SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

Par			ds or A	ccounts.
	Complete if the organization answered		1	(L) Francis and other
		(a) Donor advised funds	1	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year Did the organization inform all donors and donor	advisors in writing that the assets b	ماط نم طو	anar advisad
5	funds are the organization's property, subject to the			
6		•		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			
Par				i i i i i i i i i i i i i i i i i i i
ı aı	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the			
-	☐ Preservation of land for public use (e.g., recrea		a histori	ically important land area
	☐ Protection of natural habitat			ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the	form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		[2a
b	Total acreage restricted by conservation easement	ts	2	2b
С	Number of conservation easements on a certified I	` ,		2c
d	Number of conservation easements included in			
	-			2d
3	Number of conservation easements modified, tran- tax year ►	sferred, released, extinguished, or tern	ninated b	by the organization during the
4	Number of states where property subject to conse	mustian assement is leasted		
4 5	Does the organization have a written policy re		nection	handling of
•	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec			-
•	>	gg er rielanene, and emereng	7000	ion cacomente aanng me year
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conserva	tion easements during the year
	▶ \$			5
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			\cdot \cdot \cdot \cdot Yes \square No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and exp	ense statement, and
	balance sheet, and include, if applicable, the text of	<u> </u>	ancial st	atements that describes the
	organization's accounting for conservation easeme			
Part			Other S	Similar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	•	,	
b	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar public service, provide the following amounts relat		iucalion,	or research in furtherance of
				^ ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			· •
2	If the organization received or held works of art	historical treasures or other similar		. Φ for financial gain provide the
~	following amounts required to be reported under S			ioi iiianolai galii, provide lile
2				▶ \$
a h	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X			· Ψ

Schedule D (Form 990) 2015 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): ☐ Public exhibition **d** \square Loan or exchange programs а Other ☐ Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Escrow and Custodial Arrangements.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes ☐ No If "Yes." explain the arrangement in Part XIII and complete the following table: Amount 1c Additions during the year 1d 1e 1f Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No **b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance . . . Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance g 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ _____% Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Description of property (b) Cost or other basis (d) Book value (a) Cost or other basis (c) Accumulated depreciation (investment) Buildings Leasehold improvements

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

Equipment

	Complete if the organization answered "Yes" on Form (a) Description of security or category	(b) Book value		thod of valuation:
	(including name of security)	(b) Book value		thod of valuation: I-of-year market value
) Financial	derivatives			
) Closely-l	neld equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
art VIII	Investments—Program Related.			
a. c v	Complete if the organization answered "Yes" on Form	m 990 Part IV line	e 11c. See Form	990 Part X line 1
	(a) Description of investment	(b) Book value		thod of valuation:
	(a) Description of investment	(b) Book value		l-of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
2)				
8)				
9)				
9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
9) otal. (Column (Other Assets.			
9) otal. (Column (1 1 1	n 990, Part IV, lind	e 11d. See Form	1 990, Part X, line 1
9) tal. (Column (Other Assets.	n 990, Part IV, lind	e 11d. See Form	n 990, Part X, line 1
9) Ital. (Column (Part IX	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, lind	e 11d. See Form	i e
9) htal. (Column (Part IX	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, lind	e 11d. See Form	i e
9) ptal. (Column (Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, lind	e 11d. See Form	i e
9) tal. (Column (Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" on Form	n 990, Part IV, lind	e 11d. See Form	i e
9) tal. (Column (Part IX 1) 2) 3)	Other Assets. Complete if the organization answered "Yes" on Form	n 990, Part IV, lind	e 11d. See Form	i e
9) tal. (Column (Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" on Form	n 990, Part IV, lind	e 11d. See Form	i e
9) tal. (Column (Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on Form	n 990, Part IV, lind	e 11d. See Form	i e
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2) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, lind	e 11d. See Form	i e
9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, lind	e 11d. See Form	i e
Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description			i e
9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			(b) Book value
9) tal. (Column (Part IX 1) 2) 3) 44) 5) 6) 77) 8) 9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form			(b) Book value
9) tal. (Column (Part IX 1) 2) 33) 44) 55) 66) 77) 88) 99) otal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25.			(b) Book value
2) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 3) 9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
1) Part IX 1) 2) 3) 4) 5) 6) 77 B) part X 1) Federal ir	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25.			(b) Book value
2) tal. (Column (Part IX 1) 2) 3) 4) 5) 5) 6) 77 3) Part X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Colu Part X 1) Federal in 2) 3)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (Part X 1) Federal in (2) 3) 4)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
1) 2) 33 4) 55 63 7) 31 Part X 1) Federal in (2) 33 44	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
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9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X 1) Federal in 2) 3) 4) 5) 6) 77 88	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) B) 9) tal. (Column (Part X 1) Federal in 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value

Schedule D (Form 990) 2015 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2a Donated services and use of facilities h 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990. Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a Add lines 4a and 4b . . . 4c Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a 2b 2c 2d Add lines 2a through 2d 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2: Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (For	m 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	