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| <b>efile Public Visual Render</b>                                         | <b>ObjectID: 201740099349300969 - Submission: 2017-01-09</b>                                                                                                                                                                                                                                                                                                          | <b>TIN: 54-1951769</b>                                        |
| <b>Form 990</b><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)<br>▶ Do not enter social security numbers on this form as it may be made public.<br>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . | OMB No. 1545-0047<br><b>2015</b><br>Open to Public Inspection |

**A For the 2015 calendar year, or tax year beginning 09-01-2015, and ending 08-31-2016**

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>NATIONAL VACCINE INFORMATION CENTER<br><br>Doing business as<br><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>21525 RIDGETOP CIRCLE<br><br>City or town, state or province, country, and ZIP or foreign postal code<br>STERLING, VA 20166 | <b>D</b> Employer identification number<br>54-1951769<br><br><b>E</b> Telephone number<br>(703) 938-0342<br><br><b>G</b> Gross receipts \$ <b>1,047,582</b> |
| <b>F</b> Name and address of principal officer:<br>KATHRYN M WILLIAMS<br>21525 RIDGETOP CIRCLE<br>STERLING, VA 20166                                                                                                                                                                                       | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶     |                                                                                                                                                             |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                           | <b>J</b> Website: ▶ WWW.NVIC.ORG                                                                                                                                                                                                                                                                                          |                                                                                                                                                             |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                        | <b>L</b> Year of formation: 1982                                                                                                                                                                                                                                                                                          | <b>M</b> State of legal domicile: VA                                                                                                                        |

**Part I Summary**

|          |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> | <b>Briefly describe the organization's mission or most significant activities:</b> | THE PURPOSE OF NVIC IS TO PROMOTE AND ENCOURAGE THE HEALTH AND WELFARE OF AMERICAN CHILDREN AND ADULTS THROUGH ITS RESEARCH AND EDUCATION-ORIENTED PROGRAMS TO PREVENT VACCINE INJURIES AND DEATHS AND TO ASSIST INDIVIDUALS (BOTH CHILDREN AND ADULTS) WHO HAVE BEEN VACCINE INJURED. NVIC IS THE OLDEST AND LARGEST CONSUMER HEALTH ORGANIZATION IN AMERICA PROVIDING VACCINE AND DISEASE RISK INFORMATION TO THE GENERAL PUBLIC; ADVOCATING SAFETY REFORMS IN THE MASS VACCINATION SYSTEM AND ENDORSING INDEPENDENT SCIENTIFIC RESEARCH INTO VACCINE-ASSOCIATED DEATHS, INJURIES AND CHRONIC ILLNESS. NVIC PUBLIC EDUCATION PROGRAM IS MULTI-FACETED, INCLUDING: PUBLIC CONFERENCES, SYMPOSIUMS, WORKSHOPS; TELEVISION, RADIO AND PRINT MEDIA, AND PUBLIC ANNOUNCEMENTS; THE PUBLICATION AND DISTRIBUTION OF BOOKS, AUDIO AND VIDEO TAPES, NEWSLETTERS AND OTHER VISUAL AND PRINTED MATERIALS AND IT MAINTAINS AN INTERNET WEBSITE (HTTP://WWW.NVIC.ORG). |
|----------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|           |                                                                               |           |    |
|-----------|-------------------------------------------------------------------------------|-----------|----|
| <b>2</b>  | Check this box <input type="checkbox"/>                                       |           |    |
| <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 9  |
| <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 7  |
| <b>5</b>  | Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | <b>5</b>  | 17 |
| <b>6</b>  | Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 42 |
| <b>7a</b> | Total unrelated business revenue from Part VIII, column (C), line 12          | <b>7a</b> | 0  |
|           | Net unrelated business taxable income from Form 990-T, line 34                | <b>7b</b> |    |

|            |                                                                                   | Prior Year | Current Year |
|------------|-----------------------------------------------------------------------------------|------------|--------------|
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)                                     | 980,085    | 1,040,747    |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)                                      | 0          | 0            |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 5,089      | 6,835        |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 0          | 0            |
| <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 985,174    | 1,047,582    |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 0          | 0            |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 462,316    | 547,607      |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)                     | 0          | 0            |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,772                | 0          | 0            |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 285,837    | 302,835      |

|                                                                                     |                                                                                |                                  |                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------|--------------------|
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) |                                                                                | 748,153                          | 850,442            |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .            |                                                                                | 237,021                          | 197,140            |
| <b>Net Assets or Fund Balances</b>                                                  |                                                                                | <b>Beginning of Current Year</b> | <b>End of Year</b> |
|                                                                                     | <b>20</b> Total assets (Part X, line 16) . . . . .                             | 1,162,526                        | 1,370,652          |
|                                                                                     | <b>21</b> Total liabilities (Part X, line 26) . . . . .                        | 13,128                           | 24,114             |
|                                                                                     | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . . | 1,149,398                        | 1,346,538          |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**      Signature of officer \_\_\_\_\_ 2016-12-30  
 Date  
 KATHRYN M WILLIAMS VICE PRESIDENT  
 Type or print name and title

|                               |                                                      |                                             |                    |                                                            |                   |
|-------------------------------|------------------------------------------------------|---------------------------------------------|--------------------|------------------------------------------------------------|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>RICHARD M JONES CPA    | Preparer's signature<br>RICHARD M JONES CPA | Date<br>2017-01-09 | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br>P00621721 |
|                               | Firm's name ▶ KENDALL PREBOLA AND JONES LLC          |                                             |                    | Firm's EIN ▶ 46-2108854                                    |                   |
|                               | Firm's address ▶ PO BOX 259<br>BEDFORD, PA 155220259 |                                             |                    | Phone no. (814) 623-1880                                   |                   |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  **Yes**  **No**

Part III 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:

THE PURPOSE OF NVIC IS TO PROMOTE AND ENCOURAGE THE HEALTH AND WELFARE OF AMERICAN CHILDREN AND ADULTS THROUGH ITS RESEARCH AND EDUCATION-ORIENTED PROGRAMS TO PREVENT VACCINE INJURIES AND DEATHS AND TO ASSIST INDIVIDUALS (BOTH CHILDREN AND ADULTS) WHO HAVE BEEN VACCINE INJURED. NVIC IS THE OLDEST AND LARGEST CONSUMER HEALTH ORGANIZATION IN AMERICA PROVIDING VACCINE AND DISEASE RISK INFORMATION TO THE GENERAL PUBLIC; ADVOCATING SAFETY REFORMS IN THE MASS VACCINATION SYSTEM AND ENDORSING INDEPENDENT SCIENTIFIC RESEARCH INTO VACCINE-ASSOCIATED DEATHS, INJURIES AND CHRONIC ILLNESS. NVIC PUBLIC EDUCATION PROGRAM IS MULTI-FACETED, INCLUDING: PUBLIC CONFERENCES, SYMPOSIUMS, WORKSHOPS; TELEVISION, RADIO AND PRINT MEDIA, AND PUBLIC ANNOUNCEMENTS; THE PUBLICATION AND DISTRIBUTION OF BOOKS, AUDIO AND VIDEO TAPES, NEWSLETTERS AND OTHER VISUAL AND PRINTED MATERIALS AND IT MAINTAINS AN INTERNET WEBSITE (HTTP://WWW.NVIC.ORG).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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? [ ] Yes [X] No
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 \$ 513,401 including grants of \$ ) (Revenue \$ )

PUBLIC EDUCATION PROGRAMS CO-FOUNDERS OF THE NATIONAL VACCINE INFORMATION CENTER (NVIC) LAUNCHED THE VACCINE SAFETY AND INFORMED CONSENT MOVEMENT IN THE U.S. IN 1982. NVIC'S MISSION IS TO PREVENT VACCINE INJURIES AND DEATHS THROUGH PUBLIC EDUCATION AND TO PROTECT THE ETHICAL PRINCIPLE OF INFORMED CONSENT TO MEDICAL RISK TAKING. NVIC ADVOCATES FOR INFORMED VACCINE DECISION-MAKING AND DEFENDS FREEDOM OF THOUGHT, CONSCIENCE AND OTHER CIVIL LIBERTIES THAT PROTECT THE INCLUSION OF FLEXIBLE MEDICAL, CONSCIENTIOUS, AND RELIGIOUS BELIEF VACCINE EXEMPTIONS IN U.S. PUBLIC HEALTH POLICIES AND LAWS. NVIC.ORG WEBSITE DURING THE PAST TWO DECADES, NVIC HAS DEVELOPED AN IMPRESSIVE ONLINE WEB PRESENCE. THE VACCINE INFORMATION THAT NVIC STAFF RESEARCHES, ANALYZES AND PUBLISHES IS READILY ACCESSIBLE VIA ONLINE SEARCHES FOR VACCINE TOPICS. NVIC'S FLAGSHIP WEBSITE, NVIC.ORG, IS THE OLDEST AND LARGEST CONSUMER- OPERATED WEBSITE ON THE INTERNET DISSEMINATING INFORMATION ABOUT VACCINATION AND INFECTIOUS DISEASES, AND THIS EXTENSIVE LIBRARY OF WELL RESEARCHED AND REFERENCED INFORMATION ON VACCINE HISTORY, SCIENCE, POLICY, LAW AND ETHICS IS A UNIQUE PUBLIC INFORMATION RESOURCE. THIS YEAR, NVIC.ORG HOSTED 1,712,182 VISITS WITH MORE THAN THREE MILLION PAGE VIEWS AND THERE WAS AN INCREASE IN NEW VISITORS TO THE WEBSITE. THE ASK 8 KIOSK FEATURING DOWNLOADABLE VACCINE INFORMATION PUBLISHED BY NVIC SAW A MORE THAN 600 PERCENT INCREASE IN VISITORS. VACCINE RESPONSE REPORTING OPTIONS WERE CENTRALIZED AND THERE WAS A 58 PERCENT INCREASE IN VISITS TO THE VACCINE FREEDOM WALL, WHICH CONTAINS FIRST PERSON DESCRIPTIONS BY INDIVIDUALS WHO HAVE BEEN SANCTIONED FOR MAKING INDEPENDENT, VOLUNTARY VACCINE AND OTHER HEALTH CARE CHOICES FOR THEMSELVES AND THEIR CHILDREN. THERE WERE 2.3 MILLION VISITS TO THE MEDALERTS VACCINE ADVERSE EVENT REPORTING SYSTEM DATABASE AND MORE THAN 61,000 VISITS TO THE VACCINE INGREDIENT CALCULATOR (VIC), WHICH ARE ACCESSIBLE THROUGH NVIC.ORG. THE WEBSITE IS MANAGED BY THE EXECUTIVE DIRECTOR WITH THE ASSISTANCE OF THE PART-TIME WEBSITE CONTENT/DESIGN COORDINATOR. THIS YEAR, STAFF IDENTIFIED AND IMPROVED NVIC.ORG METRICS FOR DEVELOPMENT OF A NEW MOBILE DESIGN TO OPTIMIZE WEBSITE VISITS AND INCREASE ONLINE SEARCH RANKINGS. THE WEBSITE'S NEW MOBILE FRIENDLY DESIGN WAS LAUNCHED IN AUGUST 2016. SEARCH ENGINE OPTIMIZATION (SEO) FOR POPULAR PAGES PROVIDING INFORMATION ON VACCINES, DISEASES AND STATE LAWS WAS IMPLEMENTED AND THE HOMEPAGE STREAMLINED TO PROMOTE FUNCTIONALITY. ALTHOUGH NVIC FOCUSES ON PRODUCING INFORMATION ABOUT VACCINES LICENSED AND SOLD IN THE U.S. AND MOST VISITORS TO NVIC.ORG ARE ENGLISH-SPEAKING, THE WEBSITE HAS A GOOGLE TRANSLATION FEATURE THAT SERVES VISITORS SPEAKING OTHER LANGUAGES. VIDEO COMMENTARIES THE CEO/CO-FOUNDER/PRESIDENT RESEARCHED, WROTE, AND REFERENCED SEVEN MAJOR VIDEO COMMENTARIES ON TOPICS RELATED TO VACCINE HISTORY, SCIENCE, POLICY, LAW AND ETHICS. COMMENTARIES WERE POSTED ON NVIC.ORG AND REACHED HUNDREDS OF THOUSANDS OF ONLINE VIEWERS WHEN THEY WERE REPUBLISHED ON OTHER WEBSITES, INCLUDING MERCOLA.COM, WHICH IS THE LARGEST NATURAL HEALTH WEBSITE IN THE WORLD WITH MORE THAN 30 MILLION PAGE VIEWS EVERY MONTH. O PARENTS DESERVE TO KNOW MORE THAN SCHOOL VACCINATION RATES. O VACCINE INJURY COMPENSATION: GOVERNMENT'S BROKEN SOCIAL CONTRACT WITH PARENTS. O COMBATING VACCINE EXTREMISM IN AMERICA. O KNOWLEDGE IS THE ANTIDOTE FOR VACCINE ORTHODOXY. O PERTUSSIS MICROBE OUTSMARTS THE VACCINES AS EXPERTS ARGUE ABOUT WHY. O CDC ADMITS FLU SHOTS FAIL HALF THE TIME. O DEFENDING THE RELIGIOUS EXEMPTION TO VACCINATION. PUBLICATIONS INFORMATION BROCHURES WERE REVISED BY STAFF AND POSTED ON NVIC.ORG IN DOWNLOADABLE FORM AND ALSO WERE PUBLISHED IN PRINTED FORM FOR MAILING AND DISTRIBUTION AT CONFERENCES AND SPECIAL EVENTS. O "IF YOU VACCINATE, ASK 8 QUESTIONS" O "KNOW THE FACTS TO STAY HEALTHY THIS FLU SEASON." O 69 DOSES OF 16 VACCINES BY AGE 18? NVIC NEWSLETTER AND THE VACCINE REACTION JOURNAL NEWSPAPER THE FREE ONLINE NVIC NEWSLETTER PUBLISHED 16 EDITIONS AND THE WEEKLY JOURNAL NEWSPAPER, THE VACCINE REACTION, PUBLISHED 47 EDITIONS THAT WERE EMAILED TO NEARLY 60,000 SUBSCRIBERS. THE NVIC NEWSLETTER FEATURED REFERENCED VIDEO COMMENTARIES RESEARCHED AND WRITTEN BY THE CEO/CO- FOUNDER/PRESIDENT AND FILMED BY NVIC'S VIDEOGRAPHER, AS WELL AS PUBLISHED ARTICLES AND ACTION ALERTS WRITTEN BY NVIC EXECUTIVE STAFF; MEDIA REPORT SUMMARIES; CALENDARS OF NVIC EVENTS AND FEDERAL VACCINE ADVISORY COMMITTEE MEETINGS, AND NVIC PUBLIC COMMENTS MADE AT GOVERNMENT MEETINGS AND LEGISLATIVE HEARINGS. NEWSLETTER ARTICLE TOPICS INCLUDED FAST TRACK LICENSURE OF SQUALENE ADJUVANTED INFLUENZA VACCINE FOR SENIORS AND NEW VACCINES TARGETING PREGNANT WOMEN; INCREASES IN VACCINE INJURY CLAIMS, AND LEGISLATION INTRODUCED IN STATES TO ELIMINATE VACCINE EXEMPTIONS. THE VACCINE REACTION (TVR) JOURNAL NEWSPAPER, WHICH NVIC LAUNCHED IN MID- 2015, PROMOTES "AN ENLIGHTENED CONVERSATION ABOUT VACCINATION, HEALTH AND AUTONOMY- AND FOCUSES ON TOPICS RELATED TO VACCINATION, HEALTH, ETHICS, MEDICINE, LAW, MEDIA AND BUSINESS. TVR'S PART-TIME EDITORIAL STAFF INCLUDES A MANAGING EDITOR AND TWO WRITERS, AND THE CO-FOUNDER/PRESIDENT IS EXECUTIVE EDITOR. TVR TRANSITIONED FROM A BI-WEEKLY TO A WEEKLY PUBLICATION THIS YEAR. EACH EDITION EMAILED TO SUBSCRIBERS CONTAINED FOUR OR FIVE SELECTED ARTICLES AND A VIDEO, AND THERE WAS A HIGH AVERAGE "OPEN RATE" OF 25 TO 40 PERCENT. THIS FISCAL YEAR, TVR PUBLISHED MORE THAN 125 NEWS ARTICLES AND OPEDS WRITTEN BY THE TVR EDITORIAL STAFF, WITH AN ADDITIONAL 85 GUEST ARTICLES AND VIDEOS FEATURED IN THE JOURNAL NEWSPAPER. THE TVR WEBSITE AT THEVACCINEREACTION.ORG HOSTED OVER 667,000 VISITS WITH ABOUT 898,000 PAGE VIEWS. TVR ARTICLES WERE PROMOTED ON SOCIAL MEDIA AND REPUBLISHED BY OTHER ORGANIZATIONS ON WEBSITES. TOPICS COVERED INCLUDED ZIKA AND MICROCEPHALY; THE EFFECTS OF ALUMINUM ADJUVANTS AND MERCURY, PHENOL, MONOSODIUM GLUTAMATE AND OTHER VACCINE INGREDIENTS; VACCINES AND FEBRILE SEIZURES; REPORTS OF PERTUSSIS, MUMPS AND INFLUENZA VACCINE INEFFECTIVENESS; CHICKENPOX VACCINE AND SHINGLES; VACCINATION OF LOW BIRTH WEIGHT INFANTS, AND GLOBAL VACCINE MARKETS. VIDEO MESSAGING NVIC'S PART-TIME VIDEOGRAPHER FILMED, ILLUSTRATED, EDITED, PRODUCED AND POSTED NEW VIDEOS ON THE NVICSTANDUP YOU TUBE CHANNEL, WHICH ATTRACTED OVER 100,000 DIRECT VIEWS. THERE HAVE BEEN ABOUT 1.4 MILLION LIFETIME VIEWS OF 200 VIDEOS POSTED ON THE NVIC YOU TUBE CHANNEL AND VIEWERS HAVE SPENT MORE THAN ONE MILLION MINUTES BECOMING EDUCATED ABOUT VACCINATION AND INFORMED CONSENT ISSUES. NEW VIDEOS POSTED THIS FISCAL YEAR INCLUDED 10 TO 30 MINUTE VIDEO

COMMENTARIES; A 90 MINUTE VACCINE CHOICE TUTORIAL FOR NVIC ADVOCACY PORTAL USERS; NEWS REPORTS AND FOOTAGE OF RALLIES AND OTHER EVENTS RELATED TO NVIC'S MISSION. SUBSCRIBERS TO THE NVICSTANDUP YOU TUBE CHANNEL INCREASED 13 PERCENT TO MORE THAN 3,400 SUBSCRIBERS. NVIC SOCIAL MEDIA: FACEBOOK, TWITTER, PINTEREST NVIC'S FACEBOOK PAGE IS MANAGED AND ACTIVELY MONITORED 14 HOURS A DAY BY THE DIRECTOR OF OPERATIONS. NVIC'S FACEBOOK PAGE IS THE ORGANIZATION'S "DAILY NEWS" COMMUNICATIONS OUTLET. THIS DYNAMIC SOCIAL MEDIA PROGRAM HAS CREATED AN IMPRESSIVE, GROWING FAN BASE THAT KEEPS NVIC FOLLOWERS INFORMED ABOUT BREAKING VACCINE-RELATED NEWS. BY THE END OF FYE 2016, NVIC FACEBOOK HAD 182,000 FANS, WHICH REFLECTS A 28 PERCENT INCREASE. NVIC'S FACEBOOK PAGE, WHICH MADE NEARLY 3,000 ORIGINAL POSTS, ACQUIRED NEW FANS AT A RATE OF ABOUT 300 PER WEEK AND REACHED AN AVERAGE 300,000 PEOPLE FOR A TOTAL RIPPLE EFFECT OF 2.1 MILLION PEOPLE REACHED EVERY WEEK. TWITTER FOLLOWERS OF THE NVIC TWITTER SOCIAL MEDIA ACCOUNT, WHICH IS ALSO MANAGED BY THE DIRECTOR OF OPERATIONS, INCREASED 38 PERCENT THIS YEAR TO 4,555 FOLLOWERS. MORE THAN 11,650 TWEETS WERE ISSUED, WHICH IS A 137 PERCENT INCREASE IN NUMBERS OF TWEETS THIS YEAR. AVERAGE RE-TWEETS TOTALED ABOUT 8,000, WHICH REFLECTS A HIGH ENGAGEMENT RATE FOR NVIC-PRODUCED TWEETS THAT REACHED MILLIONS OF TWITTER USERS. NVIC'S PINTEREST PRESENCE WAS LAUNCHED IN LATE 2014 AND BOARDS ARE CREATED AND MANAGED BY THE EXECUTIVE DIRECTOR AND WEBSITE CONTENT/DESIGN COORDINATOR. SEVEN NEW BOARDS WERE CREATED THIS FISCAL YEAR, WHICH BROUGHT THE TOTAL NUMBER OF BOARDS TO 14, AND 287 UNIQUE PINS WERE PRODUCED. PRINT & BROADCAST MEDIA NVIC SERVES AS AN INFORMATION RESOURCE FOR JOURNALISTS WITH QUESTIONS ABOUT VACCINATION OR SEEKING NVIC'S INFORMED CONSENT PERSPECTIVE ON VACCINE HISTORY, SCIENCE, POLICY, LAW AND ETHICS. THE CEO/CO-FOUNDER /PRESIDENT IS ON-CALL 12 HOURS A DAY TO RESPOND TO MEDIA INQUIRIES AND EITHER DOES THE INTERVIEW OR MAKES REFERRALS TO EXECUTIVE STAFF MEMBERS FOR RESPONSE. BELOW IS A SAMPLE SELECTION OF MEDIA REPORTS DURING FYE 2016 IN WHICH NVIC'S PERSPECTIVE WAS INCLUDED: O FDA ADVISERS URGE APPROVAL OF NEW FLU VACCINE FOR SENIORS. "PANELIST VICKY PEBSWORTH, PHD, RN, DIRECTOR OF PATIENT SAFETY AT THE NATIONAL VACCINE INFORMATION CENTER, SAID THAT THERE WERE TOO MANY UNANSWERED QUESTIONS ABOUT MF59'S SAFETY

**4b** (Code: ) (Expenses \$ **94,288** including grants of \$ ) (Revenue \$ )

VACCINE CHOICE ADVOCACY PROGRAM STATE ACTIVITIES THE WEB-BASED NVIC ADVOCACY PORTAL AND WEBSITE WAS CREATED IN 2010 AND IS MANAGED BY NVIC'S DIRECTOR OF ADVOCACY WITH THE PART-TIME ASSISTANCE OF THE STATE ADVOCACY ASSISTANT AND SOCIAL MEDIA ASSISTANT. THIS FREE ONLINE COMMUNICATIONS NETWORK MAINTAINS UP-TO-DATE INFORMATION ON PROPOSED STATE AND FEDERAL VACCINE LEGISLATION AND CONNECTS REGISTERED USERS ELECTRONICALLY WITH THEIR OWN LEGISLATORS SO THEY CAN TAKE ACTION TO DEFEND FREEDOM OF THOUGHT, CONSCIENCE AND INFORMED CONSENT RIGHTS, INCLUDING PROTECTING VACCINE EXEMPTIONS. THERE WERE A TOTAL OF 102,178 WEBSITE VISITS AND 291,386 PAGE VIEWS ON THE PORTAL WEBSITE. THE ADVOCACY PORTAL STAFF ACTIVELY TRACKED 106 BILLS ACROSS 33 STATES, AS WELL AS MONITORED RULE MAKING CHANGES TO VACCINE LAWS PROPOSED IN SEVERAL STATES. THERE WERE 30 ACTION ALERTS ISSUED INFORMING PORTAL USERS ABOUT THE STATUS OF 71 BILLS MOVING IN STATES THAT WOULD (1) ELIMINATE OR RESTRICT VACCINE EXEMPTIONS; (2) EXPAND VACCINE MANDATES FOR BOTH CHILDREN AND ADULTS; (3) ELIMINATE PARENTAL CONSENT AND/OR ALLOW MINORS TO CONSENT TO VACCINATION WITHOUT PARENTAL KNOWLEDGE; (4) EXPAND INTRUSIVE VACCINE TRACKING AND DATA SHARING TO ENFORCE VACCINE USE; (5) PUBLISH AND POST ONLINE DETAILED VACCINE AND EXEMPTION RATES FOR SCHOOLS. NVIC HELPED VACCINE CHOICE ADVOCATES USING THE PORTAL IN DIFFERENT STATES TO MOUNT AN EDUCATION CAMPAIGN INFORMING LEGISLATORS WHY THE BILLS WOULD VIOLATE CIVIL LIBERTIES AND PARENTAL RIGHTS. ONLY EIGHT OF THE 71 PROPOSED BILLS PASSED IN THE 2016 LEGISLATIVE SESSION. NVIC ISSUED ACTION ALERTS ABOUT BILLS THAT PROPOSED TO RESTRICT OR ELIMINATE VACCINE EXEMPTIONS IN NINE STATES. USING THE ONLINE ADVOCACY PORTAL TO EDUCATE AND ORGANIZE INFORMED CITIZEN RESPONSES, NVIC STAFF AND VOLUNTEERS HELPED GRASSROOTS VACCINE CHOICE ADVOCATES SUCCESSFULLY PRESERVE VACCINE EXEMPTIONS IN ALL NINE STATES, INCLUDING IN VIRGINIA, WHERE NVIC IS HEADQUARTERED AND WHERE LEGISLATION WAS INTRODUCED TO ELIMINATE THE CURRENT MEDICAL AND RELIGIOUS VACCINE EXEMPTIONS. FOLLOWING IS A PARTIAL LIST OF TESTIMONY GIVEN BY NVIC STAFF IN PUBLIC HEARINGS IN STATE LEGISLATURES OR SUBMITTED IN WRITING DURING THIS FISCAL YEAR: O NVIC REFERENCED RESPONSE TO COLORADO HEALTH DEPARTMENT BY THE EXECUTIVE DIRECTOR STATING NVIC'S OPPOSITION TO A MENINGOCOCCAL SCHOOL VACCINE MANDATE. NOV. 12, 2015. O NVIC REFERENCED BRIEFING PAPER ON VIRGINIA HB1342 IN RESPONSE TO A BILL INTRODUCED IN THE VIRGINIA GENERAL ASSEMBLY TO REPEAL RELIGIOUS AND PHYSICIAN GRANTED MEDICAL EXEMPTIONS TO VACCINATION FOR MINOR CHILDREN. JAN. 26, 2016. O ORAL TESTIMONY IN SOUTH DAKOTA LEGISLATURE, HOUSE HEALTH AND HUMAN SERVICES COMMITTEE BY NVIC'S VOLUNTEER DIRECTOR OF RESEARCH AND PATIENT SAFETY OPPOSING A MENINGOCOCCAL MANDATE FOR SCHOOL CHILDREN BASED ON LACK OF NEED; EXCESSIVE COST; LACK OF EFFECTIVENESS EVIDENCE, AND LACK OF SAFETY DATA. FEB. 4, 2016. O ORAL TESTIMONY IN COLORADO LEGISLATURE, HOUSE HEALTH, INSURANCE AND ENVIRONMENT COMMITTEE BY THE EXECUTIVE DIRECTOR OPPOSING HB1164 MANDATE THAT ELECTRONIC VACCINE EXEMPTION FORMS BE SUBMITTED DIRECTLY TO HEALTH DEPARTMENT, INCLUDING ANSWERING QUESTIONS FROM THE COMMITTEE ABOUT FEDERAL PRIVACY RIGHTS GRANTED TO STUDENTS UNDER THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT. FEBRUARY 25, 2016. O ORAL TESTIMONY TO COLORADO BOARD OF EDUCATION BY THE EXECUTIVE DIRECTOR OPPOSING ACTIONS BY COLORADO HEALTH DEPARTMENT OFFICIALS INTERCEDING IN THE COLLECTION OF SCHOOL VACCINE EXEMPTION FORMS THAT INVOLVED MISINTERPRETATION OF THE LAW EXPOSED IN AN EARLIER COLORADO SENATE COMMITTEE HEARING. MAY 11, 2016. O ORAL TESTIMONY IN VIRGINIA LEGISLATURE, JOINT COMMISSION ON HEALTH CARE SUBCOMMITTEE BY NVIC'S CO-FOUNDER AND PRESIDENT OPPOSING REMOVAL OF RELIGIOUS AND MEDICAL VACCINE EXEMPTIONS FROM VACCINE LAWS IN THE COMMONWEALTH. AUG. 3, 2016. THE FOLLOWING EVENTS WERE CREATED BY NVIC STAFF TO EDUCATE EITHER VOLUNTEER VACCINE CHOICE ADVOCATES IN THE STATES OR TO EDUCATE STATE LEGISLATORS ABOUT PROTECTING VACCINE EXEMPTIONS IN STATE PUBLIC HEALTH LAWS. O LEGISLATIVE ACTION TUTORIAL IN VIRGINIA. NVIC'S CO-FOUNDER/VICE PRESIDENT COORDINATED AND CONDUCTED A 90-MINUTE LEGISLATIVE ACTION TUTORIAL WITH PRESENTATIONS GIVEN BY THE PART-TIME DIRECTOR OF VACCINE ADVERSE RESPONSE REPORTING; VOLUNTEER DIRECTOR OF RESEARCH AND PATIENT SAFETY, AND VOLUNTEER LAW RESEARCHER TO EDUCATE VIRGINIA USERS OF THE NVIC ADVOCACY PORTAL ABOUT THE PROTECTION OF CIVIL LIBERTIES IN VIRGINIA LAW AND HOW TO DEFEND THE RELIGIOUS EXEMPTION TO VACCINATION. NVIC'S VIDEOGRAPHER FILMED THE EVENT AND A VIDEO TUTORIAL WAS CREATED AND MADE AVAILABLE ON YOU TUBE. NOVA NATURAL BIRTH CENTER, CHANTILLY, VA, FEB. 13, 2016. O LEGISLATOR EDUCATION DAY IN COLORADO. THE EXECUTIVE DIRECTOR AND PART-TIME STATE ADVOCACY ASSISTANT COORDINATED AN NVIC SPONSORED LEGISLATOR EDUCATION DAY IN COLORADO'S CAPITOL BUILDING IN DENVER. A DISPLAY WAS CREATED AND NVIC VACCINE EDUCATION HANDOUTS WERE TAILORED TO COLORADO. ASK 8 INFORMATION KIOSK EDUCATION MATERIALS WERE USED, ALONG WITH REFORMATTED NVIC COMMENTARIES AND REFERENCED ARTICLES. APRIL 19, 2016. CONSUMER ADVOCACY AND REPRESENTATION FEDERAL VACCINE ADVISORY COMMITTEES AND OTHER CONSUMER REPRESENTATION SINCE 1988, NVIC HAS PROVIDED CONSUMER REPRESENTATIVES TO SERVE ON FEDERAL VACCINE ADVISORY COMMITTEES AND FEDERAL AND STATE PUBLIC ENGAGEMENT PROJECTS. NVIC MONITORS AND PROVIDES PUBLIC COMMENT AND REPORTS ON VACCINE DEVELOPMENT, REGULATION, POLICYMAKING AND PROMOTION ACTIVITIES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, INCLUDING THE FDA VACCINES & RELATED BIOLOGICAL PRODUCTS ADVISORY COMMITTEE (VRBPAC); CDC ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP); NATIONAL VACCINE ADVISORY COMMITTEE (BVAC); AND ADVISORY COMMISSION ON CHILDHOOD VACCINES (ACCV). VPRBAC: THIS FISCAL YEAR, THE VOLUNTEER DIRECTOR OF RESEARCH AND PATIENT SAFETY SERVED AS A TEMPORARY VOTING CONSUMER MEMBER AT VPRBAC MEETINGS HELD AT FDA HEADQUARTERS IN ROCKVILLE, MD. MEETINGS WERE ATTENDED BY THE CO-FOUNDER/PRESIDENT, DIRECTOR OF OPERATIONS AND TVR MANAGING EDITOR AND THE FOLLOWING ORAL PUBLIC COMMENTS WERE MADE ON BEHALF OF NVIC: O FDA FAST TRACKS LICENSURE OF MF-59 ADJUVANTED FLU VACCINE. PUBLIC COMMENT BY THE CO-FOUNDER/PRESIDENT OPPOSING FAST TRACKED LICENSURE OF SQUALENE ADJUVANTED INFLUENZA VACCINE FOR SENIORS OVER AGE 65. VPRBAC MEETING, SEPT. 15, 2015. O FDA PREPARES TO FAST TRACK VACCINES TARGETING PREGNANT WOMEN. PUBLIC COMMENT BY THE CO-FOUNDER/PRESIDENT OPPOSING RETROACTIVE LICENSURE OF TDAP VACCINES AND FAST TRACK LICENSURE OF RSV AND GROUP B STREP VACCINES TARGETING PREGNANT WOMEN. VPRBAC MEETING, NOV. 13, 2015. ACCV: THE EXECUTIVE DIRECTOR MONITORED TELECONFERENCED ACCV MEETINGS TO PROVIDE OVERSIGHT BY NVIC ON OPERATION OF THE FEDERAL VACCINE INJURY COMPENSATION PROGRAM (VICP) CREATED BY CONGRESS UNDER THE NATIONAL CHILDHOOD VACCINE INJURY ACT OF 1986 AND TO MAKE PUBLIC COMMENTS ON BEHALF OF NVIC ON THE FOLLOWING TOPICS: O NVIC REQUEST THAT ACCV REVISIT FINDINGS OF THE FEDERALLY COMMISSIONED ALTARUM REPORT ABOUT THE FEDERAL VACCINE INJURY COMPENSATION PROGRAM (VICP) PROCESS AND VOICE SUPPORT FOR THE INFORMED CONSENT RIGHTS OF INDIVIDUALS. ACCV MEETING, DEC. 4, 2015. O NVIC STATEMENT OF CONCERN ABOUT MATERNAL VACCINE POLICY RECOMMENDATIONS BEING JOINTLY DEVELOPED BY NVAC AND THE ACCV, THE ABBREVIATED LENGTH AND LACK OF BALANCE IN TEXT OF VACCINE INFORMATION STATEMENTS (VIS), AND AN ADDITIONAL REQUEST FOR ACCV TO VOICE SUPPORT FOR INFORMED CONSENT RIGHTS. ACCV MEETING, MAR. 3, 2016. O NVIC STATEMENT REINFORCING CONCERNS EXPRESSED BY AN ACCV MEMBER THAT VICP AWARD AMOUNTS ARE INADEQUATE. ACCV MEETING, JUNE 3, 2016. ACIP. THIS FEDERAL VACCINE POLICYMAKING COMMITTEE DOES NOT ACCEPT PUBLIC COMMENT UNLESS IT IS SUBMITTED IN WRITING OR GIVEN IN PERSON AT THE ACIP MEETING IN ATLANTA, GEORGIA. THE EXECUTIVE DIRECTOR MONITORED TELECONFERENCED MEETINGS AND REPORTED THAT ACIP DID NOT ALTER FEDERALLY RECOMMENDED VACCINE SCHEDULES DURING THIS FISCAL YEAR, ALTHOUGH THERE ARE INDICATIONS THAT CHANGES MAY BE MADE DURING FYE 2017. NVAC. THE EXECUTIVE DIRECTOR MONITORED TELECONFERENCED NVAC MEETINGS, WHICH ARE HELD BY THE NATIONAL VACCINE PROGRAM OFFICE (NVPO) AND PROVIDED THE FOLLOWING PUBLIC COMMENTS ON BEHALF OF NVIC: O NVIC REQUEST THAT IN THEIR MIDCOURSE REVIEW OF THE NATIONAL VACCINE PLAN, NVAC ADDRESSES VACCINE SAFETY RESEARCH DEFICITS ACKNOWLEDGED BY THE INSTITUTE OF MEDICINE AND INTEGRATE INFORMED CONSENT PROTECTIONS IN NVAC RECOMMENDATIONS AND REPORTS. NVAC MEETING, FEB. 2-3, 2016 (PAGE 21). O NVIC STATEMENT EXPRESSING CONCERN ABOUT NVAC'S REDEFINITION OF PREGNANT WOMEN AS A "COMPLEX POPULATION" INSTEAD OF A VULNERABLE POPULATION, AND CRITICISM OF DISCUSSIONS TO USE DATA ACQUIRED FROM COMPLETED RESEARCH TO CREATE A RESEARCH REPOSITORY FOR FUTURE USE WITHOUT FIRST OBTAINING INFORMED CONSENT

FROM RESEARCH PARTICIPANTS. NVAC MEETING, JUNE 7-8, 2016 (PAGES 19 AND 39). CDC REVISIONS OF VACCINE INFORMATION STATEMEN

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Code: ) (Expenses \$ <b>117,508</b> including grants of \$ ) (Revenue \$ ) |
| <p>COUNSELING AND COMMUNITY SUPPORT SERVICE SINCE 1982, NVIC'S STAFF HAS OPERATED A VACCINE REACTION REGISTRY AND PROVIDED FREE ONE-ON-ONE COUNSELING AND INFORMATIONAL SUPPORT FOR THOSE REPORTING VACCINE REACTIONS, INJURIES AND DEATHS. MANY OF THE INQUIRIES TO NVIC WERE MADE BY PHONE, EMAIL OR LETTER AND WERE ASKING FOR INFORMATION ABOUT HOW TO: O IDENTIFY A VACCINE REACTION; O REPORT A VACCINE REACTION TO THE FEDERAL GOVERNMENT; O FILE FOR FEDERAL VACCINE INJURY COMPENSATION; O FIND INFORMATION ABOUT STATE VACCINE LAWS; AND O ASK DOCTORS QUESTIONS WHEN MAKING A VACCINE DECISION. COUNSELING SERVICE. DURING THIS FISCAL YEAR, NVIC'S PART TIME DIRECTOR OF COUNSELING AND PART-TIME DIRECTOR OF VACCINE RESPONSE REPORTING RESPONDED BY PHONE, EMAIL OR LETTER TO 7,827 PUBLIC INQUIRIES AND REQUESTS FOR INFORMATION OR COUNSELING. THE DIRECTOR OF VACCINE RESPONSE REPORTING, WHO IS A NURSE WITH EXPERTISE IN CARING FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES AND BEHAVIOR DISORDERS, RESPONDED TO 207 VACCINE REACTION REPORTS AND PROVIDED PERSONALIZED COUNSELING TO THOSE REPORTING VACCINE INJURIES OR DEATHS. NVIC RECEIVED ABOUT 114 REPORTS FROM INDIVIDUALS WHO HAD BEEN THREATENED OR SANCTIONED FOR MAKING INDEPENDENT VACCINE CHOICES FOR THEMSELVES OR THEIR CHILDREN AND COUNSELING WAS PROVIDED TO THOSE MAKING A REQUEST.</p> |                                                                             |
| <p>(Code: ) (Expenses \$ <b>49,675</b> including grants of \$ ) (Revenue \$ )</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |
| <p>LOBBYING AND RESEARCH</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other program services (Describe in Schedule O.)                            |
| <p>(Expenses \$ <b>49,675</b> including grants of \$ ) (Revenue \$ )</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |
| <b>4e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Total program service expenses</b> ▶ <b>774,872</b>                      |

Form 990 (2015)

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .                                                                                                                                                                         | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .                                                                                                                                                                                                         | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .                                                                                                                      |     | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .                                                                                                           | Yes |    |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .                                                                               |     | No |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .                                                    |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .                                                                                            |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .                                                                                                                                                         |     | No |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .             |     | No |
| <b>10</b> 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> . . . . .                                                                                                     |     | No |
| <b>11</b> 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.                                                                                                                                                                           |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .                                                                                                                                                                       | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .                                                                                                     |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .                                                                                                     |     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .                                                                                                                      |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .                                                                                                                                                                                     | Yes |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .                                                            | Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .                                                                                                                                                        | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .                                                                           |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .                                                                                                                                                                                                        |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                                    |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . |     | No |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .                                                                                                           |     | No |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .                                                                                                     |     | No |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .                                                                                            |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .                                                                                                                           |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .                                                                                                                                                     |     | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .                                                                                                                                                                                                             |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                                     |     |    |



| <b>Part IV Checklist of Required Schedules</b> <i>(continued)</i> |                                                                                                                                                                                                                                                                                                                            |     |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>21</b>                                                         | 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>                                                                                             | No  |
| <b>22</b>                                                         | 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                                                                 | No  |
| <b>23</b>                                                         | 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>                                                      | No  |
| <b>24a</b>                                                        | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                            | No  |
| <b>24b</b>                                                        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                |     |
| <b>24c</b>                                                        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       |     |
| <b>24d</b>                                                        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                          |     |
| <b>25a</b>                                                        | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                                      | No  |
| <b>25b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                       | No  |
| <b>26</b>                                                         | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 | No  |
| <b>27</b>                                                         | 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> | No  |
| <b>28</b>                                                         | 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):                                                                                                                              |     |
| <b>28a</b>                                                        | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                   | No  |
| <b>28b</b>                                                        | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                | Yes |
| <b>28c</b>                                                        | 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                    | No  |
| <b>29</b>                                                         | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                                                  | No  |
| <b>30</b>                                                         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                  | No  |
| <b>31</b>                                                         | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>                                                                                                                                                                                        | No  |
| <b>32</b>                                                         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                                                      | No  |
| <b>33</b>                                                         | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>                                                                                                                      | No  |
| <b>34</b>                                                         | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>                                                                                                                                                                  | No  |
| <b>35a</b>                                                        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | No  |
| <b>35b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                         |     |
| <b>36</b>                                                         | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                                           | No  |
| <b>37</b>                                                         | 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>                                                                             | No  |
| <b>38</b>                                                         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                               | Yes |



**Part V 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .                                                                                                                                                                | <b>1a</b>  | 9  |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. <i>Enter -0-</i> if not applicable . . . . .                                                                                                                                                      | <b>1b</b>  | 0  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                    | <b>1c</b>  |    |     |    |
| <b>2a</b> 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>2a</b>  | 17 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                    | <b>2b</b>  |    | Yes |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                              | <b>3a</b>  |    |     | No |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .                                                                                                                          | <b>3b</b>  |    |     |    |
| <b>4a</b> 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)? . . . . . | <b>4a</b>  |    |     | No |
| <b>b</b> If "Yes," enter the name of the foreign country: <input style="width: 300px;" type="text"/><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                    |            |    |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                      | <b>5a</b>  |    |     | No |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                      | <b>5b</b>  |    |     | No |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                          | <b>5c</b>  |    |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    | <b>6a</b>  |    |     | No |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                               | <b>6b</b>  |    |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                         |            |    |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                             | <b>7a</b>  |    |     | No |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                             | <b>7b</b>  |    |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                        | <b>7c</b>  |    |     | No |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                           | <b>7d</b>  |    |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                       | <b>7e</b>  |    |     | No |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                                | <b>7f</b>  |    |     | No |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                            | <b>7g</b>  |    |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                          | <b>7h</b>  |    |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                  | <b>8</b>   |    |     |    |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                         | <b>9a</b>  |    |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                           | <b>9b</b>  |    |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                              |            |    |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                    | <b>10a</b> |    |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                           | <b>10b</b> |    |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                             |            |    |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                                   | <b>11a</b> |    |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                                | <b>11b</b> |    |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                          | <b>12a</b> |    |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                | <b>12b</b> |    |     |    |

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

**a** Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.

**b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .

**c** Enter the amount of reserves on hand . . . . .

**14a** Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

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

|            |  |  |    |
|------------|--|--|----|
|            |  |  |    |
|            |  |  |    |
| <b>13a</b> |  |  |    |
| <b>13b</b> |  |  |    |
| <b>13c</b> |  |  |    |
| <b>14a</b> |  |  | No |
| <b>14b</b> |  |  |    |

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**Part VI Governance, Management, and Disclosure**

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

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

**Section A. Governing Body and Management**

|           |                                                                                                                                                                                                                     | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | 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>1b</b> | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |    |
| <b>2</b>  | 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?                                               |     | No |
| <b>3</b>  | 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? |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | No |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                  |     | No |
| <b>7a</b> | 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?                                                                  |     | No |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |    |
| <b>8a</b> | The governing body?                                                                                                                                                                                                 | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | Yes |    |
| <b>9</b>  | 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        |     | No |

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)**

|            |                                                                                                                                                                                                                                                                                              | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           |     | No |
| <b>10b</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?                                                                   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | Yes |    |
| <b>15</b>  | 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?                                                                         |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization                                                                                                                                                                                                                                          | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                          |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        |     | No |
| <b>16b</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? |     |    |

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed▶

AL , AK , HI , AR , CA , CO , CT , FL , GA , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NY , NM , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- Own website    Another's website    Upon request    Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:

▶KATHRYN M WILLIAMS VICE PRESIDENT 21525 RIDGETOP CIRCLE SUITE 100 STERLING, VA 20166 (703) 938-0342

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

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

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

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

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

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

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

| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                  |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (1) BARBARA LOE ARTHUR<br>.....<br>PRESIDENT     | 40.00<br>.....                                                                             | X                                                                                                         |                       | X       |              |                              |        | 51,000                                                                | 0                                                                          | 0                                                                                             |
| (2) KATHRYN M WILLIAMS<br>.....<br>VICE PRESIDE  | 35.00<br>.....                                                                             | X                                                                                                         |                       | X       |              |                              |        | 36,500                                                                | 0                                                                          | 0                                                                                             |
| (3) CLIFFORD SHOEMAKER<br>.....<br>TREASURER     | 2.00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (4) PAUL MULHAUSER<br>.....<br>SECRETARY         | 2.00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (5) GREGG BURGESS<br>.....<br>BOARD MEMBER       | 2.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (6) JUDY BRAIMAN<br>.....<br>BOARD MEMBER        | 2.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (7) VICKY PEBSWORTH<br>.....<br>BOARD MEMBER     | 2.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (8) CLAIRE DWOSKIN<br>.....<br>BOARD MEMBER      | 2.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (9) STEPHANIE CHRISTNER<br>.....<br>BOARD MEMBER | 2.00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (10) THERESA K WRANGHAM<br>.....<br>EXECUTIVE DI | 40.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 38,500                                                                | 0                                                                          | 0                                                                                             |
|                                                  |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|---------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              | 126,000 |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

|                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | No |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

| (A)<br>Name and business address                                                                                                                                            | (B)<br>Description of services | (C)<br>Compensation |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► |                                |                     |

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**Part VIII Statement of Revenue**

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

|                                                               |                                                                                                                                                                      | (A)<br>Total revenue                                          | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |  |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .                                                                                                                                  | <b>1a</b>                                                     |                                                    |                                         |                                                                  |  |
|                                                               | <b>b</b> Membership dues . . .                                                                                                                                       | <b>1b</b>                                                     |                                                    |                                         |                                                                  |  |
|                                                               | <b>c</b> Fundraising events . . .                                                                                                                                    | <b>1c</b>                                                     |                                                    |                                         |                                                                  |  |
|                                                               | <b>d</b> Related organizations                                                                                                                                       | <b>1d</b>                                                     |                                                    |                                         |                                                                  |  |
|                                                               | <b>e</b> Government grants (contributions)                                                                                                                           | <b>1e</b>                                                     |                                                    |                                         |                                                                  |  |
|                                                               | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above                                                                              | <b>1f</b>                                                     | 1,040,747                                          |                                         |                                                                  |  |
|                                                               | <b>g</b> Noncash contributions included in lines 1a-1f: \$                                                                                                           |                                                               | 1,100                                              |                                         |                                                                  |  |
|                                                               | <b>h Total.</b> Add lines 1a-1f . . . . . ▶                                                                                                                          |                                                               | 1,040,747                                          |                                         |                                                                  |  |
| <b>Program Service Revenue</b>                                | <b>2a</b> <input type="text"/>                                                                                                                                       | Business Code                                                 |                                                    |                                         |                                                                  |  |
|                                                               | <b>b</b> <input type="text"/>                                                                                                                                        |                                                               |                                                    |                                         |                                                                  |  |
|                                                               | <b>c</b> <input type="text"/>                                                                                                                                        |                                                               |                                                    |                                         |                                                                  |  |
|                                                               | <b>d</b> <input type="text"/>                                                                                                                                        |                                                               |                                                    |                                         |                                                                  |  |
|                                                               | <b>e</b> <input type="text"/>                                                                                                                                        |                                                               |                                                    |                                         |                                                                  |  |
|                                                               | <b>f</b> All other program service revenue.                                                                                                                          |                                                               |                                                    |                                         |                                                                  |  |
|                                                               | <b>g Total.</b> Add lines 2a-2f                                                                                                                                      |                                                               |                                                    |                                         |                                                                  |  |
| <b>Other Revenue</b>                                          | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶                                                                    |                                                               | 6,835                                              |                                         | 6,835                                                            |  |
|                                                               | <b>4</b> Income from investment of tax-exempt bond proceeds ▶                                                                                                        |                                                               |                                                    |                                         |                                                                  |  |
|                                                               | <b>5</b> Royalties . . . . . ▶                                                                                                                                       |                                                               |                                                    |                                         |                                                                  |  |
|                                                               | <b>6a</b> Gross rents                                                                                                                                                | (i) Real                                                      | (ii) Personal                                      |                                         |                                                                  |  |
|                                                               |                                                                                                                                                                      | <b>b</b> Less: rental expenses                                |                                                    |                                         |                                                                  |  |
|                                                               |                                                                                                                                                                      | <b>c</b> Rental income or (loss)                              |                                                    |                                         |                                                                  |  |
|                                                               | <b>d</b> Net rental income or (loss) . . . . . ▶                                                                                                                     |                                                               |                                                    |                                         |                                                                  |  |
|                                                               | <b>7a</b> Gross amount from sales of assets other than inventory                                                                                                     | (i) Securities                                                | (ii) Other                                         |                                         |                                                                  |  |
|                                                               |                                                                                                                                                                      | <b>b</b> Less: cost or other basis and sales expenses         |                                                    |                                         |                                                                  |  |
|                                                               |                                                                                                                                                                      | <b>c</b> Gain or (loss)                                       |                                                    |                                         |                                                                  |  |
|                                                               |                                                                                                                                                                      | <b>d</b> Net gain or (loss) . . . . . ▶                       |                                                    |                                         |                                                                  |  |
|                                                               | <b>8a</b> Gross income from fundraising events (not including \$ <input type="text"/> of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b> |                                                               |                                                    |                                         |                                                                  |  |
|                                                               |                                                                                                                                                                      | <b>b</b> Less: direct expenses . . . . . <b>b</b>             |                                                    |                                         |                                                                  |  |
|                                                               |                                                                                                                                                                      | <b>c</b> Net income or (loss) from fundraising events . . . ▶ |                                                    |                                         |                                                                  |  |
|                                                               | <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .                                                                                        |                                                               |                                                    |                                         |                                                                  |  |

|            |                                                                |                                                      |           |  |  |       |
|------------|----------------------------------------------------------------|------------------------------------------------------|-----------|--|--|-------|
|            | <b>a</b>                                                       |                                                      |           |  |  |       |
| <b>b</b>   | Less: direct expenses . . .                                    | <b>b</b>                                             |           |  |  |       |
|            | <b>c</b>                                                       | Net income or (loss) from gaming activities . . . ▶  |           |  |  |       |
| <b>10a</b> | Gross sales of inventory, less<br>returns and allowances . . . | <b>a</b>                                             |           |  |  |       |
|            | <b>b</b>                                                       | Less: cost of goods sold . . .                       | <b>b</b>  |  |  |       |
|            | <b>c</b>                                                       | Net income or (loss) from sales of inventory . . . ▶ |           |  |  |       |
|            | Miscellaneous Revenue                                          | Business Code                                        |           |  |  |       |
| <b>11a</b> |                                                                |                                                      |           |  |  |       |
| <b>b</b>   |                                                                |                                                      |           |  |  |       |
| <b>c</b>   |                                                                |                                                      |           |  |  |       |
| <b>d</b>   | All other revenue . . . . .                                    |                                                      |           |  |  |       |
| <b>e</b>   | <b>Total.</b> Add lines 11a–11d . . . . . ▶                    |                                                      |           |  |  |       |
| <b>12</b>  | <b>Total revenue.</b> See Instructions . . . . . ▶             |                                                      |           |  |  |       |
|            |                                                                |                                                      | 1,047,582 |  |  | 6,835 |

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**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                             | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                               |                       |                                 |                                        |                             |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22                                                                                                              |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16                                                                 |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                 | 127,232               | 113,978                         | 11,477                                 | 1,777                       |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                            |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                           | 380,068               | 355,524                         | 17,044                                 | 7,500                       |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                       |                       |                                 |                                        |                             |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                  | 1,960                 | 1,817                           | 108                                    | 35                          |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                           | 38,347                | 35,557                          | 2,105                                  | 685                         |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>a</b> Management . . . . .                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>b</b> Legal . . . . .                                                                                                                                                                                    | 3,675                 |                                 |                                        | 3,675                       |
| <b>c</b> Accounting . . . . .                                                                                                                                                                               | 16,559                | 15,517                          | 716                                    | 326                         |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                            |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                         | 17,473                | 17,473                          |                                        |                             |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                               | 66,440                | 66,440                          |                                        |                             |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                         | 37,251                | 26,826                          | 2,068                                  | 8,357                       |
| <b>14</b> Information technology . . . . .                                                                                                                                                                  | 10,140                | 8,714                           | 672                                    | 754                         |
| <b>15</b> Royalties . . . . .                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                               | 28,810                | 26,663                          | 1,620                                  | 527                         |
| <b>17</b> Travel . . . . .                                                                                                                                                                                  | 27,869                | 27,869                          |                                        |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                          |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                  | 3,126                 | 2,819                           | 307                                    |                             |
| <b>20</b> Interest . . . . .                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                  |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                               | 16,972                | 15,708                          | 954                                    | 310                         |
| <b>23</b> Insurance . . . . .                                                                                                                                                                               | 5,258                 | 4,943                           | 210                                    | 105                         |
| <b>24</b> 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.) |                       |                                 |                                        |                             |
| <b>a</b> PRINTING AND DUPLICATION                                                                                                                                                                           | 35,570                | 31,920                          | 468                                    | 3,182                       |
| <b>b</b> POSTAGE AND SHIPPING                                                                                                                                                                               | 18,613                | 14,097                          | 1,559                                  | 2,957                       |
| <b>c</b> DUES & SUBSCRIPTIONS                                                                                                                                                                               | 7,569                 | 6,079                           | 1,490                                  |                             |
| <b>d</b> STATE REGISTRATIONS                                                                                                                                                                                | 4,582                 |                                 |                                        | 4,582                       |
| <b>e</b> All other expenses                                                                                                                                                                                 | 2,928                 | 2,928                           |                                        |                             |

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                         | 850,442               | 774,872                         | 40,798                                 | 34,772                      |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

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**Part X Balance Sheet**

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

|                                                                               |                                                                                                                                                                                                                                                                                                                                       | (A)<br>Beginning of year |           | (B)<br>End of year |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--------------------|
| <b>Assets</b>                                                                 | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                          | 433,806                  | <b>1</b>  | 204,132            |
|                                                                               | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                             | 655,684                  | <b>2</b>  | 784,075            |
|                                                                               | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                 | 26,453                   | <b>3</b>  | 37,269             |
|                                                                               | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                           | 1,343                    | <b>4</b>  | 4,554              |
|                                                                               | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                                                          |                          | <b>5</b>  |                    |
|                                                                               | <b>6</b> 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 |                          | <b>6</b>  |                    |
|                                                                               | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                    |                          | <b>7</b>  |                    |
|                                                                               | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>8</b>  |                    |
|                                                                               | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                              | 8,480                    | <b>9</b>  | 5,789              |
|                                                                               | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                        | 62,517                   |           |                    |
|                                                                               | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                                                                                                                               | 31,607                   | 34,469    | 30,910             |
|                                                                               | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                            |                          | <b>11</b> | 301,632            |
|                                                                               | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                |                          | <b>12</b> |                    |
|                                                                               | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                 |                          | <b>13</b> |                    |
|                                                                               | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                                                                                                                                 |                          | <b>14</b> |                    |
|                                                                               | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                | 2,291                    | <b>15</b> | 2,291              |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 1,162,526                                                                                                                                                                                                                                                                                                                             | <b>16</b>                | 1,370,652 |                    |
| <b>Liabilities</b>                                                            | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                             | 7,759                    | <b>17</b> | 19,715             |
|                                                                               | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                                                                                                                    |                          | <b>18</b> |                    |
|                                                                               | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                  |                          | <b>19</b> |                    |
|                                                                               | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                       |                          | <b>20</b> |                    |
|                                                                               | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                                                                       |                          | <b>21</b> |                    |
|                                                                               | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                              |                          | <b>22</b> |                    |
|                                                                               | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                    |                          | <b>23</b> |                    |
|                                                                               | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                      |                          | <b>24</b> |                    |
|                                                                               | <b>25</b> 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                                                                                                                                                       | 5,369                    | <b>25</b> | 4,399              |
|                                                                               | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                        | 13,128                   | <b>26</b> | 24,114             |
| <b>Net Assets or Fund Balances</b>                                            | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                            |                          |           |                    |
|                                                                               | <b>27</b> Unrestricted net assets                                                                                                                                                                                                                                                                                                     | 1,101,262                | <b>27</b> | 1,346,538          |
|                                                                               | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                 | 48,136                   | <b>28</b> |                    |
|                                                                               | <b>29</b> Permanently restricted net assets                                                                                                                                                                                                                                                                                           |                          | <b>29</b> |                    |
|                                                                               | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                                                                                                                                                                     |                          |           |                    |
|                                                                               | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                |                          | <b>30</b> |                    |
|                                                                               | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                   |                          | <b>31</b> |                    |
|                                                                               | <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                            |                          | <b>32</b> |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 1,149,398                                                                                                                                                                                                                                                                                                                             | <b>33</b>                | 1,346,538 |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 1,162,526                                                                                                                                                                                                                                                                                                                             | <b>34</b>                | 1,370,652 |                    |

**Part XI Reconciliation of Net Assets**

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

|                                                                                                                          |           |           |
|--------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                             | <b>1</b>  | 1,047,582 |
| <b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .                                              | <b>2</b>  | 850,442   |
| <b>3</b> Revenue less expenses. Subtract line 2 from line 1 . . . . .                                                    | <b>3</b>  | 197,140   |
| <b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .             | <b>4</b>  | 1,149,398 |
| <b>5</b> Net unrealized gains (losses) on investments . . . . .                                                          | <b>5</b>  |           |
| <b>6</b> Donated services and use of facilities . . . . .                                                                | <b>6</b>  |           |
| <b>7</b> Investment expenses . . . . .                                                                                   | <b>7</b>  |           |
| <b>8</b> Prior period adjustments . . . . .                                                                              | <b>8</b>  |           |
| <b>9</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                  | <b>9</b>  |           |
| <b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 1,346,538 |

**Part XII Financial Statements and Reporting**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other <input style="width: 50px; height: 15px;" type="text"/><br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                      |           |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <b>2b</b> | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     | <b>2c</b> | Yes |    |
| <b>3a</b> 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?                                                                                                                                                                                                                                                                  | <b>3a</b> |     | No |
| <b>b</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.                                                                                                                                                                                                      | <b>3b</b> |     |    |

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