4	<u>'</u>	A medical research or		_				i) Enterthe	
•	,	hospital's name, city,		stated in conjunction v	vicii a nospicai a	escribed in sec		. Litter the	
5	\vdash			nefit of a college or un	iversity owned	or operated by	a governmental unit o	described in section	
		170(b)(1)(A)(iv).(C	•	•					
6		A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1)(A)(v).		
7	굣	An organization that n				om a governme	ntal unit or from the g	general public	
	_	described in section 1				L TT \			
8	<u> </u>	A community trust de							
9	Г			ves (1) more than 33 :s exempt functions—s					
				unrelated business tax					
				ee section 509(a)(2).			,		
10	\vdash	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See section	509(a)(4).		
11	\vdash	An organization organ							
		one or more publicly s			• •	• •			
_	_		e box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g / pe I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the						
а	,	supported organization							
		organization You mus				cy of the anect	or crustees or the	Supporting	
b	\vdash	Type II. A supporting	organization s	upervised or controlle	d in connection	with its suppo	ted organization(s), l	by having control or	
		management of the su			same persons t	hat control or n	nanage the supported	organization(s) You	
_	_	must complete Part IV							
С	ı	Type III functionally is supported organization						grated with, its	
d	\vdash	Type III non-function						janization(s) that is	
		not functionally integr							
	_	(see instructions) Yo							
е	ı	Check this box if the c	=				s a Гуре I, Туре II, Т	ype III functionally	
f	Fnter	integrated, or Type III r the number of support							
a a	Liitei	Provide the following i	=						
9		Trovide the following r	mormation ab	out the supported orga	11112d (1011(3)				
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)	
Nar	ne of s	upported organization		Type of	Is the organ	nization	A mount of	A mount of other	
				organization	listed in your		monetary support	support (see	
				(described on lines	docume	nt?	(see instructions)	instructions)	
				1-9 above (see instructions))					
				madactions))					
					Yes	No			

Pa	Support Schedule for (Complete only if you Part III. If the organiz	checked the bo	ox on line 5, 7,	or 8 of Part I o	r if the organiz	ation failed	to qualify un	
S	ection A. Public Support	ation rails to qu	iamy under the	tests listed bei	low, please con	ilpiete Fait	111.)	
	Calendar year	(-)2011	(h)2012	(-)2012	(4)2014	(e)2015	(6)To	
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e)2015	(f) To)tai
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	146,109	328,923	567,160	382,530	1,16	0,328 2	2,585,050
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	146,109	328,923	567,160	382,530	1,16	0,328 2	,585,050
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1	.,422,260
6	Public support. Subtract line 5 from line 4						1	.,162,790
	ection B. Total Support							
_	Calendar year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) To	otal
(or 7	fiscal year beginning in) F A mounts from line 4	146,109	328,923	567,160	382,530			2,585,050
8	Gross income from interest,	140,103	320,323	307,100	302,330	1,100	7,320	,303,030
	dividends, payments received on securities loans, rents, royalties and income from similar sources	156,646	157,615	157,499	160,166	147	7,138	779,064
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	295	8,345	15,062	42,520	3	1,122	97,344
11	Total support. Add lines 7 through 10						3	3,461,458
12	Gross receipts from related activit	ies, etc (see ins	tructions)			12	20	5,541
13	First five years.If the Form 990 is check this box and stop here	<u> </u>						ation,
	ection C. Computation of Pu					<u> </u>		
14	Public support percentage for 201		•	: 11, column (f))		14	33 5	590 %
15	Public support percentage for 201	4 Schedule A, Pa	rt II, line 14			15	34 8	800 %
	and stop here. The organization que 33 1/3% support test—2014. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization part VI how the organization me	alifies as a publice organization did on qualifies as a permanent of the organization meets the factor of the fact	ely supported orga not check a box oublicly supported anization did not o acts-and-circums	anization on line 13 or 16a organization check a box on lir tances test, chec	, and line 15 is 33 ne 13, 16a, or 16 ck this box and st	3 1/3% or mo b, and line 14 op here. Exp	ore, check this 4 Iain supported	•F
b 18	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organization Private foundation. If the organizations	nization meets thation meets the "	ie "facts-and-circ facts-and-circum	umstances" test stances" test Th	, check this box a ne organization qu	and stop here ualifies as a p	ine eublicly e	▶┌ ▶┌ ▶┌

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, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

مو	ction	Λ	ΔΠ	Sunna	rtina	Orga	nizations	
361	CUUII	м.	~11	Suppu	71 UIIG	Olua	IIIZALIUIIS	

	ction A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in 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		
I	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in 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		
l	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
	by or in connection with its supported organizations.			
•	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the			
	authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
1	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	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		
ı	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
•	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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		
ı	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?			
ŧ	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ı	A family member of a person described in (a) above?	11b		
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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		
	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		

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

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

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

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER	MISCELLANEOUS INCOME
INCOME	

Schedule A (Form 990 or 990-EZ) 2015

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Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

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

Inspection

SA EDUCATION AND RESEARCH FOUNDATION		Empi	oyer identification number				
			857248				
	r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds o	or Accounts.				
Complete ii the organization answer	(a) Donor advised funds	(b)	Funds and other accounts				
Total number at end of year	(a) Donor advised funds	(6)	runus and other accounts				
Aggregate value of contributions to (during year)							
Aggregate value of grants from (during year)							
Aggregate value at end of year							
Old the organization inform all donors and donor unds are the organization's property, subject to		nor advis	sed Yes No				
Old the organization inform all grantees, donors, ised only for charitable purposes and not for the conferring impermissible private benefit?							
II Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn					
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recrees Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization easement on the last day of the tax year	Preservation of a	certified	cally important land area I historic structure of a conservation				
asement on the last day of the tax year			Held at the End of the Year				
otal number of conservation easements		2a	Held at the Lild of the Tea				
otal acreage restricted by conservation easeme	ents	2b					
umber of conservation easements on a certified		2c					
lumber of conservation easements included in (· ·	2d					
historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the							
ax year -	nsierreu, reieaseu, extinguistieu, or termina	led by th	e organization during the				
Number of states where property subject to cons	ervation easement is located ►						
Does the organization have a written policy regaingly regains and enforcement of the conservation of the c		ndling of	┌ Yes ┌ No				
Staff and volunteer hours devoted to monitoring, vear	inspecting, handling of violations, and enfor	cing cons	servation easements during the				
+							
mount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing	conserva	ition easements during the yea				
\$							
Does each conservation easement reported on li B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ection 17	0(h)(4)				
n Part XIII, describe how the organization repor valance sheet, and include, if applicable, the text he organization's accounting for conservation ea	of the footnote to the organization's financia						
	ctions of Art, Historical Treasures,	or Oth	ner Similar Assets.				
	ed "Yes" on Form 990, Part IV, line 8.						
f the organization elected, as permitted under S vorks of art, historical treasures, or other similal service, provide, in Part XIII, the text of the foot	rassets held for public exhibition, education	, or resea	arch in furtherance of public				
f the organization elected, as permitted under S orks of art, historical treasures, or other similal ervice, provide the following amounts relating to	r assets held for public exhibition, education						
Revenue included on Form 990, Part VIII, line	1	► \$					
Assets included in Form 990, Part X							
If the organization received or held works of art, following amounts required to be reported under s		for financ					
Revenue included on Form 990. Part VIII. line 1			► \$				

b Assets included in Form 990, Part X

Part	Organizations Maintaining (continued)	Collections of A	Art, His	storical	Treas	sures,	or Ot	her Similar A	ssets	
3	Using the organization's acquisition, accodilection items (check all that apply)	ession, and other red	cords, cl						e of its	
а	Public exhibition		d	Loa	n or ex	change	progra	ms		
b	Scholarly research		е	┌ oth	ner					
c	Preservation for future generations									
4	Provide a description of the organization Part XIII	's collections and ex	plaın hov	w they fur	ther the	e organız	atıon's	exempt purpose	ın	
5	During the year, did the organization soli assets to be sold to raise funds rather th	nan to be maintained							r	lo
Pari	Complete if the organization Part X, line 21.		n Form	990, Par	t IV, lı	ne 9, o	r repo	orted an amour	it on F	orm 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inter	mediary	for contri	butions	s or othe	rasse	ts not Yes	┌ м	ło
b	If "Yes," explain the arrangement in P	art XIII and complet	e the fol	llowing tal	ole			Am	ount	
С	Beginning balance	·		-			1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance					•	1f			
2a	Did the organization include an amount o	on Form 990, Part X,	line 21,	for escrov	worcus	stodial a	ccount	: liability? Yes		lo
	-	, ,	,					,		
b	If "Yes," explain the arrangement in Part	XIII Check here if	the expl	anation ha	as been	provide	d ın Pa	rt XIII		. Г
	rt V Endowment Funds. Comple									
	•	(a)Current year	(b) Pr	or year	b (c) ⊤	wo years l	oack (d) Three years back	(e)Fou	r years back
1a	Beginning of year balance	1,029,814		980,646		935	,336	896,175		851,817
b	Contributions	29,521		30,202		27	,205	25,683		28,212
С	Net investment earnings, gains, and losses	42,341		36,197		34	,170	29,537		32,912
d	Grants or scholarships						_			
е	Other expenditures for facilities and programs	14,829		17,231		16	,065	16,059		16,766
f	Administrative expenses									
g	End of year balance	1,086,847		1,029,814		980	,646	935,336		896,175
2	Provide the estimated percentage of the	current year end bal	ance (lır	ne 1g, colu	ımn (a)) held as				
а	Board designated or quasi-endowment 🕨	. 65 790 %								
b	Permanent endowment ► 33 040 %									
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	1 170 % should equal 100%								
3a	Are there endowment funds not in the po organization by	•	nızatıon	that are h	eld and	l admınıs	tered	for the	Y	es No
	(i) unrelated organizations					•			(i)	No
	(ii) related organizations								(ii)	No
_	If "Yes" on 3a(II), are the related organiz				R? .			3	Bb	
4	Describe in Part XIII the intended uses		endowm	nent funds						
Par	t VI Land, Buildings, and Equip Complete if the organization		Form 9	90 Part	TV. lın	e 11a.9	see Fo	rm 990. Part X	Line	10.
	Description of property	answered res to		(a) Cost or other (investme	basis	(b) Cost or oth) ner bası	Accumulated		Book value
1 a ∣	Land			(mvc3une	,	(Othe	94,091	1	+	94,091
	Buildings		⊢				331,257		35	180,122
	Leasehold improvements		. 				85,446	<u> </u>	_	14,559
	Equipment		. \vdash					1		, -
	O + h = n							†		

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

288,772

			s' on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	,	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
			+
			+
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. Complete if the organization answered	d 'Yes' on Form 990. F	Part IV. line 11c.c.	as Form 000 Part V line 12
(a) Description of investment		(b) Book value	(c) Method of valuation
(-)			Cost or end-of-year market value
			
			+
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	on answered 'Ves' on For	m 990 Part IV line	11d See Form 990 Part X June 15
(a) Desc		m 550,1 dre 10,1 me	(b) Book value
			<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	anization answered '\		
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.			
Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>
See Form 990, Part X, line 25.	anization answered '\		<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		· · · · · · · · · · · · · · · · · · ·

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,329,931
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII).............. 2d		
e	Add lines 2a through 2d	2e	-19,699
3	Subtract line 2e from line 1	3	1,349,630
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 11,484		
b	Other (Describe in Part XIII)..............4b		
c	Add lines 4a and 4b	4c	11,484
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,361,114
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per l	Return.
1	Total expenses and losses per audited financial statements	1	423,901
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	423,901
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 11,484		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	11,484
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	435.385

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PROTECT THE PRINCIPAL BALANCE, MANAGE CASH FLOW TO MEET ALL EXPECTED AND UNEXPECTED FUTURE FUNDING REQUIREMENTS, AND MAXIMIZE RETURN WITH MINIMAL RISK
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A SECTION 501(A) ORGANZIATION WITHIN THE MEANING OF SECTION 509(A) THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS A PUBLICLY SUPPORTED ORGANIZATION THE FOUNDATION FILES AS A TAX-EXEMPT ORGANIZATION THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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Schedule I

DLN: 93493224005336OMB No 1545-0047

2015

Open to Public Inspection

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
MENSA EDUCATION AND RESEARCH FOUNDATION

Part I. General Information on Grants and Assistance

<u> </u>	tance to Domestic O	rganizations and Dome			answered "Yes" on F	orm 990, Part IV, line 21	l , for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grai or assistance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a)T ype of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	180	106,808		N/A	N/A
(2) AWARDS FOR EXCELLENCE	10	5,000			
(3) COOPER BLACK	2	1,000			
(4) DISTINGUISHED TEACHER	1	250			
(5) LIFETIME ACHIEVEMENT	1	1,000			
(6) LAURA JOYNER AWARD	1	500			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
	SCHOLARSHIP RECIPIENT AWARDS ARE DISBURSED TO THE STUDENT AFTER THE STUDENT HAS PROVIDED PROOF OF ENROLLMENT IN A COLLEGE OR UNIVERSITY TO THE FOUNDATION COOPER BLACK AWARD RECIPIENTS MUST BE NOMINATED FOR A CREATIVE ACHIEVEMENT WITHIN THE PAST 3 YEARS AND WILL BE SELECTED FROM A COMMITTEE OF JUDGES DISTINGUISHED TEACHER AWARD RECIPIENTS ARE SELECTED FROM A MENSA MEMBER'S ESSAY DETAILING THE TEACHER'S IMPACT ON HIS/HER LIFE LIFETIME
	ACHIEVEMENT AWARD RECEIPIENTS MUST BE NOMINATED FOR AN EXCEPTIONAL BODY OF WORK BY A LIVING PERSON OVER A PERIOD OF NOT LESS THAN 15 YEARS IN RESEARCH, THEORY, AND/OR OTHER SCHOLARLY WORK, AND/OR AS AN EDUCATOR AND/OR PRACTITIONER IN THE FIELD OF GIFTEDNESS, BRAIN FUNCTION, HUMAN INTELLIGENCE, CREATIVITY, OR THE FIELD OF INTELLIGENCE TESTING AND WILL BE SELECTED BY A COMMITTEE OF JUDGES LAURA JOYNER AWARD RECIPIENTS WILL BE SELECTED BY THE FOUNDATION'S BOARD, AND WILL BE AN ENTITY IN THE COLLOQUIUM LOCALE AREA THAT SHOWS SIGNIFICANT ACHIEVEMENT RELATIVE TO THE MISSION OF THE FOUNDATION EXCELLENCE IN RESEARCH AWARD RECIPIENTS CAN SUBMIT UP TO 3 PAPERS IN
	WHICH THEY ARE THE FIRST AUTHOR OF ORIGINAL RESEARCH FINDINGS OR THEORETICAL PAPERS PROPOSING NEW DIRECTIONS IN RESEARCH IN A VARIETY OF FIELDS

Schedule I (Form 990) 2015

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DLN: 93493224005336

OMB No 1545-0047

2015

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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 MENSA EDUCATION AND RESEARCH FOUNDATION

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

75-2857248

990 Schedule O, Supplemental Information

Return Reference	Explanation					
FORM 990, PART VI, SECTION A, LINE 1	THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE WHICH CONSISTS OF THE PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURER, WHO ARE ON THE GOVERNING BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF TRUSTEES BETWEEN MEETINGS OF THE BOARD OF TRUSTEES					
FORM 990, PART VI, SECTION A, LINE 6	EACH VOTING MEMBER OF THE AMERICAN MENSA COMMITTEE SHALL SERVE AS A VOTING MEMBER OF THE F OUNDATION, EACH WITH AN EQUAL VOTE RESPECTIVE TO EACH OTHER					
FORM 990, PART VI, SECTION A, LINE 7A	AT THE ANNUAL FOUNDATION MEETING, THE VOTING MEMBERS SHALL BE ENTITLED TO A VOTE IN PERSON EACH VOTING MEMBER SHALL HAVE ONE VOTE					
FORM 990, PART VI, SECTION A, LINE 7B	THE VOTING MEMBERS HAVE THE RIGHT TO APPROVE OR DISAPPROVE ANY RECOMMENDED CHANGES TO THE BY LAWS OF THE FOUNDATION					
FORM 990, PART VI, SECTION B, LINE 11	THE FOUNDATION'S FINANCE COMMITTEE WILL REVIEW THE DRAFT FORM 990, RECOMMEND CHANGES IF NE EDED AND PROVIDE AN APPROVED FORM 990 TO THE FULL BOARD PRIOR TO FILING WITH THE IRS					
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHERE ALL MEMBERS OF THE BOARD OF DIREC TORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT MAY GIVE RISE TO CONFLICT THE ORGANIZATION MONITORS THE POLICY AT THE MANAGEMENT AND BOARD LEVEL WITH DETERMINAT IONS MADE BY REMAINING MEMBERS WHO ARE NOT IN CONFLICT WITH THE TRANSACTION INDIVIDUALS WITH A CONFLICT ARE NOT ALLOWED TO PARTICIPATE IN DISCUSSIONS AND MUST ABSTAIN FROM VOTING ON THE MATTER ALL PROCEEDINGS ARE DOCUMENTED IN THE MEETING MINUTES OR AS OTHERWISE APPROPRIATE					
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST					
FORM 990, PART IX, LINE 11G	ADMINISTRATIVE FEES PROGRAM SERVICE EXPENSES 67,046 MANAGEMENT AND GENERAL EXPENSES 61,2 15 FUNDRAISING EXPENSES 17,490 TOTAL EXPENSES 145,751					
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED THE OVERSIGHT OR SELECTION PROCESS					

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

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Schedule R (Form 990) 2015

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

ENSA EDUCATION AND RESEARCH FOUNDATION				75-28	57248			
Part I Identification of Disregarded Entities Comp	lete ıf the organızatıon a	inswered "Yes" on	Form 990, Par					
(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 asse	ets [(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations Complete if the the tax year.	e organization ans	wered "Yes" or	n Form 990,	Part IV,	line 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	ion Public ch	(e) arıty status ı 501(c)(3))	(f) Direct controlling entity	Section (13) co	(g) n 512(b ontrolle ntity?
(1)AMERICAN MENSA LTD	MEMBERSHIP ORGANIZATION	NY	501(C)(4)	N/A			Yes	No No
1229 CORPORATE DRIVE WEST	PIEPIDERSHIP ORGANIZATION		301(0)(4)	N/A		N/A		140
ARLINGTON, TX 76006 11-1986754								

Cat No 50135Y

Schedule R (Form 990) 2015													Page ∠	
Part III Identification of Related O because it had one or more re						ation answ	ered "Ye	s" on	Form	990, Part I	V, lın	e 34		
(a) Name, address, and EIN related organization	(a) Name, address, and EIN of related organization			(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets		n) prtionate ations?				(k) Percentage ownership	
					514)			Yes	No		Yes	No		
								<u> </u>	-		<u> </u>	\sqcup		
								<u> </u>			 	\sqcup		
								<u> </u>			\vdash	\vdash		
Part IV Identification of Related O 34 because it had one or more							ation ans	wered	"Yes'	on Form 9	₹90, F	Part I	[V, line	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of enti (C corp, S corp, or trust)	y Share of t	total Share	(g) e of end- -year ssets		(h) ercentage ownership	Sectio (b)(contr	i) on 512 (13) rolled tity?		
									_		Yes	,	No	
	1		I		ı	1	1		1			,		

Part V	Transactions With Related Organizations Complete if the organization a	nswered "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 m	ore related organizations li	sted in Parts II-IV?								
a Rec	eipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a	ĺ	No				
b Gift	b Gift, grant, or capital contribution to related organization(s)										
c Gıft	c Gift, grant, or capital contribution from related organization(s)										
d Loa	d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)											
f Div	dends from related organization(s)				1 f		No				
g Sale of assets to related organization(s)											
h Purchase of assets from related organization(s)											
i Exc	i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)											
k Lea	ee of facilities, equipment, or other assets from related organization(s)				1k		No				
l Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)											
p Rei	nbursement paid to related organization(s) for expenses				1р	Yes					
q Rei	nbursement paid by related organization(s) for expenses				1q	Yes					
r Oth	r transfer of cash or property to related organization(s)				1r		No				
s Oth	er transfer of cash or property from related organization(s)				1s		No				
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must com	plete this line, including co	vered relationships	and transaction thresholds							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	volved					
(1)AMERICA	n mensa ltd	С	56,900	COST							
(2)AMERICA	n mensa Ltd	J	75,892	COST							
(3)AMERICA	n mensa Ltd	Р	145,751	COST							

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 regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
											1	1	ı
	1		·					·					

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2015

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