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 www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

<u>A</u>	For the	2015 calendar year, or tax year beginning , and ending									
В	Check if app	olicable: C Name of organization		D Employe	r identification number						
	Address cha										
一	Name chan	Doing business as			236311						
\vdash		Number and street (or P.O. box it mail is not delivered to street address)	Room/suite	E Telephon	e number 786-7240						
Ц	Initial return		<u></u>	303	700-7240						
	Final return, terminated				201 600						
	Amended re	eturn F Name and address of principal officer:		G Gross reco	eipts\$ 321,689						
H		r Name and address of principal officer.	H(a) Is this a gr	oup return for s	ubordinates? Yes X No						
Ш	Application		1,22,3		Yes No						
		PO BOX 740144	H(b) Are all sui		(see instructions)						
		ARVADA CO 80001	_ " " " " " " " " " " " " " " " " " " "	, attacira iist.	(See Histractions)						
1_	Tax-exem										
J	Website:		H(c) Group exe								
K	Form of or		Year of formation: 1	.991	M State of legal domicile: CO						
	art I	Summary									
	1 B	riefly describe the organization's mission or most significant activities:									
မွ		CHARITABLE GIVING.									
ă											
Governance	٠.										
્રે	2 C	heck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 2		, ,	_						
∞ ∞	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	7						
es	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	7						
Activities &	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		. 5	0						
Ç	6 T	otal number of volunteers (estimate if necessary)		6	0						
_		otal unrelated business revenue from Part VIII, column (C), line 12		1701	0						
	bN	et unrelated business taxable income from Form 990-T, line 34			0						
			Prior Ye		Current Year						
<u>a</u>	8 C	ontributions and grants (Part VIII, line 1h)		3,241	60,904						
nue	9 P	rogram service revenue (Part VIII, line 2g)	10	1,149	260,782						
Revenue	10 lr	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			0						
LE.	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,850	3						
	12 T	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,240	321,689						
		rants and similar amounts paid (Part IX, column (A), lines 1–3)	19	6,084	231,303						
		enefits paid to or for members (Part IX, column (A), line 4)			0						
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0						
xpenses	16aP	rofessional fundraising fees (Part IX, column (A), line 11e)			0						
xpe	b T	otal fundraising expenses (Part IX, column (D), line 25) ▶0									
ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,770	3,817						
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		0,854	235,120						
	19 R	evenue less expenses. Subtract line 18 from line 12		8,386	86,569						
Net Assets or	Sec		Beginning of Cu		End of Year						
set	현 20 T	otal assets (Part X, line 16)	19	5,005	292,151						
it A	일 21 T	otal liabilities (Part X, line 26)	10	- OOE	000 1E1						
		let assets or fund balances. Subtract line 21 from line 20	19	5,005	292,151						
	Part II	Signature Block									
Į	Jnder pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and stater ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	nents, and to the t	oest of my kr	nowledge and belief, it is						
	rue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	i nas any knowled	ge.							
			Date								
	gn	Signature of officer	~***	Date							
H	ere		SURER		· · · · · · · · · · · · · · · · · · ·						
		Type or print name and title	Date		[] I DTIN						
_		Print/Type preparer's name Preparer's signature	Date	Check	L						
Pa		TIMOTHY J. RAUB, CPA		self-en							
	eparer	Firm's name		Firm's EIN	20-2011735						
Us	e Only	7100 W 44TH AVE STE 101			202 401 4000						
_		Firm's address WHEAT RIDGE, CO 80033		Phone no.	303-421-4775						
		S discuss this return with the preparer shown above? (see instructions)			Yes No						
Fo DA		ork Reduction Act Notice, see the separate instructions.			Form 990 (2015)						

THE ARVADA SUNRISE ROTARY CLUB FOUNDATION SPONSORS SPEAKUP ANNUALLY. THIS IS A SPEECH COMPETITION FOR HIGH SCHOOL SENIORS WHO NEED TO APPLY AND GO THROUGH AN INTERVIEW PROCESS. THOSE WHO ARE SELECTED GIVE SIX TO EIGHT MINUTE SPEECHES ON THE ROTARY THEME OF THE YEAR AND THE ROTARIAN FOUR WAY TEST. PARTICIPANTS RECEIVE SCHOLARSHIPS FOR COLLEGE. 4d Other program services (Describe in Schedule O.) (Expenses \$ 38,204 including grants of \$) (Revenue \$) 4e Total program service expenses > 231,303	orm 990 (20	15) ARVADA SUNRISE	ROTARY FOUNDATION	84-1236311	Page 2
1 Briefly describe the organization's mission: CHARITABLE GIVING. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 990-E27 If 'Yes, 'Gescribe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services can services? If 'Yes, 'Gescribe these changes on Schedule O. 4 Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses. Section 901(c)(3) and 901(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and severus, if any, for each program service reported. 4a (Code:] (Expenses \$ 182,558 including grants of \$] (Revenue \$ 260,782 FOOD FOR THOUGHT DENVER IS A PROJECT OF THE ARVADA SURRISE ROTARY CLUB FOUNDATION STARTED BY TWO GOTARTIANS FROM THE CLUB. IT PROVIDES 'POWERSACKS' TO OVER 1,600 STUDENTS FROM THE DENVER PUBLIC ELEMENTARY SCHOOLS TO NOURISE THE STUDENTS AND THEIR FAMILIES. THEY CONTAIN FOOD TO FEED A FAMILY OF FOUR OVER THE WERKEND. EACH FRIDAY DURING THE SCHOOL YEAR STUDENTS FROM METRO STARTE UNIVERSITY OF DENVER JOIN OTHER VOLUNTERES TO PACK THE INDIVIDUAL SACKS WITH APPROXIMATELY 3 TONS OF FOOD ORDERED EACH WEEK. 4b (Code:) (Expenses \$ Including grants of \$) (Foremer's \$) (Foremer's \$ COLLECTED AND REPAIRED BOOKS AND PAID FOR THE SITEMENT OF THOSE BOOKS AND CHIEFE SCHOOL	Part III			line in this Part III	
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FOOD FOR THOUGHT DENVER IS A PROJECT OF THE ARVADA SUNRISE ROTARY CLUB FOUNDATION STARTED BY TWO ROTARIANS FROM THE CLUB IT PROVIDES 'POWERSACKS' TO OVER 1,600 STUDENTS FROM THE DENVER PUBLIC ELEMENTARY SCHOOLS TO NOURISE THE STUDENTS AND THEIR FAMILIES. THEY CONTAIN FOOD TO FEED A FAMILY OF FOUR OVER THE WEEKEND. EACH FRIDAY DURING THE SCHOOL YEAR STUDENTS FROM METRO STATE UNIVERSITY OF DENVER JOIN OTHER VOLUNITEERS TO PACK THE INDIVIDUAL SACKS WITH APPROXIMATELY 3 TONS OF FOOD ORDERED EACH WEEK. 4b (Code:)(Expenses \$ including grants of \$) (Revenue \$ THE ARVADA SUNRISE ROTARY CLUB FOUNDATION SUPPORTS PROJECTS OF SCHOOL COMMUNITIES OFFERING PROJECTS IN THE THAT EMPOWER (SCOPE). THE FOUNDATION HAS COLLECTED AND REPAIRED BOOKS AND PAID FOR THE SHIPMENT OF THOSE BOOKS AND OTHERS COLLECTED BY SCOPE TO KENTA FOR LIBERATIES THERE. IT HAS ALSO FUNDED CLEAN WATER PROJECTS IN THE SAME AREA. AN ARVADA SUNRISE ROTARY CLUB ROTARIAN TRAVELS THERE SEVERAL TIMES A YEAR TO OVERSEE THE PROJECTS. 4c (Code:)(Expenses \$ 10,541 including grants of \$) (Revenue \$ 5,175 THE ARVADA SUNRISE ROTARY CLUB FOUNDATION SPONSORS SPEARUP ANNUALLY THIS IS A SPEECH COMPETITION FOR HIGH SCHOOL SENIORS WHO NEED TO APPLY AND GO THROUGH AN INTERVIEW PROCESS. THOSE WHO ARE SELECTED GIVE SIX TO EIGHT MINUTE SPEECHES ON THE ROTARY THEME OF THE YEAR AND THE ROTARIAN FOUR WAY TEST. PARTICIPANTS RECEIVE SCHOLARSHIPS FOR COLLEGE. 4d Other program services (Describe in Schedule O) (Expenses \$ 38,204 including grants of \$) (Revenue \$) (Expenses \$ 38,204 including grants of \$) (Revenue \$) (Expenses \$ 38,204 including grants of \$) (Revenue \$)	tne tota	il expenses, and revenue, ir any, to	r each program service reported.		
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			including grants of \$) (Revenue \$)
000	4e Total p	rogram service expenses	231,303		Form 990 (2015

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		2
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		2
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		2
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		2
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		2
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		2
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		2
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		2
l	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		2
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		2
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		2
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			Γ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		2
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		2
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Г
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		2
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		2
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			Г
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		2
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			2
- 4a	Did the organization maintain an office, employees, or agents outside of the United States?			2
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		3
5	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		2
3	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Г
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		2
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			T
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		:
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	····	T	T
J		18		2
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		†	†
9	The the incampancy recorded to the man at a court or costs include from Cambro activities of Cambro and the fire add	1	1	1

Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 X 22 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 X employees? If "Yes," complete Schedule J 23 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b If "Yes," complete Schedule L, Part I 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 X 26 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 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. X

Form 990 (2015) ARVADA SUNRISE ROTARY FOUNDATION 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2b 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 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 X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? 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 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year d 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 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? 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 990 (2015) ARVADA SUNRISE ROTARY FOUNDATION 84-1236311 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section 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. 7 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. p. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 X with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website | X Upon request | Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 - C. MICHAEL LITZAU

PO BOX 740144

CO 80006

303-430-5502

ARVADA

DAA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	Name and Title Average hours per week (list any		x, unle icer ar	Pos theck ess pe nd a d	rson i irecto	than or	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) MATT STEINKAMP	0.00									
DIRECTOR	0.00	x						0	0	. 0
(2) JOHN THIELEN									A CONTRACTOR OF THE PROPERTY O	
	0.00									
DIRECTOR	0.00	X			·			0	0	0
(3) DON HOWARD										
DIRECTOR	0.00	X						o	o	0
(4) ERV ZIMMER										
	0.00									
DIRECTOR	0.00	X						0	0	0
(5) MIKE LITZAU										
mpra cupen	0.00			x				0	o	0
TREASURER (6) RICHARD DEEM	0.00	┼	 	^	-	+			<u> </u>	
(0) 1(1 01111111111111111111111111111111	0.00									
PRESIDENT	0.00	1		x				0	0	0
(7) LILA NIGH										
	0.00									
SECRETARY	0.00	-	<u> </u>	X	<u> </u>	1 1		0	0	0
(8)										
. , ,										
(9)									**************************************	
		-								
(10)				 						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		,								
(11)		1								
	1			1				<u> </u>	I	<u> </u>

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	d Employees (continued)	
(A) Name and title	(B) Average hours per week box, unless person is both ar officer and a director/trustee hours for						an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
								·		
									-	
Sub-total C Total from continuation shee d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not li	imite	d to				b b bov	re) who received more than	\$100,000 of	
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization individual 	complete Schede 1a, is the sum sizations greater	dule of re thar	J for port 1 \$15	suc able 50,00	h ind com	dividu pens f "Ye	ial satio	on and other compensation complete Schedule J for su	from the	3 X 4 X
5 Did any person listed on line 1 for services rendered to the or Section B. Independent Contracto	ganization? If "Y rs	es,"	com	plete	e Sc	hedu	ile J	for such person		5 X
Complete this table for your fix compensation from the organi	zation. Report co	ensa omp	ited ensa	inder ition	oenc for t	lent o	conti	dar year ending with or with	nin the organization's tax y	
Name and	(A) business address							Descrip	(B) blion of services	(C) Compensation
					••					
Total number of independent or received more than \$100,000								se listed above) who	0	

Form 990 (2015) ARVADA SUNRISE ROTARY FOUNDATION 84-1236311 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue (A) (B) Related or Total revenue business excluded from tax under sections exempt function revenue 512-514 revenue 1a Federated campaigns b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 60,904 g Noncash contributions included in lines 1a-1f: 60,904 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 260,782 260,782 FOOD FOR THOUGHT - DENVER f All other program service revenue 260,782 g Total. Add lines 2a-2f. Investment income (including dividends, interest, • and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventor b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less: cost of goods sold c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 11a MISCELLANEOUS INCOME

0

260,785

321,689

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

FOIII 990 (2013) FILLATION	DOMITTON TOTAL	T OOMDINE TON	<u> </u>	 1 490 1
Part IX	Statement of	Functional Expenses			
1 (3 t t 1 / X)	Otatement of	i unctional Expenses			

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

	Check if Schedule O contains a resp	onse or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, b, 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	231,303	231,303		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ů	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				
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Dayroll taxos		44.0.000		
11	Fees for services (non-employees):				
a	Management				
b	Legal	575		575	
C	Accounting	373		<u> </u>	
d	Lobbying Professional fundacing applies See Bart IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			W-1400-00-00-00-00-00-00-00-00-00-00-00-00-	
g	Other. (If line 11g amount exceeds 10% of line 25, column			·	
40	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		· · · · · · · · · · · · · · · · · · ·		***************************************
17	Travel Payments of travel or entertainment expenses				
18					
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21	Payments to affiliates Depreciation, depletion, and amortization				
22 23					
23 24	Insurance Other expenses. Itemize expenses not covered				
24	•				
	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.)				
_	SUPPLIES	2,838		2,838	
a	BANK FEES	300		300	
b	DAF MANAGEMENT FEE	104		104	
C C	.,,,,,	104			
d	All other expenses				***************************************
e e	All other expenses	235,120	231,303	3,817	0
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	200,120	201,000	J, 01/	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	<u> </u>	1	<u> </u>	

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Form 990 (2015) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 195,005 292,151 Cash—non-interest bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 195,005 292,151 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 195,005 292,151 27 Unrestricted net assets Temporarily restricted net assets 28 28 Vet Assets or Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund

> 292,151 Form 990 (2015)

292,151

32

33

195,005

195,005

32

33

Total net assets or fund balances

Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part VII, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 6 Revenue less expenses. Subtract line 2 from line 6 Revenue less expenses. Subtract line 2 from line 6 Revenue less expenses. Subtract line 2 from line 6 Revenue less expenses. Subtract line 2 from line 6 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 6 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 6 Revenue less expenses. Subtract line 2 from line 6 Revenue less expenses. Subtract line 2 from line 6 Revenue less expenses. Subtract line 2 from line 6 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract	orm	1 990 (2015) ARVADA SUNRISE ROTARY FOUNDATION 84-1236311			Pa	ge 12
Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 86, 569 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 195, 005 5 Net unrealized gains (losses) on investments 5 Conated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis consolidated basis. To oth: Schedule O. Separate basis Consolidated basis Both consolidated and separate basis for Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis or both: Separate basis Consolidated basis or both: Se						
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2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 Ref., 569 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 195, 005 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 12 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 13 Yes No 14 Accounting method used to prepare the Form 990: Schedule O and separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 16 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 17 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis, or both:	1	MMM	1	3		
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 1 Were the organization's financial statements audited by an independent accountant? 2b X if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2 Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 3 Consolidated basis Both consolidated and separate basis 4 If Yes," in check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 5 Consolidated basis Both consolidated and separate basis 6 Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolid	2		2			
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5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vest assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990:			4	1	95,	005
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	5		5			
The vestment expenses 7			6			
8 Prior period adjustments 8 10 , 577 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		1	7			
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to fine 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			8		10,	577
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9		9			
33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	10					
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:			10	2	92,	151
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	Pa	art XII Financial Statements and Reporting				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Accounting method used to prepare the Form 990:			* * * * * * * * *			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					Yes	No
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D IT TES, GIG the organization undergo the required addit of addits? If the organization did not undergo the	· b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form **990** (2015)