orm 990	-EZ (2015)	in th	е	
Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this I	Part 1	v	
			Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	the stand demonstrate of each activity in Schedule VIII.	33		1
	attach a comornia documents? If "Yes," attach a comornia		ļ	
34	Were any significant changes made to the organization's name. Otherwise, explain the copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			,
	O-hadda O (ago instructions)	34		1
35a	but the property of the proper			,
	analytics (such as those reported on lines 2, 6a, and /a, among others):	35a	-	1
b	of a transfer street on filed a Form 990-T for the year? If "No." provide an explanation in schedule	35b	 	
c		35c		
•	and provided requirements during the VBALL IT TES. COMDISION OF THE	330	+	+
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of not associated the veet? If "Yes," complete applicable parts of Schedule N	36		
37a	5-the amount of political expenditures, direct or indirect, as described in the instructions > 378	071		1
b		37b		Y
38a	the transmitter of make any loans to any officer, director, trustee, or not officer	38a		
	any such loans made in a prior year and still outstanding at the end of the tax your sound in a prior year and still outstanding at the end of the	308		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations, Enter:			
а	Initiation fees and capital contributions included on the 5			
þ	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4912	}		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		T	1
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40t	اد	١,
	that has not been reported on any of its prior Forms 990 of 990-L2? If 103, 65mples of tax imposed			
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
	Service 501(5)(2), 501(5)(4), and 501(c)(29) organizations. Enter amount of tax on line			
d	an antimite amount has the proprietion			
0	the condition at any time during the tay year, was the organization a party to a prohibited tax sheller	40	е	
41	List the states with which a copy of this return is filed ► CA			
42a	The organization's hooks are in care of ▶ J&J Associates Telephone no. ▶		/49-08 87-18	
	LIF + 4 P			s N
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42		3 1
	a financial account in a foreign country (such as a bank account, securities account, or other interests)	72		
	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42	c	
C	If "Yes," enter the name of the foreign country: ▶			
40	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			>
43	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>		
			Y	85
448	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	'		
		-	120	
ı	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	4	4b	
	Status and distribution receive any payments for indoor tanning services during the year?	4	4c	
	to the state of the proportion find a Form /20 to renot these paying it is	,		
1	explanation in Schedule O	4	4d	
AE	p. Did the organization have a controlled entity within the meaning of section 512(b)(13)?		5a	
45	by Did the examination receive any payment from or engage in any transaction with a controlled entity within the	3		
;	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed "Islaad o			
	Form 990-EZ (see instructions)	146	5b	
		_ 1	non I	

46								age 4
46	0-EZ (2015)						Yes	No
-10	Did the organization engage, directly or ir to candidates for public office? If "Yes," of	complete Schedule C,	ampaign activities on l Part I	behalf of or in o	· · ·	46		✓
Part	All section 501(c)(3) organization	s only s must answer que	stions 47-49b and 5	52, and compl	ete the t	tables fo	r line	es
	50 and 51. Check if the organization used Sc	hedule O to respond	to any question in th	is Part VI .			. ;	
					45	. —	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	tll				47 48		1
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E .		40 49a		7
49a	Did the organization make any transfers to "Yes," was the related organization as	antion 607 organizatio	\n?			49b		1
50	المماهم سلسب سيادي والماري	a five highest compar	icated employees loti	er man oncers	, un ector	rs, truste	es an	id ke
	employees) who each received more that	n \$100,000 of compe	nsation from the organ	ization. If there	10 110110,	enter iv	one.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to er benefit plans, and compensation	nployee (deferred	e) Estimate other con	d amo npensa	unt of ition
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
~~~								
		-						
		ver \$100,000	ensated independent	contractors w	ho each	received	mor	e tha
51	Total number of other employees paid of Complete this table for the organization	n's five highest comp	and a Halama W					
	Complete this table for the organization \$100,000 of compensation from the organization	janization. It there is n	one, enter "None." (b) Type of ser			Compensal		
	Complete this table for the organization	janization. It there is n	ione, enter None.					
	Complete this table for the organization \$100,000 of compensation from the organization	janization. It there is n	ione, enter None.					
	Complete this table for the organization \$100,000 of compensation from the organization	janization. It there is n	ione, enter None.					
	Complete this table for the organization \$100,000 of compensation from the organization	janization. It there is n	ione, enter None.					
	Complete this table for the organization \$100,000 of compensation from the organization	janization. It there is n	ione, enter None.					
	Complete this table for the organization \$100,000 of compensation from the organization	janization. It there is n	ione, enter None.					
	Complete this table for the organization \$100,000 of compensation from the organization	janization. It there is n	ione, enter None.					
51	Complete this table for the organization \$100,000 of compensation from the organization	panization. If there is not need to contractor	(b) Type of ser	vice	(c)	Compensal		
51	Complete this table for the organization \$100,000 of compensation from the organization from the organization state. (a) Name and business address of each independent control of the organization complete Schecompleted Schedule A	tractors each receiving dule A? Note: All	(b) Type of ser (b) Type of ser g over \$100,000	. Panizations mus	(c) (Compensal	s [No
51	Complete this table for the organization \$100,000 of compensation from the organization from the organization state. Total number of other independent completed Schedule A	tractors each receiving dule A? Note: All sectors including accomplished	g over \$100,000 .section 501(c)(3) organizations and statements	anizations mus	(c) (Compensal	s [
51	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization from the organization of the organization complete Sche completed Schedule A	tractors each receiving dule A? Note: All size in the contractor is return, including accomplian officer) is based on all in	g over \$100,000 .section 501(c)(3) organizations and statements	anizations mus	(c) (Compensal	s [
51	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization from the organization of the organization complete Sche completed Schedule A	tractors each receiving dule A? Note: All sectors including accomplished	g over \$100,000 .section 501(c)(3) organizations and statements	anizations mus	(c) (Compensal	s [

Preparer's signature

Print/Type preparer's name

Firm's address ►
May the IRS discuss this return with the preparer shown above? See instructions

Firm's name ▶

Paid Preparer

Use Only

PTIN

. ▶ 🗌 Yes 🗌 No

Check if self-employed

Firm's EIN ▶

Phone no.

Date

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

					1	imployer identification n	nwaer	
	the organization		91-2037	395				
	en Source Initiative art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
'ha ar	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
4 [The state of the s							
20 [. Company of the comp							
	man and a second a	ital aggings fati.	nization described in	Section	L/OIDH II	Nel finite	2 5-146-	
4	☐ A hospital or a cooperative nosp☐ A medical research organization	operated in cor	njunction with a hospit	tal descril	oed in se	ction 170(b)(1)(A)(iii). Enter the	
	the section means of the and state.							
	An organization operated for the section 170(b)(1)(A)(iv). (Compl	ete Part II.)					unit described in	
7	☐ A federal, state, or local governor ☐ An organization that normally reduced the described in section 170(b)(1)(/	eceives a substi 4)(vi). (Complete	antial part of its supp Part II.)	ort Irom e	170(b)(' a govern	nental unit or from	the general public	
8	A community trust described in	section 170(b)((1)(A)(vi). (Complete P	art II.)		a v	in face and gross	
	A community trust described in An organization that normally receipts from activities related support from gross investmen acquired by the organization after	to its exempt to the income and the ter June 30, 197	unctions—subject to unrelated business to 5. See section 509(a)	exable in (2). (Com	come (le plete Pa	ess section 511 tax)		
10	man a management and a	anamtad avelue	ively to test for public	safety, S	ee sec ti:	on 509(a)(4).	and the european of	
11	 An organization organized and of one or more publicly supported the box in lines 11a through 11d 	perated exclusiv	vely for the benefit of, the secribed in section 50	to pertorn 9(a)(1) or	section	509(a)(2). See section		
		Alexandered 6	unanticed or controll	ed hy its :	supporte	ed organization(s), tyl	Dically by giving	
а	the supported organization(s)	the power to re plete Part IV, S	igularly appoint or elec ections A and B.	a major	ity Or tire	directors of transfer		
b	☐ Type II. A supporting organiz	ation supervised	d or controlled in conn	ection wi	th its sup	ported organization	(s), by naving	
	control or management of the	supporting org	janization vested in the . Sections A and C.	e same p	ersons u	iat control of manage	o the supporter	
c	Type III functionally integra its supported organization(s)	(see instructions	s). You must complet	e Part IV	, Secuoi	13 M, D, and		
d	Type III non-functionally interest that is not functionally integral requirement (see instructions	ated. The organi N. You must coi	zation generally must mplete Part IV, Secti	ons A an	d D, and	Part V.		
е	Check this box if the organiza	ation received a	written determination	from the	IRS that	it is a Type I, Type II	і, туре ііі	
	functionally integrated, or Ty	pe III non-function	onally integrated supp	orting ort	ganizatio	n.		
f	Enter the number of supported of	organizations .					• • [
9	Provide the following information	about the supp				(v) Amount of monetary	(vi) Amount of	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	rgenization ir governing ment?		other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)				<u> </u>				
(E)								
							ANALYSIS OF THE PROPERTY OF TH	

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II

	Part III. If the organization fails to	quality under	tile tests not	Ou Colo p.			
Sectio	n A. Public Support	<u></u>			(-D 0014	(e) 2015	(f) Total
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(6) 2010	
1 (Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25352	33785	78466	117034	151587	406224
	Tax revenues levied for the	23332	33100				
	organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3	25352	33785	78466	117034	151587	406224
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						265000
	shown on line 11, column (f)						141224
6	Public support. Subtract line 5 from line 4.						
Section	on B. Total Support	/-> 0044	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	dar year (or fiscal year beginning in)	(a) 2011	33732			1	406224
7	Amounts from line 4	25352	33/32	75-105			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	696	50	30	49	16	850
9	Net income from unrelated business activities, whether or not the business is regularly carried on	030	100			138	238
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						10054
11	Total support. Add lines 7 through 10					10	40654
12	a transmission of a section of	c. (see instructi	ons)			12	on 501(c)(3)
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere					🕨 🗆
Sect	ion C. Computation of Public Suppo	rt Percentag	je			14	35 %
14	Public support percentage for 2015 (line	6, column (f) c	livided by line	11, column (i))		15	39 %
15 16a	Public support percentage from 2014 Sc 331/2% support test—2015. If the organ	ization did not	check the bo	x on line 13, ar	nd line 14 is 33		heck this
100	hav and atom here. The organization out	alities as a DUC	DICIV SUDDONE	u organización			ba
b	331/3% support test—2014. If the organ	ınization did n nization qualifi	ot check a bo es as a publici	ox on line 13 o y supported o	or 16a, and III rganization		
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization.	eets the fracts facts-and-circ	umstances" to	est. The organi	ization qualifie	s as a publicly	supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of Explain in Part VI how the organization	2014. If the orgation meets the "fac	ganization did ne *facts-and- ts-and-circum	not check a be circumstances astances" test.	ox on line 13, test, check The organizat	16a, 16b, or 17 this box and s tion qualifies as	a, and line atop here. a publicly
18	Private foundation. If the organization of instructions	did not check :	a box on line 1	3, 16a, 160, I	A, or Itb, Cir	BOX IIIIO DOX CON	

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to quality t	ander the te	SIS IISIEU DEIC	TT, picaso oc			
Section	on A. Public Support		(h) 0040	(a) 2012	(d) 2014	(e) 2015	(f) Total
Calend	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(4) 2017	(-,, -	
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		 				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
			 				
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
_				 			
6	Total. Add lines 1 through 5						
/a	received from disqualified persons .						
	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sect	ion B. Total Support					410045	/A Total
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(1) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .					+	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			-			
C	Add lines 10a and 10b						_
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on			-			
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
40	Total support. (Add lines 9, 10c, 11,						
13		1					
14	First five years. If the Form 990 is for t	the organizat	ion's first, seco	ond, third, four	th, or fifth tax	year as a sec	tion 501(c)(3)
1**	organization, check this box and stop he	ere			<u></u>		. , , 🕨 🗀
Sec	tion C. Computation of Public Suppo	rt Percent	age				
15	Public support percentage for 2015 (line	8, column (f) divided by line	a 13, column (f))	. 15	<u>%</u>
16	Public support percentage from 2014 Sc	chedule A, Pa	art III, line 15	<u></u>	<u> </u>	. 16	%
Sec	tion D. Computation of Investment I	ncome Per	centage				%
17	Investment income percentage for 2015	(line 10c, co	lumn (f) divided	I by line 13, co	ilumn (f))	. 17	
18	to the second of	14 Cahadula	A Part III line 1	17		. [10]	
19:	not mer assessment to the mine and the mine	inization did	not check the b	oox on line 14,	and line 10 18	HOIE Man 33	zation . >
	17 is not more than 331/2% check this box	x and stop h e	ere. The organiz	ation qualities a	as a publicly saf	portou organii	
ı	. 201-0/ aumort tooto 2014 If the orner	sization did no	ot check a box (on line 14 or III	e isa, and line	to is more than	11 00 1370; arra
	line 18 is not more than 331/3%, check this	s box and sto	phere. The org	anization qualii	iles as a publici	guppo, red or s	
20	Private foundation. If the organization	did not checl	k a box on line	14, 19a, or 19	D, CHECK THIS DO	A BING 300 1113	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

_		Yes	No	
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chedule	A (Form 990 or 990-EZ) 2015		<u> </u>	
Part I	V Supporting Organizations (continued)	1	Yes	No
	the second of the following parency			
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?	11b		
b	A family member of a person described in (a) above?	11c		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	h		<u> </u>
Section	on B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	Did the directors, trustees, or membership of one of more supported organizations or trustees at all times during the regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the regularly appoint or elect at least a majority of the organization of the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	and the accomination's activities. If the organization had more than one supported bryanization,			
	deposible how the cowers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	organization(s) that operated, supervised, or controlled the supported organization(s) that operated, VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	£		
	supervised, or controlled the supporting organization.	2		
				ل
Sect	on C. Type II Supporting Organizations		Ves	No
	and the directors			1.00
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	1	
	the supported organization(s).	<u> </u>		
Sect	ion D. All Type III Supporting Organizations		Yes	No
	to the first day of the month of the			110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Т	7
			<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	_	
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	msu	ucuo	13).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		4	
c	Committee of the committee of the control of the co	(See II	istruc	uonsj.
	Activities Test. Answer (a) and (b) below.		Ye	s No
2	and the state of t			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	28	1	
L	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2t	,	
_				
3	Parent of Supported Organizations. Answer (a) and (b) below.			
ε	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	38		
			التزا	
ŧ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	31	,	
	of its supported organizations? If "Yes," describe in Fart VI the role played by the organization in this regard.			

other Type III non-functionally integrated supporting organizations must	COMPlete	on Nov. 20, 1970. See Sections A through E. (A) Prior Year	(B) Current Year (optional)
CRION A - Adjusted Net moonte			
1 Net short-term capital gain	1 2		
2 Recoveries of prior-year distributions	3		
3 Other gross income (see instructions)	4		
4 Add lines 1 through 3	5		
5 Depreciation and depletion	- 3		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		(B) Current Yea
ection B - Minimum Asset Amount		(A) Prior Year	(b) Current Tea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	4.1		
a Average monthly value of securities	18		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amo	unt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
o incomo tax imposed in prior year			
6 Distributable Amount, Subtract line 5 from line 4, unless subject to			

	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)		
Part \	on D - Distributions			Current Year	
Secue	Amounts paid to supported organizations to accomplish ex	kempt purposes			
	Amounts paid to supported organizations to description Amounts paid to perform activity that directly furthers exempt purposes of supported				
	with the suppose of income from activity				
	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	izations		
3_	Amounts paid to acquire exempt-use assets				
	Qualified set-aside amounts (prior IRS approval required)				
<u>5</u>	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions, Add lines 1 through 6.				
	Distributions to attentive supported organizations to which	the organization is res	ponsive		
8	(provide details in Part VI). See instructions.				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		//···	
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
_	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
· a					
b					
C					
d	From 2013				
9	From 2014				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2015 distributable amount				
1	Carryover from 2010 not applied (see instructions)				
<u>j</u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2015 distributable amount				
c	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2015, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2015, Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3j and 4c.				
8	Breakdown of line 7:				
8					
t					
-	Excess from 2013				
	Excess from 2014				
-	Excess from 2015			• A (Form 990 or 990-EZ) 201	
			Schedul	9 Y (LOUN 820 DL 820~57) X/1:	

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


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#### Schedule B

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

### **Schedule of Contributors**

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number Name of the organization 91-2037395 Open Source Initiative Organization type (check one): Section: Filers of: ) (enter number) organization Form 990 or 990-EZ ₹ 501(c)( 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number Name of organization 91-2037395 Open Source Initiative

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	craigslist Charitable Fund  222 Sutter Street 9th Floor  San Francisco, CA 94108	\$ 250002	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Hewlett Packard 3000 Hanover Palo Alto, CA 94304	\$ 20000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	IBM  1 New Orchard Rd.  Armonk, NY 10504-1722	\$ 20000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	P. O. Box 2050  Mountain View, CA 94042-2050	\$ 25000	Person Payroll Oncash Oceannel of the complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Facebook  1 Hacker Way  Menlo Park, CA 94025	\$ 20000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Employer identification number Name of organization 91-2037395 Open Source Initiative Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I (c) FMV (or estimate) (a) No. (d) (b) Date received from Description of noncash property given (see instructions) Part I (c) FMV (or estimate) (a) No. (d) Date received (b) from Description of noncash property given (see instructions) Part I (c) (d) Date received (a) No. (b) FMV (or estimate) from Description of noncash property given (see instructions) Part I (c) FMV (or estimate) (a) No. (d) Date received (b) from Description of noncash property given (see instructions) Part I (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I

varne of or	ganization			Employer identification number			
	ce Initiative		1	91-2037395			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for it the following line entry. For organizatio contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	ne year from any one co ns completing Part III, en year. (Enter this informati	<b>ntributor.</b> Complete ter the total of <i>exclus</i>	e columns (a) through (e) and sively religious, charitable, etc.,			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
Part I	(b) Full pose of gift	(0) 000 01 9	(-7 -				
			*******				
				***************************************			
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
		(e) Transfer of g	ift				
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ransferor to transferee			
				**************************************			
				*************			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
		4444447	*********				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***********			
		*******************	*******				
-	(e) Transfer of gift						
-	Transferee's name, address, and	Relationship of ti	Relationship of transferor to transferee				
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
/a\Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
raiti							

-		(e) Transfer of g	ift				
İ							
_	Transferee's name, address, and	IZIP + 4	Relationship of t	ransferor to transferee			
	***************************************		*******	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
		*******	********	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			

T	(e) Transfer of gift						
	The state of the s	171D . 4	Dalatianakiu afa	ransferor to transferee			
F	Transferee's name, address, and	1 4 4	Less doubling of t	I GII GI GI I LU LU GII GI GI GE			
		*******		24.00.000000000000000000000000000000000			
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization		DI ADPADE
Open Source Initiative		91-2037395
Form 990EZ Line 16 Other Expenses:		
Meetings \$16156		
Conferences & Conventions \$12303		
Working Groups and Projects \$3134		
Coffware \$5152		
Software \$6153		
Supplies \$148		
Bank Fees \$626		***************************************
Filing Fees \$50		
Fining rees 450		
Penalties and Interest \$1209		
Web Hosting \$2892		
Paynal Foos \$459		
, albai , cos 4-03		
Total Other Expenses \$43130		
Form 990 EZ Part II Line 26 Total Liabilitie	95	
Payroll Liabilities	\$8557 \$-2414	
D	\$682 \$ 241	
Due Opensource	7002 7 271	
Total Other Changes in Net Assets	\$9238 \$-2473	
Form 990EZ Part 1 Line 8 Other Revenue		
Commissions \$138		
Commissions 4130		

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