EXTENDED TO AUGUST 15, 2016

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

A	For the 2	2015 calendar year, or tax year beginning	and ending		Action 1 The Control of the Control
В	Check if applicable:	C Name of organization		D Employer identifi	cation number
E	Address	BOULDER ENERGY CONSERVATION CENTER			
	Name	Doing business as CENTER FOR RESOURCE CONST	ERVATION	84-0	808982
E	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 2639 SPRUCE STREET	Room/suite	E Telephone numbe	r 999-3820
	Final return/ termin-ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,978,094.
	Amended	BOULDER, CO 80302	The second secon	H(a) Is this a group re	eturn
	Applica- tion pending	F Name and address of principal officer:NEAL LURIE SAME AS C ABOVE	W. 318 11, Call (Call)	for subordinates H(b) Are all subordinates in	? Yes No
T	Tax-exem	npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)	(1) or 527	ELEVANDO GRADA AN BURN DE LANGUES NO PORTANDA DE DES	list. (see instructions)
J	Website:	▶ WWW.CONSERVATIONCENTER.ORG		H(c) Group exemptio	SE SURES TO SELECT AND DESCRIPTION OF THE PROPERTY OF THE PROP
K	Form of or	rganization: X Corporation Trust Association Other	L Year		A State of legal domicile: CO
- presidente	art I S	Summary	NA CONTRACTOR SECURITION		
Activities & Governance	1 Br	riefly describe the organization's mission or most significant activities: THI ONSERVATION INTO ACTION.	MISSIC	N OF CRC IS	TO PUT
rna	2 0	heck this box > if the organization discontinued its operations or dis	sposed of more	than 25% of its net as	ssets.
ove		umber of voting members of the governing body (Part VI, line 1a)			16
5	4 N	umber of independent voting members of the governing body (Part VI, line 1	b)	4	, 16
es {		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			59
vit	6 To	otal number of volunteers (estimate if necessary)		6	166
Acti	7a To	otal unrelated business revenue from Part VIII, column (C), line 12			0.
		et unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue	10.5	ontributions and grants (Part VIII, line 1h)	.,,,,,,,,,,,	976,529.	1,184,306.
		ogram service revenue (Part VIII, line 2g)		654,316.	711,864.
		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		126,316.	-6,643.
-	11 Ot	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	somonarios d	93,775.	98,937.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1:		1,850,936.	1,988,464.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	1,145,070.	1,318,670.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25)	-575 - L	0.	U.
dx	b To	otal fundraising expenses (Part IX, column (D), line 25)	240.	CEC 710	699,815.
-	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	**********	655,710. 1,800,780.	2,018,485.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		50,156.	-30,021.
-0	19 Re	evenue less expenses. Subtract line 18 from line 12			
Vet Assets or und Balances	00 -	and depleted former V that work	Ве	ginning of Current Year 633,583.	End of Year 685,345.
SSe	20 To	tal assets (Part X, line 16)	*********	120,823.	202,606.
ind /	21 To	ntal liabilities (Part X, line 26)		512,760.	482,739.
		at assets or fund balances. Subtract line 21 from line 20		512,7001	1027,037
		es of perjury, I declare that I have examined this return, including accompanying scheo	fulae and etatom	ante and to the heet of m	v knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information o			y milowicogo mila solitor, a is-
	, concut c	VIP a I Z	1 milon properti	12/0/11	
Sign	.	Signature of officer Clie	nt Copy	Date /	
Sign Her	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	NEAL LURIE, PRESIDENT Anton Colli	25-26/98 / SEMILANDAM PRODUCTS SM	IIIP	
1 101	٠	Type or print name and title Certified Pul			
	P	rint/Type preparer's name Pregarer's signature	A	Date , Check	PTIN
Paid		. F. JONES, JR., CPA	1-1	61/16 It self-employe	al .
	-	rm's name ANTON COLLINS MITCHELL LLP		Firm's EIN	01-0724563
557.70	71.00 To 10	rm's address 4999 PEARL EAST CIRCLE, SUITE	Commission of the Commission o		
		BOULDER, CO 80301	NU SIX	Phone no. 30	3-440-0399
May	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No
110000000000000000000000000000000000000		5 LHA For Paperwork Reduction Act Notice, see the separate instru	ections.	1 74	Form 990 (2015)

Form	n 990 (2015) BOULDER ENERGY CONSERVATION CENTER	84-0808984 F	Page 2
Pa	rt III Statement of Program Service Accomplishments		[]
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF CRC IS TO PUT CONSERVATION INTO ACTION.	ITS VISION IS	3
	THRIVING COMMUNITIES LIVING SUSTAINABLY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_		Yes 2	X No
350	If "Yes," describe these new services on Schedule O.	Yes 2	₹
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes L	Z 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 othe	ers, the total expenses, and	E
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,618,218 • including grants of \$) (Revenu	ue\$ 810,80	$\overline{\mathfrak{I}_{\bullet}}$
Tu	SEE SCHEDULE O		/
	did beniabeli e		
4b	(Code:) (Expenses \$ including grants of \$) (Revenu	ue \$)
	9		
	9		
	8		
1	2		
	9		
4c	(Code:) (Expenses \$	ıe \$)
	7		
	Carried to the control of the contro		
			1.0
	·		
			- 10.
_			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,618,218.		
		Form 990	(2015)
53200			
12-10-	2	100 A.C	

Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 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? X If "Yes," complete Schedule D. Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,

investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Form 990 (2015)

X

X

X

X

X

X

14b

15

17

18

17

18

complete Schedule G, Part III

Form 990 (2015) BOULDER ENERGY CON Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			10,000
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			02023
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			0202
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1222
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			422
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	0.498.60		7.7
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	DOWN		37
	of any of these persons? If "Yes," complete Schedule L, Part III	27	400	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	THE WAY	E T	v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00.		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
-00	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	U.E.		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			13090
34	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		135567
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			s-out II
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
100	Note. All Form 990 filers are required to complete Schedule O	38	X	
				(2015)

Form **990** (2015)

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9		$\sim c$	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rej	porta	able gaming			
	(gambling) winnings to prize winners?		····	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2 a	59			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?		2b	Х	-carrovent
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		******			
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					**
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccor	ınt)?	4a	Amateu.	X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac					v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Δ
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					X
	any contributions that were not tax deductible as charitable contributions?			6a	-	Λ
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		· ·	CI-		
_	were not tax deductible?			6b	January 1	The Link
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	iooc	provided to the payor?	7a		х
				7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			75		
C	to file Form 8282?			7c		х
А		7d		Ma	28. Jr.	17.04
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	STATE OF	W	7e	100,000,000	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l					3-1門面 部位2-2
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		10 AESTE 10
10	Section 501(c)(7) organizations. Enter:					
		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			120	4
11	Section 501(c)(12) organizations. Enter:	narve	T			
		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1156	1
		11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		, İ	12a		. Q b.2
	ii 199, Shian iis annaan shaaran Francisco Fra	12b			W	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	Eaglife II	27, 27, 3
а	Is the organization licensed to issue qualified health plans in more than one state?			IJA	3,17	SE SE
192	Note. See the instructions for additional information the organization must report on Schedule O.			Argin.	100	
O	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	T	21.11		15-3
_		13c			14	G .
	Did the organization receive any payments for indoor tanning services during the tax year?	,00	C 1002 C 1000 C 100 C 10	14a		X
	If "Ves " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0		14b		

Form **990** (2015)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sec	tion A. Governing Body and Management			- In
occ	tion A. dovorning body and management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 16			
ıa	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.			
1.00				
b	Little the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		X
_	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	POTENTIAL A	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	48.00
а	The governing body?	_8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ALC: N		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	14. Compared to the control of the c	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
250	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		- 115	2.00
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2100		
a	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	2012	A -	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	1. 野猪
	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			7:12
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10.4	7	
	exempt status with respect to such arrangements?	16b	1000	500
Sac	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ole	
18	for public inspection. Indicate how you made these available. Check all that apply.		id al	
		d finan	cial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	u miai	olal	
	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:			
	JENNIFER SCROGGINS - 303-999-3820		_	
	2639 SPRUCE STREET, BOULDER, CO 80302		200	

532006 12-16-15

Form 990 (2015)

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	er e	Officer		Highest compensated saled saled		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TOM CHESNEY	2.00								0	0
PAST-BOARD CHAIR	0.00	X			_	\vdash	_	0.	0.	0.
(2) GIA MEDEIROS	2.00								6	0
BOARD MEMBER	0.00	X	_		_	_		0.	0.	0.
(3) SCOTT GRIFFIN	2.00	х						0.	0.	0.
BOARD MEMBER	2.00	Λ	_			-	_	0.	0.	
(4) DAVID MILLER BOARD MEMBER	2.00	x						0.	0.	0.
(5) LINDA OLSSON	2.00	77		-	_			0.		
BOARD MEMBER	2.00	х						0.	0.	0.
(6) CHRIS O'NEILL	2.00					Н	_			
BOARD MEMBER		х						0.	0.	0.
(7) RON FLAX	2.00					П			550000	
BOARD MEMBER		х						0.	0.	0.
(8) BEN APPLE	2.00									
BOARD CHAIR		X		X				0.	0.	0.
(9) ANDRE BOLLAERT	2.00									
BOARD MEMBER		X						0.	0.	0.
(10) ALISON PETERS	2.00									2
BOARD MEMBER		X						0.	0.	0.
(11) CARL CASTILLO	2.00							_	_	
BOARD MEMBER		X						0.	0.	0.
(12) ANDREW MOORE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ERIN HADARY	2.00	2220								
BOARD CHAIR-ELECT	0 00	Х						0.	0.	0.
(14) KATRINA HAHN	2.00							_		^
BOARD MEMBER	0.00	Х					<u></u>	0.	0.	0.
(15) RYAN SLABAUGH	2.00	х						0.	0.	0.
BOARD MEMBER	2.00	Λ		_		_		0.	0.	0.
(16) JEFFREY HOPFENBECK	∠.00	х						0.	0.	0.
BOARD MEMBER (17) NEAL LURIE	40.00	Λ						0.	0.	0.
PRESIDENT	*******			х				64,731.	0.	3,425.
FRESIDENT 599007 10 16 15				23				04,/31.	0.	Form 990 (2015)

532007 12-16-15

Form **990** (2015)

Pai	rt VII Section A. Officers, Directors, Trus	The state of the s	ploy	/ees			ighe	st C	Visite and	2.50 - 16		Salmari
	(A)	(B)	(C) Position					(D)	(E)		(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable compensation		Estimated amount of
		week		, unle cer an					compensation	from related		other
		(list any	ctor						the	organization	s	compensation
		hours for	or dire	20			ated		organization	(W-2/1099-MIS	SC)	from the
		related organizations	rustee	truste		96	npens		(W-2/1099-MISC)			organization and related
		below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est cor	er				organizations
		line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former				
94					П							
(H	_				
					\vdash	_	\vdash					
1										_		
										1		
1									64 721			3 425
	Sub-total								64,731.	_	0.	3,425.
	Total (add lines 15 and 16)								64,731.		0.	3,425.
a	Total (add lines 1b and 1c) Total number of individuals (including but n							no re		.000 of reportab	27. 2	2,125.
	compensation from the organization	or miniou to th			- u		, ,,			,		0
3	Did the organization list any former officer,	director or tr	isto	ם אם	W er	nnlo)VAA	Orl	highest compensated e	mplovee on	1	Yes No
3	line 1a? If "Yes," complete Schedule J for s								mgnest compensated e		49	3 X
4	For any individual listed on line 1a, is the su											4 PH
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4 X
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services		
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or su	uch	pers	son .			******************		5 X
1	Complete this table for your five highest co										npens	ation from
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	3654	/ear.		(0)
	(A) Name and business	address							(B) Description of s	ervices	С	(C) ompensation
LIT	TTLE VALLEY WHOLESALE								PROVIDED PLA			
)22 EAST 136TH AVENUE,	BRIGHTO	NC	, (CO	8 (060		GARDEN IN A	CONTRACTOR CONTRACTOR		135,468.
								+	-			
								_				
2	Total number of independent contractors (i		ot li	mite	d to		4	stec	d above) who received m	ore than		
	\$100,000 of compensation from the organization	zation >			_) =	L	_				Earm 990 (2015)

Form 990 (2015) BOULDER
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
ra En		Membership dues						
E G		Fundraising events						
ar A		Related organizations			Harris Company			
ê, E		Government grants (contribut	Commence of the commence of th	71,174.		and the second		
Sir		All other contributions, gifts, gran	221	12,2/2				
uti	30		The second second	1,113,132.				
증품		similar amounts not included abo		841,643.				
Contributions, Gifts, Grants and Other Similar Amounts	1370	Noncash contributions included in lines	1	100	1,184,306.			
0 8	n	Total. Add lines 1a-1f		The second second second second	1,104,300.			
Talk		DDOGDAN GEDUTGE EREG		Business Code 541900	711 064	711 064		William Town
ice	2 a	PROGRAM SERVICE FEES		541900	711,864.	711,864.		
ue ne	b							
n S	С	-		,				
Je Je	d	(and the last of t						
Program Service Revenue	е							
а.		All other program service reve	PERSONAL PROPERTY.		9290000 2 200 200		Consequence of the second of the second	W 15 TO THE RESERVE OF THE RESERVE O
	g	Total. Add lines 2a-2f			711,864.		- 公理基础工程标	用。可能以他们
	3	Investment income (including			north a			
		other similar amounts)			171.			171.
	4	Income from investment of tax	k-exempt bond p	oroceeds 🕨				
	5	Royalties			L. Copposition and St.	Appendix as a set of firms was as any or	was the state of t	
			(i) Real	(ii) Personal				3 - The said
		Gross rents						
	b	Less: rental expenses						The same
	С	Rental income or (loss)					The state of the s	While Walking
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	Property IV		Anna Anna A	AND LESS
		assets other than inventory			THE REAL PROPERTY.			
	b	Less: cost or other basis			Property Control			
		and sales expenses		6,814.	CONTRACT TO SERVICE			
	С	Gain or (loss)		-6,814.	Marie Park			"我们" "我的是
		Net gain or (loss)			-6,814.			-6,814.
o l	8 a	Gross income from fundraising	g events (not		The second second		THE THE PERSON IN	
enue		including \$	of					
ě		contributions reported on line	1c). See		The state of the s			
<u>د</u>		Part IV, line 18	a		100 Miles	But Frederic		4 1 3 4 1 1 1
Other Re	b	Less: direct expenses					The Part of	
0		Net income or (loss) from fund			A TOTAL OF THE PROPERTY OF THE			
		Gross income from gaming ac				7.01-2	TALL STATE	
	20 TO	Part IV, line 19			No the Assessment of the State			The Asset of
	b	Less: direct expenses					The State of the S	
		Net income or (loss) from gam			M. Links I Walter			
		Gross sales of inventory, less			I Care Care	Carlo Act 1777	and Paranto	Complete The second
		and allowances		1,081,753.	The state of the s	The Property Co.	Calculate 1	
	h	Less: cost of goods sold		982,816.	A VAN DE DE	To the second	The state of the s	ACAM TO NOW
		Net income or (loss) from sales			98,937.	98,937.	10 mg - 20 mg	300
1		Miscellaneous Revenue		Business Code			THE STATE OF	
İ	11 a				(4.40)	11.70.00		
	b							
-	c							
	d	All other revenue						
		Total. Add lines 11a-11d				7-147 T. 11-14-1	- area - March	* The section
	12	Total revenue. See instructions.		The state of the s	1,988,464.	810,801.	0.	-6,643.
								Form 000 (2015)

Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				1. 5 57,47
	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				EMP.
2	individuals. See Part IV, line 22			k_ * * * * * * * * * * * * * * * * * * *	
3	Grants and other assistance to foreign				ar over the second
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	68,156.	21,810.	23,855.	22,491
6	Compensation not included above, to disqualified		WEST-11 - CORNER (1990)		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,025,980.	860,355.	138,214.	27,411
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	105,973.	95,179.	9,366.	1,428
10	Payroll taxes	118,561.	96,888.	15,986.	5,687
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,106.	742.	1,352.	12.
С	Accounting	35,200.	12,402.	22,601.	197
d	Lobbying		700000000000000000000000000000000000000		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	112 700	40 000	72 064	625
	column (A) amount, list line 11g expenses on Sch O.)	113,792.	40,093.	73,064.	5,609.
12	Advertising and promotion	19,560.	13,951.	75.	1,071
13	Office expenses	5,109.	3,963.	/5.	1,0/1
14	Information technology				
15	Royalties	141,012.	117,183.	13,911.	9,918.
16	Occupancy	22,800.	22,724.	65.	11.
17	Travel	22,000.	22,724.	03.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	No. and the second seco	959.		959.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	90,990.	75,495.	10,110.	5,385.
23	Insurance	23,579.	23,362.	159.	58.
24	Other expenses. Itemize expenses not covered	Steady leafs 1 1 1 1 1		To the second	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)		Alberta Commence		
	amount, list line 24e expenses on Schedule 0.)	Maria de la companya			
а	RENEW OUR SCHOOLS PRIZE	110,000.	110,000.		
b	SUPPLIES	89,857.	88,398.	641.	818.
С	CREDIT CARD FEES	19,846.	19,846.		
d	STAFF DEVELOPMENT	17,996.	11,940.	5,115.	941.
е	All other expenses	7,009.	3,887.	2,554.	568
25	Total functional expenses. Add lines 1 through 24e	2,018,485.	1,618,218.	318,027.	82,240.
26	Joint costs. Complete this line only if the organization		v		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2015

rall.	^	Charlet Calendar Countries		'- D- + V			
		Check if Schedule O contains a response or not	e to any line in th	nis Part X		T	
					(A) Beginning of year		(B) End of year
	4	Cook non interest bearing			32,732.	1	103,799.
	1 2	Cash - non-interest-bearing			255,885.	2	310,023
20	3	Savings and temporary cash investments			38,121.	3	23,594
		Pledges and grants receivable, net			30,121.	4	20,001
		Accounts receivable, net Loans and other receivables from current and fo				4	
		trustees, key employees, and highest compensa	The second of the second secon	A CONTRACTOR OF THE PARTY OF TH		5	
١,	6	Part II of Schedule L Loans and other receivables from other disqualit				S-1600A	
"		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		16			
,,		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Y AS		Inventories for sale or use			65,535.	8	56,276
11.0		Prepaid expenses and deferred charges			18,029.	9	28,178
		Land, buildings, and equipment: cost or other	I I			122	
		ELECTRONISTO CONTROL C	10a	507,845.			
		Less: accumulated depreciation		344,370.	223,281.	10c	163,475
1		Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line 1			12		
13		Investments - program-related. See Part IV, line 1			13		
14		Intangible assets				14	
15		Other assets. See Part IV, line 11			15		
16		Total assets. Add lines 1 through 15 (must equa			633,583.	16	685,345
17		Accounts payable and accrued expenses			67,648.	17	80,647
18		Grants payable			1.16	18	·
19		Deferred revenue		46,001.	19	117,894	
20		Tax-exempt bond liabilities		1	*	20	
2		Escrow or custodial account liability. Complete F				21	
25		Loans and other payables to current and former			TO PARENTAL TANKS		
		key employees, highest compensated employees					
		Complete Part II of Schedule L			WAR AND DESCRIPTION OF THE PERSON OF THE PER	22	WHEN THE PROPERTY OF THE PROPE
ı 23		Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelated				24	
25		Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D	20 20	I	7,174.	25	4,065
26	6	Total liabilities. Add lines 17 through 25			120,823.	26	202,606
		Organizations that follow SFAS 117 (ASC 958)	, check here	X and	The second second		TRACTOR IN
8		complete lines 27 through 29, and lines 33 and					
27	7	Unrestricted net assets			456,460.	27	379,669
27 28 29 30 31 32		Temporarily restricted net assets			56,300.	28	103,070
29	9	Permanently restricted net assets		29			
5		Organizations that do not follow SFAS 117 (AS	The State of Terri				
5		and complete lines 30 through 34.	5			STATE OF STA	
30	0	Capital stock or trust principal, or current funds	,			30	
31		Paid-in or capital surplus, or land, building, or equ				31	
32	2	Retained earnings, endowment, accumulated inc	come, or other fu	nds		32	
33	3	Total net assets or fund balances			512,760.	33	482,739
34		Total liabilities and net assets/fund balances			633,583.	34	685,345

Forn	1990 (2015) BOULDER ENERGY CONSERVATION CENTER	04	0000000	Page	12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		*********	L			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,988				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,018				
3	Revenue less expenses. Subtract line 2 from line 1	3		,02			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	512	,76	0.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				_		
	column (B))	10	482	,73	<u>9.</u>		
Pa	rt XIII Financial Statements and Reporting				1		
2	Check if Schedule O contains a response or note to any line in this Part XII				X		
			Temperatur II n	Yes I	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	* HORSE Col	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			X	d Parameters		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		and the second s	v			
	review, or compilation of its financial statements and selection of an independent accountant?			X	JC 79		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au					
	Act and OMB Circular A-133?		3a	- 1	<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits						
			Form 9	190 (20	0151		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 84-0808982 BOULDER ENERGY CONSERVATION CENTER Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN listed in your (described on lines 1-9 other support (see organization support (see governing document? above (see instructions)) instructions) instructions) No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 Part II Support Schedule for 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				32-30/2 12-31-32-32-32-32-32-32-32-32-32-32-32-32-32-		
	membership fees received. (Do not	l l					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				M-1	7.74	
	governmental unit or publicly		,	_ · · · · · · · · · · · · · · · · · · ·	.		
	supported organization) included					'' ''' \ _	
	on line 1 that exceeds 2% of the		w		1 h - 1		
	amount shown on line 11,		**			F.,	
	column (f)		£1				
	Public support. Subtract line 5 from line 4.			Marie Pari	企图 公共 医甲状		
_	ction B. Total Support	VAID Section 1882	50/ 1/4/2020/00/2020	B. W. T. W. T.	Antes Secretaria	So as Sought State	Visit of the second
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
100	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	Laborate State and State and	· CPRESIONE SET	1758/ AMAD 2001 - 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 A 100 A	WARDS TWO	
	Total support. Add lines 7 through 10		A Company of the Comp		The State of the S		
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						
Sec	organization, check this box and store ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2015 (I		A STATE OF THE PARTY OF THE PAR	olumn (fl)		14	%
	Public support percentage from 2014					15	<u>%</u>
	33 1/3% support test - 2015. If the c						
	stop here. The organization qualifies						2000
b	33 1/3% support test - 2014. If the d						
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			X X X			
b	10% -facts-and-circumstances tes	10 m	3/50	A B MAD NO.			
	more, and if the organization meets the	0.70					
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	ınization	▶□
18	Private foundation. If the organizatio						COMMUNICATION OF THE PARTY OF T
					Sche	dule A (Form 990	or 990-EZ) 2015

(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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 943,190 1,035,496. 1,122,228. 976,529 1,184,306.	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 943,190 1,035,496. 1,122,228. 976,529 1,184,306.	(f) Total
membership fees received. (Do not include any "unusual grants.") 943,190 1,035,496. 1,122,228. 976,529 1,184,306.	
include any "unusual grants.") 943,190 1,035,496. 1,122,228. 976,529 1,184,306.	
1000	5,261,749.
2 Gross receipts from admissions,	
merchandise sold or services per-	
formed, or facilities furnished in).*
any activity that is related to the organization's tax-exempt purpose 1,598,453. 1,979,598. 1,835,788. 1,680,684. 1,793,617.	8,888,140.
3 Gross receipts from activities that	., ,
are not an unrelated trade or bus-	
iness under section 513	
4 Tax revenues levied for the organ-	
ization's benefit and either paid to	
The state of the s	
or expended on its behalf	
5 The value of services or facilities	
furnished by a governmental unit to the organization without charge 87,000. 87,000. 87,000. 175,000.	611 000
AND THE PARTY OF T	
6 Total. Add lines 1 through 5	14,760,889.
7a Amounts included on lines 1, 2, and	0
3 received from disqualified persons	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that	
exceed the greater of \$5,000 or 1% of the	0
amount on line 13 for the year	0.
c Add lines 7a and 7b	0.
8 Public support. (Subtract line 7c from line 6.)	14,760,889.
Section B. Total Support	1997/202 10 104
Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015	(f) Total
9 Amounts from line 6 2,628,643. 3,102,094. 3,045,016. 2,832,213. 3,152,923.	14,760,889.
10a Gross income from interest, dividends, payments received on	
securities loans, rents, royalties	770
and income from similar sources 94. 70. 51. 384. 171.	770.
b Unrelated business taxable income	
(less section 511 taxes) from businesses	
acquired after June 30, 1975	
c Add lines 10a and 10b 94. 70. 51. 384. 171.	770.
c Add lines 10a and 10b 94. 70. 51. 384. 171. 11 Net income from unrelated business	770.
c Add lines 10a and 10b 94. 70. 51. 384. 171. Net income from unrelated business activities not included in line 10b, whether or not the business is	770.
c Add lines 10a and 10b 94. 70. 51. 384. 171. Net income from unrelated business activities not included in line 10b, whether or not the business is	770.
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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	770.
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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	770.
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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.)	770.
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 2,628,737. 3,102,164. 3,045,067. 2,832,597. 3,153,094.	14,761,659.
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization or the second of the control of the c	14,761,659.
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization or the second of the control of the c	14,761,659. ttion,
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage	14,761,659. ttion,
c Add lines 10a and 10b 94 70 51 384 171 . 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 2,628,737. 3,102,164. 3,045,067. 2,832,597. 3,153,094. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage	14,761,659. ition,
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 171. 170. 184. 171. 184. 171.	14,761,659. tion, 99.99 % 99.99 %
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2014 Schedule A, Part III, line 15	14,761,659. tion, 99.99 % 99.99 % .01 %
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage	14,761,659. ttion, 99.99 % 99.99 %
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17	14,761,659. ttion, 99.99 % 99.99 % .01 % .01 % / is not
c Add lines 10a and 10b 94 70 51 384 171 . 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2014 Schedule A, Part III, line 17 18 Investment income percentage from 2014 Schedule A, Part III, line 17	14,761,659. ttion, 99.99 % 99.99 % .01 % .01 %
c Add lines 10a and 10b 94 70 51 384 171 1 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 2,628,737. 3,102,164. 3,045,067. 2,832,597. 3,153,094. 1 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization of the computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2014 Schedule A, Part III, line 15 16 16 17 18 Investment income percentage from 2014 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 15	14,761,659. ation, 99.99 % 99.99 % .01 % .01 % / is not
c Add lines 10a and 10b 94. 70. 51. 384. 171. 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2014 Schedule A, Part III, line 17 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 15 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	14,761,659. tion, 99.99 % 99.99 % .01 % .01 % / is not

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")? If "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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 6 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
1		
2 3a	AL I	
3b 3c		27/2
4a		
4b		
4c		
5a 5b		
5c		
7		
8	100	
9a	10 m	2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9b	eris.	The state of
9c) # r) 	
10-		
10a 10b	(6)	
990 or 990)-F7)	2015

NO.	Supporting Organizations (continued)			_
			Yes	No
11				0
ē	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			T.
	Rule P. L.	22 DEADER	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	4		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			r .e
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		12	
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	195-56-3-45	ARTING A	Caraban
2	Did the organization operate for the benefit of any supported organization other than the supported	# 1		+
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sec	ction C. Type II Supporting Organizations	2		
	sion of Type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	7
11.70	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		200	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		25th Paris	
Sec	ction D. All Type III Supporting Organizations	<u> </u>		-
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	HATEN		1.00
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			upodpom
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			450
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	, appointed of discountry and appointed of discountry appointed	0.695	Stall.	49
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	is sile	A STATE OF THE STA	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	570 T		
	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		of Balance	
0	supported organizations played in this regard.	3		
	ction 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 yea(see instructions):			
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	runtional		
2	Activities Test. Answer (a) and (b) below.	ructions) [Yes	No
a			169	No
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			A. W. Control
	those supported organizations and explain how these activities directly furthered their exempt purposes,	-10 TO	100	70. 1054
	how the organization was responsive to those supported organizations, and how the organization determined	A.V.		*V/03
	that these activities constituted substantially all of its activities.	2a	- Hall	P. Maria W.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		A ² Ti	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	N		1.0
	reasons for the organization's position that its supported organization(s) would have engaged in these		11/21	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1 4.62
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2		1.19
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

532025 09-23-15

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	1 490
1	Check here if the organization satisfied the Integral Part Test as a qualifying	10000	There is a second of the secon	tions. All
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sect	ion A - Adjusted Net Income	***	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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):	14.		
а	Average monthly value of securities	1a		
1110	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
205	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			ie in the last
2	Acquisition indebtedness applicable to non-exempt-use assets	2	A STATE OF THE STA	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	A CONTRACT OF STREET	
2	Enter 85% of line 1	2	· Alaster Albert Alexandre	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Toppers the transfer of	
4	Enter greater of line 2 or line 3	4	With a Phillips, Till John	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		William The Bullion	
S	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integr	ated Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013d Excess from 2014e Excess from 2015

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOULDER ENERGY CONSERVATION CENTER

Employer identification number 84-0808982

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
-	> \$		
8	Does each conservation easement reported on line 2(d) abov		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
ı cıı	Complete if the organization answered "Yes" on Form		anci Ommai Assets.
12	If the organization elected, as permitted under SFAS 116 (AS	NOT THE REPORT OF THE PARTY OF	pent and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		nee or public service, provide, irri die xiii,
h	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art historical
J	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	doublet, or rescurer in tartificiance of par	one service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		b \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 1:		. 35, p. 01.00
а	Revenue included on Form 990, Part VIII, line 1	S S S S S S S S S S S S S S S S S S S	> \$
	Assets included in Form 990, Part X		The state of the s
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2015
532051 11-02-		and the second of the second o	

Complete if the organization answered "Ves" on Form 990, Part IV, line 11s, See Form 990, Part Y, line 10

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			Marine Control	
b	Buildings				
C	Leasehold improvements	·			
d	Equipment		507,845.	344,370.	163,475.
е	Other				
ota	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colun	nn (B), line 10c.)	>	163,475.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 BOULDER ENE	RGY CONSERVA	TION CENTER 8	4-0808982 Page
Part VII Investments - Other Securities.			· ugo
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, line 13.	19
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)	W-		
(4)	10		
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			AUA 23000000000000000000000000000000000000
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)	П		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV. lin	e 11e or 11f. See Form 990, Part X. line 2	5.
(a) Description of liability		(b) Book value	A REAL PROPERTY.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	COPIER LEASE LIABILITY	4,065.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,065.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Open To Public Inspection

Name of the organization

BOULDER ENERGY CONSERVATION CENTER

Employer identification number 84-0808982

Pa	TI Types of Property	1 (2)	1 763	(2)	1 /4			
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d Method of d noncash contrib	etermin	-	s
		цррноцые	items contributed	Form 990, Part VIII, line 1g	TIOTIOGOTI GOTILITO	anon a		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods		老女					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests		80					
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (BLDG MATERIAL)	X	1		COMPARABLE		ES	
26	Other ► (E-GAUGE MATLS)	X	1	21,136.	COMPARABLE	SAL	ES	
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29				
				St. International State of the			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it		=1)	
	must hold for at least three years from the date	of the initia	l contribution, and	which is not required to be	used for	order to	S	
	exempt purposes for the entire holding period?	?	20	E 14		30a		X
b	If "Yes," describe the arrangement in Part II.					() R=		
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard contrib	utions?	31		X
	Does the organization hire or use third parties of							
	2 m m 2 m 2 m 2 m 2 m m m m m m m m m m		3	, ,		32a		X
b	If "Yes," describe in Part II.					4		Legal I
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,			
	describe in Part II.		\$ 411				1127	
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	0.	Schedule M	(Form	990) (2015)

532141 08-21-15

Schedule M	(Form 990) (2015)	BOULDER	ENERGY	CONSERV	ATION	CENTER		84-0808982	Page 2
Part II	Supplementa	Information	Provide the	information red	uired by Pa	art I. lines 30b.	32b, and 33, ed, or a comb	and whether the organization of both. Also com	ation
7			11 25-0-21						
ą									
5				ă.					
-									
·									
									
532142 08-21-1	5							Schedule M (Form 9	90) (2015)

SCHEDULE 0

(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 Open to Public Inspection

Name of the organization

BOULDER ENERGY CONSERVATION CENTER

Employer identification number 84-0808982

FORM 990, PART I, DOING BUSINESS AS:
CENTER FOR RESOURCE CONSERVATION
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE CENTER FOR RESOURCE CONSERVATION (CRC) HAS A MISSION OF PUTTING
CONSERVATION INTO ACTION.
IN COLLABORATION WITH LOCAL AND REGIONAL MUNICIPALITIES, AND WITH
SUPPORT FROM INDIVIDUAL DONORS AND FOUNDATIONS, CRC PROGRAMS PROVIDE
IMPACTFUL AND PRACTICAL WAYS TO CONSERVE NATURAL RESOURCES. OUR
SUSTAINABILITY PROGRAMS INCLUDE:
RESOURCE: A RETAIL CENTER, WHICH ACCEPTS DONATIONS OF ARCHITECTURAL
SALVAGE FOR RESALE, DIVERTING MILLIONS OF POUNDS OF MATERIALS FROM THE
LANDFILL AND CREATING AFFORDABLE RECLAIMED BUILDING MATERIALS INSTEAD;
WATER CONSERVATION PROGRAMS: DELIVERING DIRECT SERVICES TO HELP
RESIDENTS USE LESS WATER, SUCH AS SLOW THE FLOW AND GARDEN IN A BOX;
RENEW OUR SCHOOLS: A YOUTH ENGAGEMENT PROGRAM THAT IGNITES THE NEXT
GENERATION OF CONSERVATIONISTS IN A FUN AND ENGAGING COMPETITION AROUND
SAVING ENERGY AT SCHOOL AND AT HOME.
MORE THAN 60,000 PEOPLE ARE IMPACTED DIRECTLY PER YEAR BY CRC PROGRAMS
AND SERVICES. THROUGH ITS SUSTAINABILITY PROGRAMS THAT IMPACT WATER
CONSERVATION, ENGAGE YOUTH AND SCHOOLS IN ENERGY CONSERVATION, AND
PROVIDE OPPORTUNITIES TO DIVERT MATERIALS FROM THE LANDFILL, THE
ORGANIZATION OPERATES AS A SOCIAL ENTERPRISE. CRC LOOKS FOR MARKET
DRIVEN OPPORTUNITIES TO EXPAND AND IMPROVE ITS IMPACT THROUGH DIRECT
ENGAGEMENT WITH RESIDENTS AND BUSINESSES.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization **Employer identification number** BOULDER ENERGY CONSERVATION CENTER 84-0808982 FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANY POTENTIAL CONFLICT OF INTEREST SHALL BE DISCLOSED IN WRITING TO THE CHAIR OF CRC'S BOARD OF DIRECTORS BY THE INDIVIDUAL CONCERNED PRIOR TO ENGAGING IN A POTENTIAL CONFLICT. THE BOARD CHAIR WILL DETERMINE IF A CONFLICT EXISTS AND IF SO, THE NATURE OF THE CONFLICT, WHICH WILL DETERMINE THE ACTION TAKEN (E.G. RECUSE HIM/HERSELF FROM VOTING, NOT INVOLVE HIM/HERSELF IN THE ACTIVITY IN QUESTION, ETC.). MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES OF CRC WILL ANNUALLY READ, SIGN AND FILE A DISCLOSURE STATEMENT WITH THE ORGANIZATION. THE DISCLOSURE STATEMENTS WILL BE KEPT ON PERMANENT FILE WITH CRC. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD USES THE CNA SURVEY TO ASSIST WITH DETERMINING SALARIES. THE BOARD THEN APPROVES FINAL SALARY AMOUNTS. THE LAST REVIEW OF KEY EMPLOYEES' COMPENSATION OCCURRED IN MARCH 2016. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST. FORM 990 PART XII LINE 2C THE OVERSIGHT PROCESS HAS NOT CHANGED.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

If you :	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do not co	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6 months for a cor	poration
	to file Form 990-T), or an additional (not automatic) 3-mo					
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated With C	ertain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing of this	form,
THE R. P. LEWIS CO., LANSING, MICH.	irs.gov/efile and click on e-file for Charities & Nonprofits.					
Part I						
A corpora Part I onl	ation required to file Form 990-T and requesting an autor y					
	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques			
to file inc	ome tax returns.		20		er's identifying nu	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	ridentification nun	nber (EIN) or
print		- 051			04 00000	0.0
File by the	BOULDER ENERGY CONSERVATION				84-08089	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 2639 SPRUCE STREET	ee instruc	tions.	Social se	curity number (SS	N)
instructions.	City, town or post office, state, and ZIP code. For a for BOULDER, CO 80302	oreign add	lress, see instructions.			
	1 20022211, 00 00002					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)	***********		0 1
Applicati	on	Return	Application			Return
ls For				Code		
les severes	or Form 990-EZ	Code 01	Form 990-T (corporation)			07
Form 990	CONTROL OF THE PROPERTY OF THE	02	Form 1041-A			08
	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			
	JENNIFER SCROGO					
The bo	ooks are in the care of > 2639 SPRUCE STE	REET -	- BOULDER, CO 8030	2		
Teleph	ione No. ► 303-999-3820		Fax No.			
If the o	organization does not have an office or place of business	s in the Ur	nited States, check this box			
If this	s for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) I	f this is fo	r the whole group,	check this
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	f all memb	ers the extension	is for.
1 I re	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2016 , to file the exempt				The extension	
is fo	or the organization's return for:	32				
▶[X calendar year 2015 or					
▶[tax year beginning	, an	d ending			
2 If th	he tax year entered in line 1 is for less than 12 months, cl \Box Change in accounting period	heck reas	on: Initial return	Final retur	n	
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
	refundable credits. See instructions.			3a	\$	0.
A A A A A A A A A A A A A A A A A A A	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and			
	mated tax payments made. Include any prior year overp			3b	\$	0.
-	ance due. Subtract line 3b from line 3a. Include your pa	12 7305	We make the force to the first			_
	using EFTPS (Electronic Federal Tax Payment System).			Зс	\$	0.
Caution.	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO	for payment
	20					

HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)