Form **990**

SCANNED DEC 1 9 2017,

EXTENDED TO NOVEMBER 15, 2017

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

2016 Open to Public Inspection

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www irs gov/form990

A F	or the 2	016 calendar year, or tax year beginning and er	nding	·	
B CI	heck if oplicable	C Name of organization		D Employer identifica	ation number
_	Address change	PISACANO LEADERSHIP FOUNDATION, INC.			
	Name change	Doing business as	-	61-11	.89281
	Inilial return	,	loom/suite	E Telephone number	
	Final return/	1648 MCGRATHIANA PARKWAY 5	50	859-2	269-5626
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	<u>2,365,545.</u>	
<u></u>	Amended	DEATINGTON, RI 40311		H(a) is this a group ret	
L_	Applica tion pending	F Name and address of principal officer JAMES C. PUFFER, MD	ı	for subordinates?	
		SAME AS C ABOVE	——————————————————————————————————————	H(b) Are all subordinales inc	
		npt status X 501(c)(3) 501(c)()	527	1	ist (see instructions)
		► WWW.FPLEADERS.ORG Comparation X Corporation Trust Association Other ►	L Voor	H(c) Group exemption	State of legal domicile KY
		ganization X Corporation Trust Association Other Summary	I L Tear	OFFICINATION 1330 M	State of legal dominile 14.1
		riefly describe the organization's mission or most significant activities PROVI	DE SC	HOLARSHIP AN	JD
Se		EADERSHIP TRAINING TO RESIDENTS IN FAMIL			
nar		neck this box If the organization discontinued its operations or dispose			sets
ver		umber of voting members of the governing body (Part VI, line 1a)	00 01 11101	3	11
G	_	umber of independent voting members of the governing body (Part VI line 1b)		4	10
Activities & Governance		otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
ŧ		otal number of volunteers (estimate if necessary) C [1] / []		6	25
Ę	7 a To	otal unrelated business revenue from Part VIII, eelbring(C), line 12		7a	
۹	ъN	et unrelated business taxable income from Form 990 T, line 34		7b	0.
		NOV 21 2017 G	<u> </u>	Prior Year	Current Year
<u>6</u>	8 C	ontributions and grants (Part VIII line III)	_	544,955.	<u>545,934.</u>
Revenue	9 P	rogram service revenue (Part VIII line 2g)		0.	0.
ě	10 In	vestment income (Part VIII. column (A) lines(3, 4 and 7d)		215,708.	140,632.
_		ther revenue (Part VIII column (A), lines 5, 6d, 8c 9c, 10c, and 11e)	<u> </u>	0.	0.
		otal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		760,663. 173,000.	686,566. 163,000.
	_	rants and similar amounts paid (Part IX, column (A), lines 1 3)	-	1/3,000.	0.
		enefits paid to or for members (Part IX column (A) line 4)		0.	0.
Expenses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5 10) rofessional fundraising fees (Part IX, column (A), line 11e)	 	0.	0.
je i	IDA P	otel fundraising expenses (Part IX, column (D), line 25)	0.		<u>. </u>
찣	17 C	other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)		144,866.	134,942.
		otal expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)	Ì	317,866.	297,942.
	1	levenue less expenses. Subtract line 18 from line 12		442,797.	388,624.
Pos			В	eginning of Current Year	End of Year
sets or	20 T	otal assets (Part X line 16)		6,597,992.	7,128,323.
Net Ass Fund Ba	21 T	otal liabilities (Part X, line 26)	<u> </u>	42,118.	9,108.
<u> </u>	22 N	let assets or fund balances. Subtract line 21 from line 20		6,555,874.	7,119,215.
	art II	Signature Block			
Unc	ier penali	ies of perjury, I declare that I have examined this return, including accompanying schedule:	s and state	ments, and to the best of m	y knowledge and belief, it is
true	, correct,	and complete Declaration of preparer (other than officer) is based on all information of wh	nich prepar	er has any knowledgy	/2012 —
		Signature of officer		Date	101
Sig		JAMES C. PUFFER, MD, PRESIDENT			
He	re	Tyrie of print name and title			
		Print/Type preparer s name CAROL S MOSES Preparer s signature CAROL S MOSES		Dale, Check	PTIN
Pai		CAROL S MOSES CAURS West	\sim	113/17 set emplay	yed P00289 <u>978</u>
	۲	Firm's name CAROL S MOSES, PSC	Firm's EIN	61-1228184	
	·	Firm's address 505 EXECUTIVE PK		1	
		LOUISVILLE, KY 40207		Phone no (5	
		S discuss this return with the preparer shown above? (see instructions)			X Yes No
832	001 11 11	LHA For Paperwork Reduction Act Notice, see the separate instruction	ons		Form 990 (2016)

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	990 (2016) PISACANO LEADERSHIP FOUNDATION, INC. 61-1189281 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
•	TO DEVELOP AN ENDURING FUND WHICH WILL BE USED TO
	SUPPORT: 1) SCHOLARSHIPS FOR STUDENTS INTERESTED IN PURSUING A CAREER IN
	FAMILY MEDICINE, 2)LOAN FUNDS FOR RESIDENTS IN FAMILY MEDICINE
	TRAINING PROGRAMS, 3)TRAINING FUNDS FOR SCHOLARSHIP RECIPIENTS TO
2	Did the organization undertake any significant program services during the year which were not listed on the
	pnor Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O
_	
3	
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	150 350
→ a	GRANTS WERE USED TO SUPPORT SCHOLARSHIPS FOR STUDENTS INTERESTED IN
	PURSUING A CAREER IN FAMILY MEDICINE, LOAN FUNDS FOR RESIDENTS, AND
	ATTEND LEADERSHIP DEVELOPMENT SEMINARS.
4b	(Code) (Expenses \$ 33,627. including grants of \$) (Revenue \$)
40	HOST SEMI-ANNUAL LEADERSHIP TRAINING CONFERENCE FOR PISACANO SCHOLARS
	TO FURTHER THEIR DEVELOPMENT AS LEADERS IN FAMILY MEDICINE.
4c	(Code) (Expenses \$ 33,000 • including grants of \$ 33,000 •) (Revenue \$
-	FUNDED PROGRAM TO PROVIDE YOUNG RESEARCHERS WITH A RESEARCH AND POLICY
	IMMERSION EXPERIENCE IN THE NATION'S CAPITAL FOCUSED ON HEALTH POLICY
	AS SEEN FROM A FAMILY MEDICINE AND PRIMARY CARE PERSPECTIVE; (2)
	PROVIDE FAMILY MEDICINE WITH A RENEWABLE SOURCE OF IDEAS, ENERGY, AND
	COMPETENCIES, AND SERVICE THAT ENHANCES ITS PERFORMANCE; AND (3)
	DEVELOP THE INFRASTRUCTURE FOR POLICY-RELEVANT RESEARCH IN PRIMARY CARE
	AND BUILD RESEARCH CAPACITY FOR PRIMARY CARE THROUGHOUT THE NATION.
_	
4d	Other program services (Describe in Schedule O)
-	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ▶ 224,977.
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Form 990 (2016) PISACANO LEA 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)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			_
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		$ \mathbf{x} $
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	-10		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e	ļ	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	Ì	x
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	├	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	ŀ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3.5
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
	complete Schedule G, Part III		990	(2016)
		. 5.11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 17'es" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	Pan	Checklist of Required Schedules (continued)			
b If Vest to time 20a, did the organization attach a copy of its audred financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any donestic organization or domestic government on Part IX, column (A), line? If Vist, complete Schedule, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to any donestic organization or Dark IX, column (A), line? If Vist, complete Schedule, Parts I and III Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, direction, strustes, key employees, and highest compensated employees? If Yes, complete Schedule Java III and III an			$\overline{}$	Yes	No
21 Del the organization report more than \$5,000 of grants or other assistance to any domestic organization or demonstic government on Part IX, column (A), line 1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
domestic government on Part IX, column (A), line 1º If 'res,' complete Schedule I. Parts I and III 21	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), in a 2º If "Yes," complete Schedule I, Part I and III and former officers, director, fustees, key employees, and highest compensation of the organization is current and former officers, director, fustees, key employees, and highest compensated employees if "Yes," complete Schedule I, Part III and 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 Schedule IV If "Yes," to line 25e 24d Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defe asse any tax-exempt bonds? 25d Dd the organization maintain an escrow account other than a refunding escrow at any time during the year? to defe asse any tax-exempt bonds? 25d Dd the organization maintain an escrow account other than a refunding escrow at any time during the year? 25d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Dd the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Dd the organization report any amount on Part X, line 5, 6, or 22 for recewables from or payables to any current or former officers, director, timestee, with the year of year of year year year o					
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and 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 Schedule I, If "No." go to here 25e Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penicle schedule I, and an an an an escription of the organization invest any proceeds of tax-exempt bonds beyond a temporary penicle schedule I, and a secretary proceeds of tax-exempt bonds beyond a temporary penicle schedule I, and a secretary proceeds of tax-exempt bonds beyond a temporary penicle schedule I, and a secretary proceeds of tax-exempt bonds and an escription of the organization and the secretary proceeds of tax-exempt bonds and a refunding escription at any time during the year? 25a Section 50 (Ici)3, 501(c)40, and 501(c)20 organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that tengaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that tengaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware and excess benefit transaction with organization engage in an excess benefit transaction with organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware and a refundance of properties of the organization and that the transaction and the organization engage in any of these persons? If "Yes," complete Schedule I, Part IV 25b Life organization increases any amou		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
Did the organization answer "Yes" to Part VII, Section A, Ine 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 Schedule L, If "No." go to line 25a 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 Schedule K. If "No." go to line 25a 25b Did the organization maintain an escriow account other than a refunding escriow at any time during the year to defease any tax-exempt bonds? 25c Section 50(c)(3), 50(c)(4), and 50(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25c Schedule K. If "No." go to line 25a 25d Did the organization avave that it engaged in an excess benefit transaction with a disqualified person of any of the organization should be person unit and the 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-EZZ If "Yes," complete Schedule L, Part II 25d 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, fusitions, highest complete schedule L, Part IV 25d National Contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25d National Contributions of a party to a business transaction with one of the following parties (see Schedule L, Part IV 25d National Contributions of a party to a business transaction with one of the following parties (see Schedule L, Part IV 25d National Contributions of a party to a business transaction with one of the	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officens, directors, trustees, key employees, and highest compensated employees? // **Yes, **complete Schedule J.** 23 X 24a Dd 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? // **Yes, **answer innes 24b through 24d and complete Schedule K. // **No*, go to live 25e 34b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 34c Dd the organization misses an an escrow account other than a refunding escrow at any time during the year? 34d Dd the organization misses as an "on behalf of" issuer for bonds outstanding at any time during the year? 34d Dd the organization avers that it engaged in an excess benefit transaction with a dequalified person in a prior year, and that the transaction has not been reported on any of the organization or posphile Schedule L, Part I // **Schedule L, Part I //		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X_	
Schedule J. Ab dit he 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 240 intrough 24d and complete Schedule K. If "No", go to line 25e b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? of defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issues for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dd the organization report any amount on Part X, line 5, 6, or 22 for receivables form or payables to any current or former officies, directors, trustees, key employees, behalf or payables to any current or organization report any amount on Part X, line 5, 6, or 22 for receivables form or payables to any current or any of these persons? If "Yes," complete Schedule I, Part IV 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables form or payables to any current or any of these persons? If "Yes," complete Schedule I, Part IV 25b A family member of a current or former officier, director, trustee, expections. a A current or former officier, director, furstee, or key employee or a family member thereof) was an officier, director, trustee, or key employee or a family me	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b X 24b Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defe ase any tax-exempt bonds? 1 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization are that te rinaged 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-E27 if "Yes," complete Schedule L, Part I V 2 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, eye employees, in place that the transaction are assistance to an officer, director, trustee, key employee, substantial contribution or en applicable fining thresholds, conditions, and exceptions). 2 A Complete Schedule L, Part IV 2 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV 2 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes,"		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Schedule K. If "No", go to line 25a B Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defe ase any tax exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization area that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction area not only of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II 25b X Did the organization are profit any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25d X Did the organization aperty to a business transaction with one of the following parties (see Schedule L, Part IV 25d A remains a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		Schedule J .	23	<u> </u>	
Schedule K. If "No.", go to line 25a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defe ase any tax exempt bonds? d Did the organization acts as in on behalf of "issuer for bonds outstanding at any time during the year? 24d d Did the organization acts as in on behalf of "issuer for bonds outstanding at any time during the year? 14d d Did the organization account with a disqualified person of the year? 14d 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 is prior Forms 980 or 990-E27 if "Yes," complete Schedule I., Part I 1 25b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offices, directors, trustess, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 1 25c X 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 1 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 25d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pa	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of taxexempt bonds beyond a temporary period exception? Did the organization maintain an escriva account other than a refunding escriva at any time during the year to defease any taxe-swempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(53), 501(64), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 been reported on any of the organization forms 900 or 990-E27 If "Yes," complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any oursert or former officers, director, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part III 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27b Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27b A an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 27b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 37b Did the organization sell, exchange, dispose of, or transfer more than \$25,000 its net assets? If "Yes," complete Schedule N, Part II 37b Did the organization asell, exchange, dispose of, or transfer more th		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50 (c(2)3, 50 (c)4), and 50 (c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a price year, and that the transaction has not been reported on any of the organization's price Foredule L, Part I b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II l Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II l substitutions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or director, trustee, or the employee (in a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule I, Part IV 25a Did the organization receive contributions of art, hist	b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 15b 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-E2? If "Yes," complete Schedule L, Part II 25b X 25b X 25c X 25c X 25c X 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27c X 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of auronal party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). 27d A an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27d A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27d A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M 27d Did the organization receive mor	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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-E27 if "Yes," complete Schedule L, Part I 25b X 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," complete Schedule L, Part II 266 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 embrer, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization injudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M 29 X 31 Did the organization injudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part II 31 X 32 Was the organization related to any tax-exempt or traxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iiin 1 31 X 33 Did the organization have a controlled entity within the meaning of section 512(b)(3) organization conduct more than 59% of its activities through an entity that is not a related organization and that is treated as a partnership for federal incom	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule I., Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Instruction of the organization receive more than \$25,000 in non-ask nocintributions? If "Yes," complete Schedule M Instructions? If "Yes," complete Schedule Instructions? If "Yes," complete Schedule M Instructions? Instructions. Instructions. Instructions. Instructions. Instructions. Instru		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I 25 b	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		Schedule L, Part I	25b		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 of any of these persons? If "Yes," complete Schedule L, Part III 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). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II 30 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3° If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 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 Se	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
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contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II vinstructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28b X 28b X 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31		complete Schedule L, Part II	26		X
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instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X 28b X 28b X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 If "Yes," complete Schedule M, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 37 Did the organization conduct more than 5% of its activities through an entity that is		of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 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 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanatio			$\overline{}$		X
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		····			
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If "Yes," complete Schedule N, Part I 31		· · · ·			
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Note. All Form 990 filers are required to complete Schedule O		·	31		
			20	x	
		110te. All Form 330 mers are required to complete someonic O			(2016)

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Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule of Contains a response of note to any line in this rate v	$\overline{}$	Yes	No.
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	\dashv	res	NO
		.	-	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	.		
С	(gambling) winnings to prize winners?	1c	i	
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u> </u>		
Za	filed for the calendar year ending with or within the year covered by this return 2a 0		l	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ł	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		t	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	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		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			7.
е		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ĺ
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b	, 5 5	90		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			1
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
о 11	Section 501(c)(12) organizations. Enter	1 1		l
	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them)			l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
_	organization is licensed to issue qualified health plans]		l
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	Ļ	
		Form	990	(2016)

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Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	11							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	10	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other							
	officer, director, trustee, or key employee?		2		<u> </u>				
3									
	of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5_		X				
6	Did the organization have members or stockholders?		6		<u> </u>				
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	. One or	7a	x	ļ				
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh	olders or	'a		\vdash				
U	persons other than the governing body?	olders, or	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	ie followina:							
а	The governing body?		8a	Х	İ				
	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 Revenu	e 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 chapte	rs, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	ļ.,	<u> </u>				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	Х					
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	-CotoO	12a	X					
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con		12b	^					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or	escribe	12c	x					
12	In Schedule O how this was done Did the organization have a written whistleblower policy?		13	X					
13 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	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a		X				
	Other officers or key employees of the organization		15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a			1				
	taxable entity during the year?		16a		<u> </u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	on's			ļ				
_	exempt status with respect to such arrangements?		16b]				
Sec	tion C. Disclosure	-							
17	List the states with which a copy of this Form 990 is required to be filed KY	to = 501/a\/2\a a=b\	امانمند	-1-					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 50 i(c)(3)s only)	avallat	ole					
	for public inspection. Indicate how you made these available Check all that apply Own website Another's website X Upon request Other (explain in So	thedule (1)							
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	·	nd finan	ncial					
19	statements available to the public during the tax year	or microst policy, at	iniai	····ai					
20	State the name, address, and telephone number of the person who possesses the organization's books a	nd records:							
	ROGER M. BEAN - 859-269-5626		_	-					
	1648 MCGRATHIANA PARKWAY STE 550, LEXINGTON, KY 405	11							
63200	6 11-11-16		Forn	n 990	(2016)				

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

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

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

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

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	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ELIZABETH ANN GARRETT, MD DIRECTOR	1.00	x						0.	0.	0.
(2) EDWARD T. BOPE, MD	2.00		\vdash			\vdash				
DIRECTOR/CHAIRMAN		$ \mathbf{x} $		x				o.	0.	0.
(3) JAMES PUFFER, MD	2.00	 	\vdash		\vdash	T				-
PRESIDENT/SECRETARY	52.00	X		х				0.	792,236.	12,773.
(4) KARA CADWALLADER, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ENGLISH H. GONZALEZ, MD, MPH	1.00									·
DIRECTOR		X			l			0.	0.	0.
(6) AMANDA MORRIS, MD	1.00									
DIRECTOR		X						0.	0.	0.
(7) MICHAEL WORKINGS, MD	1.00									
DIRECTOR		Х				L.		0.	0.	0.
(8) JOSEPH SCHERGER, MD, MPH	1.00								-	_
DIRECTOR		X						0.	0.	0.
(9) JILL ENDRES, MD	2.00									
DIRECTOR/TREASURER		X		X				0.	0.	0.
(10) SAMUEL M. JONES, MD	1.00	l_						_	_	
DIRECTOR	1 00	Х	Ш					0.	0.	0.
(11) JOSEPH HOBBS, MD	1.00	ļ								_
DIRECTOR	20 00	X		Ĺ		<u> </u>		0.	0.	0.
(12) ROBERT CATTOI	20.00			,,				_	100 101	56 456
EXECUTIVE DIRECTOR	20.00	\vdash		X	<u> </u>	<u> </u>		0.	190,124.	56,476.
		1								
	<u> </u>	\vdash	<u> </u>	┝	├─	┢	-		-	
	-	1								
		П			T					
	<u> </u>	Н			_	\vdash				
	-									
C22007 11 11 15	<u> </u>									5 000 (0046)

Form 990 (2016)

Form 990 (2016)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9

	•		Check if Schedule O cont	airis a res	onse	or note to any line	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
0 0		_						revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns		la					1
اع ق			Membership dues	⊢	lb lc					
r A			Fundraising events	-	ld	500,000.				
[를]			Related organizations Government grants (contribut		le	300,000.				
Sign			All other contributions, gifts, gran	· ·						
돌	'		similar amounts not included abor		ıf	45,934.				!
풀히			Noncash contributions included in lines		<u> </u>					
Sel		_	Total. Add lines 1a-1f				545,934.			1
		_	Telati / Ga iii / Ga iii			Business Code				
ا يو	2 8	а								
Program Service Revenue		b					•			
8 2		C								
E 9		ď								
<u>p</u>		e								
ځ	1	f	All other program service reve	enue			•			
			Total. Add lines 2a-2f			•				
	3		Investment income (including	dividends	, intere	est, and				
			other similar amounts)			▶ [163,206.			163,206
	4		Income from investment of ta	x-exempt	oond p	oroceeds 🕨				
	5		Royalties			▶			-	
				(i) Re	eal	(ii) Personal				
	6 :	а	Gross rents							
	l	b	Less rental expenses			_				
	•	С	Rental income or (loss)			<u></u>				
	•	d	Net rental income or (loss)			<u>, ▶</u>				<u> </u>
	7 :	а	Gross amount from sales of	(i) Secu		(II) Other				
			assets other than inventory	1,656	,405.	·				1
	ı	b	Less. cost or other basis	1	0.50			İ		
			and sales expenses	1,678						
			Gain or (loss)	<22	,574,		-22 574			-22 574
			Net gain or (loss)				<22,574.	<u>P</u>		<22,574
E	8	а	Gross income from fundraisin	_						
evenue			contributions reported on line	of						
Œ			Part IV, line 18	: IC) See	_					
Other		L	Less: direct expenses		a b					
ō			Net income or (loss) from fund	draising e	_					
	1		Gross income from gaming a	_						
	ັ	-	Part IV, line 19		a					
		h	Less: direct expenses		b					
	ı		Net income or (loss) from gan	nına actıvı	_	•				
			Gross sales of inventory, less	-	-					
	1		and allowances		а			1		
		b	Less, cost of goods sold		b	_				
			Net income or (loss) from sale	es of inver	tory			<u> </u>		
			Miscellaneous Revenu			Business Code				
	11	а								
		b								
		С								
		d	All other revenue							
		е	Total. Add lines 11a-11d			•				
	12		Total revenue. See instructions.			•	686,566	0.	I0	140,632

Form 990 (2016) PISACANO LEAD:
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	<u> </u>		mpiete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Table (A) (B) (C) (D)										
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations		22 222								
	and domestic governments. See Part IV, line 21	33,000.	33,000.								
2	Grants and other assistance to domestic	122 222	120 000								
	individuals See Part IV, line 22	130,000.	130,000.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
_	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	ļ									
_											
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees)										
a	Management										
b	Legal Accounting	2,000.		2,000.							
	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	35,773.		35,773.							
9	Other. (If line 11g amount exceeds 10% of line 25,										
3	column (A) amount, list line 11g expenses on Sch O.)										
12	Advertising and promotion				· - · · · · · · · · · · · · · · · · · ·						
13	Office expenses	4,346.		4,346.							
14	Information technology				· · · · · · · · · · · · · · · · · · ·						
15	Royalties		·								
16	Occupancy										
17	Travel	6,390.		6,390.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	42,767.	33,627.	9,140.							
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance	1,826.		1,826.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а	SCHOLARS EXPENSES	28,350.	28,350.								
b	REIMBURSEMENTS - MANAGE	8,253.		8,253.							
c	DUES & SUBCRIPTIONS	3,510.		3,510.							
d	CREDIT CARD FEES	1,727.		1,727.							
e	All other expenses			· · · · · · · · · · · · · · · · · · ·							
25	Total functional expenses. Add lines 1 through 24e	297,942.	224,977.	72,965.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here figure if following SOP 98-2 (ASC 958-720)										

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part			
	·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	66,684.	1	292,015
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,846.	4	4,271
	5	Loans and other receivables from current and former officers, directors			
	ł	trustees, key employees, and highest compensated employees Compl	ete	}	
	ļ	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined	d under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and confidence	tributing	[
		employers and sponsoring organizations of section 501(c)(9) voluntary		1	
2	!	employees' beneficiary organizations (see instr) Complete Part II of Sch	1L	6	
20001	7	Notes and loans receivable, net		7	
τ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	<u></u>	9	25,000
	10a	Land, buildings, and equipment: cost or other	}		
	l	basis Complete Part VI of Schedule D 10a		,	
	ь	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	5,266,276.	11	5,881,662
	12	Investments - other securities See Part IV, line 11	1,261,186.	12	925,375
	13	Investments - program-related. See Part IV, line 11	<u> </u>	13	
	14	Intangible assets	<u></u>	14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,597,992.	16	7,128,323
	17	Accounts payable and accrued expenses	42,118.	17	9,108
	18	Grants payable		18	
	19	Deferred revenue	<u></u>	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
3	22	Loans and other payables to current and former officers, directors, trus	tees,		
		key employees, highest compensated employees, and disqualified pers	sons		
Liabilities		Complete Part II of Schedule L		22	
•	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	{		
		parties, and other liabilities not included on lines 17-24) Complete Part	X of	!	
		Schedule D	40 110	25	
	26	Total liabilities. Add lines 17 through 25	42,118.	26	9,108
		Organizations that follow SFAS 117 (ASC 958), check here	and		
מ ט	l	complete lines 27 through 29, and lines 33 and 34.	6 555 074	_	7 110 015
6	27	Unrestricted net assets	6,555,874.	-	7,119,215
3	28	Temporanly restricted net assets		28	
2	29	Permanently restricted net assets		29	
ב		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	<u> </u>	30	
Ž	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund balances	32	Retained earnings, endowment, accumulated income, or other funds	6 FFF 074	32	7 110 015
- 	33	Total net assets or fund balances	6,555,874.	33	7,119,215
	34_	Total liabilities and net assets/fund balances	6,597,992.	34	7,128,323.

	990 (2016) PISACANO LEADERSHIP FOUNDATION, INC.	61-13	<u> 189281</u>	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>
	·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,566.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,942.
3	Revenue less expenses Subtract line 2 from line 1	3		,624.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,874.
5	Net unrealized gains (losses) on investments	_ 5	174	.,717.
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	7,119	,215.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990.	_	_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1	
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	1 1	
	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	e audīt,	1 1	- 1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Nan	ne of t	the organization							identification n	
				RSHIP FOUNDA					<u>1-118928</u> 1	<u> </u>
_	ırt I	Reason for Public								
	organ	nization is not a private found	-	-	-					
1	\vdash	A church, convention of ch					1)(A)(i).			
2	\vdash	A school described in sect								
3	\vdash	A hospital or a cooperative					-			
4	Ш	A medical research organiz	ation operated in cor	njunction with a hospita	described	in sectio	n 170(b)(1)(A)	iii). Enter	the hospital's nai	me,
_		city, and state								
5	Ш	An organization operated for		flege or university owner	d or operat	ted by a g	overnmental u	nit descrit	ed in	
		section 170(b)(1)(A)(iv). (C	•							
6	片	A federal, state, or local go	_							
7	ш	An organization that norma	•	ntial part of its support i	rom a gov	ernmentai	unit or from tr	ie generai	public described	ın
		section 170(b)(1)(A)(vi). (C	•	MANAY (Ormalata Dan	4 II V					
8 9	H	A community trust describe				ad in conii	ination with a l	and arant	aallaaa	
9	ш	An agricultural research org	-			-		-	-	
		or university or a non-land-o	grant college of agric	ulture (see instructions).	. Citter tile	name, city	y, and state of	trie colleg	e or	
10		An organization that norma	illy received. (1) more	than 22 1/20/ of to pur	nort from	contributi	one membere	oun foon	nd gross receipts	from
10		activities related to its exer							_	
		income and unrelated busin	•	•	• •				-	
		See section 509(a)(2). (Con		(less seedon sir tax) in	om busine	sses acqu	aned by the org	jainzation	arter danc oo, 13	,, ,
11		An organization organized	•	ively to test for public sa	fetv See	section 50	09(a)(4).			
12	X	An organization organized	•	•				rry out the	purposes of one	or
		more publicly supported or	•	•	•		•	•	•	
		lines 12a through 12d that	•	• • • •						
а	X	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	pically by	giving	
		the supported organization								
		organization You must o	complete Part IV, Se	ections A and B.						
b	,	Type II. A supporting org	janization supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving	
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported	
	_	_ organization(s) You mus	st complete Part IV,	Sections A and C.						
C	: L	☐ Type III functionally interest.	egrated. A supporting	g organization operated	ın connec	tion with,	and functional	y integrat	ed with,	
	_	ts supported organizatio	n(s) (see instructions	You must complete	Part IV, Se	ections A,	D, and E.			
C	ıL	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppor	ted organi	zation(s)	
		that is not functionally in	-	• •	-		-	an attent	iveness	
	_	requirement (see instruct	tions). You must con	nplete Part IV, Sections	s A and D,	, and Part	V.			
e	,	☐ Check this box if the organic					a Type I, Type	li, Type III		
_		functionally integrated, o		nally integrated support	ing organi	zation				1
1		er the number of supported	-						L	1
		vide the following information (i) Name of supported	n about the supporte	(iii) Type of organization	I (iv) is the orga	inization listed	(v) Amount of	moneten/	(vi) Amount of o	other
	,	organization	(11) 2.11	(described on lines 1-10	ın your governi Yes	nization listed ing document?	support (see in:		support (see instru	
ΔM	FD T	CAN BOARD OF		above (see instructions))	163	-				
		Y MEDICINE, IN	43-0921226	10	x	1		0.		
		, industrial, in	15 0521220				 		 	
						1	ĺ			
_		·····								
			[[[[
_			 		 	-				
			} !]]	1			
			 							
]			
Tot	al							0.		0.

Schedule A (Form 990 or 990-EZ) 2016 PISACANO LEADERSHIP FOUNDATION, INC. 61-11892 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 61-1189281 Page 2

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received (Do not						
	ınclude any "unusual grants ")						<u></u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				1	1	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					ļ	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a			,			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					ļ	
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support		,			· _V	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		İ			ļ	
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources					<u></u>	
9	Net income from unrelated business			ļ			
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital		İ				
	assets (Explain in Part VI)		ļ				
11	Total support. Add lines 7 through 10			L	<u> </u>	 	_
12	•	•	•			12	
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth 1	tax year as a section	on 501(c)(3)	
Se	organization, check this box and store ction C. Computation of Publ		rcentage				▶.
14	Public support percentage for 2016 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2016. If the	organization did ne	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	n			▶□
t	33 1/3% support test - 2015. If the	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	•	• • •				▶∟
17a	10% -facts-and-circumstances tes	t - 2016. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac			•	•	art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶∟
t	10% -facts-and-circumstances tes	-	-			·	
	more, and if the organization meets the				•		e
	organization meets the "facts-and-cire		•	-			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to
and found of the Anda had a high of the control of the Control

Sec	ction A. Public Support	now, picase com	piete Part II)		-		
_	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		1	, , , , , , , , , , , , , , , , , , ,		1.7.33.13	
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	101011111					
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
102	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975	_					
•	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)						
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	L		L	L
14	First five years. If the Form 990 is for	the organization	's first, second, thu	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi;	zation,
Se	check this box and stop here	c Support Pa	ercentage				▶∟
	Public support percentage for 2016 (I			column (fl)		15	%
	Public support percentage from 2015		•			16	
	ction D. Computation of Inves						
17						17	
	Investment income percentage from 2	•		,		18	
	a 33 1/3% support tests - 2016. If the			on line 14, and lin	e 15 is more than :		
	more than 33 1/3%, check this box ar	-					▶□
	33 1/3% support tests - 2015. If the	•	•				and -
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	123 00-21-16						0 or 990-F7) 2016

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

	Sections A, D, and E. If you checked 12d of Part I, complete Sections
Continu	All Comparting Organizations

Sec	tion A. All Supporting Organizations			
	ton and outporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1.00	
	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	1	X	
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)	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	X	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	ł		
	organization made the determination	3b	X	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	1		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	Х	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	 	Х
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	1		
	despite being controlled or supervised by or in connection with its supported organizations	4b	 	
С	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	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
5 2	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40	 	
Ja	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)	5a		X
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	ŀ		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	1	1	
	Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1		l
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	—	X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79	l _		. ,
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	 	X
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		{	v
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	+-	X
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	05		x
_	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b	\vdash	┢
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	900		x
100	Was the organization subject to the excess business holdings rules of section 4943 because of section	9c	+	<u> </u>
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	J		
	supporting organizations)? If "Yes," answer 10b below	10a		x

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Sche	dule A (Form 990 or 990 EZ) 2016 PISACANO LEADERSHIP FOU			61-118928 1 Page 6
	Type in test t diseasely integrated des(a)(e) cupper integrated			D-ANAN S
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	_	• •	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete :	Sections A through E.	T
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		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum 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):			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		<u> </u>
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		0
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 PISACANO LEADERSHIP FOUNDATION, INC. 61-1189281 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016. а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7 b Excess from 2013 c Excess from 2014

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016 PISACANO LEADERSHIP FOUNDATION, INC. 61-1189281	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12,	
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section	1 C,
line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part	ırt V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
(See Instructions.)	
PART IV, SECTION A, LINE 3B:	
PART IV, SECTION A, DINE 3B.	
THE DODY AND OF THE GUDDODTED ODGINIZATION TO DESCRIPT AND IN THE	
THE FORM 990 OF THE SUPPORTED ORGANIZATION IS REVIEWED ANNUALLY TO	
ENSURE THAT THE ORGANIZATION SATISFIES THE PUBLIC SUPPORT TEST.	
PART IV, SECTION A, LINE 3C:	
THE FORM 990 OF THE SUPPORTED ORGANIZATION IS REVIEWED ANNUALLY TO	
ENSURE THAT THE ASSETS ARE USED SOLELY FOR CHARITABLE PURPOSES.	
ENDOKE THAT THE ADDITE AND ODED DOUBLE TOK CHEKTIADES TOKEODES.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2016
Open to Public Inspection

Name of the organization **Employer identification number** PISACANO LEADERSHIP FOUNDATION, 61-1189281 INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (dunng year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area J Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register **2**d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)			O LEADERSH							89281	
Circle chalten apply a Description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	Par	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures,	or Othe	<u>r Simil</u>	ar Asse	ts (continu	ed)
a Public exhibition d Loan or exchange programs b Scholarly research	3	Using the organization's acquisition, accessi	on, and other record	is, check a	any of the	following the	at are a sig	gnificant	use of its	collection	tems
b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of airt, instorical treasures, or other similar assets to be sold to research that the tothe manamend as part of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table 1 Ending balance 2 Boginning balance 4 Additions during the year 5 Ending balance 4 Distributions during the year 6 Ending balance 7 Ending balance 8 Distributions during the year 9 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 9 If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII 1 Balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 9 If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII 1 Balance 2 Did the organization include an amount on Form 990, Part X, line 10 1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10 1 Did the organization of the properties of the current year end balance (line 1g, column (al) held as a Board designated or quasi-endowment Funds. 1 Administrative expenses 9 End of year balance 9 Chier expenditures for facilities and programs 1 Administrative expenses 9 End of year balance 1 Tyes" on line 3a(i), are the related organizations is leted as requi		· · · · · ·									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, do the organization soletor to receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? 1b If "Yes," explain the arrangement in Part XIII and complete the following table 2 Beginning balance 2 Bod the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Part V Endowment Funds. Complete if the organization has been provided on Part XIII 4 Beginning of year balance 5 Contributions 1a Beginning of year balance 6 Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions 1c Net investment earnings, gains, and losses 1c Administrative expenses 1c Administrativ	а	Public exhibition	d	╵╠╬	oan or excl	hange progr	ams				
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to make funds at their than to be manufamed as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX Inc 21 1a Is the organization and sequence in Part XIII and complete the following table 2 Beginning balance 2 Beginning balance 3 Beginning balance 4 Additions during the year 5 Ending balance 2 Det the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Part V Endowriment Funds. Complete if the explanation has been provided on Part XIII 1a Beginning of year balance 4 Beginning of year balance 5 Contributions 6 Other expenditures for facilities 6 Grants or scholarships 6 Other expenditures for facilities 7 Administrative expenses 9 End of year balance 1 Cheeping and the school of the organization in the possession of the organization that are held and administered for the organization by 10 unrelated organizations 10 If "Yes" on line 3a(i), are the related organizations is listed as required on Schedule R? 4 Describe in Part XIII the related organization is listed as required on Schedule R? 4 Describe in Part XIII the mended uses of the organizations is led or other 1a Land 1b Buldings 1c Leasehold improvements 6 Cheeping the complete of the organization is listed as required on Schedule R? 1a Land 1b Buldings 1c Leasehold improvements 1d Equipment 1d Cheeping the complete of the organization is listed as required on Schedule R? 1a Land 1b Buldings 1c Leaseho	þ	Scholarly research	е	· LJ o	ther			_			
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to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizat	ion's exem	npt purp	ose in Par	t XIII	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX in e 21 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IX Yes No If "Yes," explain the arrangement in Part XIII and complete the following table Is In In In In In In In	5	During the year, did the organization solicit of	r receive donations	of art, hist	oncal treas	sures, or oth	ner sımılar	assets	,	_	
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on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year 1 Ending balance 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (e) Three years back (e) Four years back (f) Three years back (g) Three ye		reported an amount on Form 990, Pa	t X, line 21								
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B f "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII □	f	Ending balance						1f	L.,		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Call Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	crow or cu	istodial acc	ount liabılıt	ty?	<u> </u>	Yes	∐ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back											Щ
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations Ciii) related organizations (iii) related in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other	Par	t V Endowment Funds. Complete	f the organization ar	swered "\	es" on Fo						
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment			(a) Current year	(b) Pric	or year	(c) Two yea	rs back (d) Three	years back	(e) Four y	ears back
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e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses					\longrightarrow	_			
and programs f. Administrative expenses g. End of year balance 2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a. Board designated or quasi-endowment. ———————————————————————————————————	d	Grants or scholarships	 					_			
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g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % b Permanent endowment % 'The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other		and programs					\longrightarrow	_			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	f	Administrative expenses									
a Board designated or quasi-endowment	g										
b Permanent endowment \	2	• -	rent year end baland	ce (line 1g,	, column (a	ı)) held as					
Temporarily restricted endowment ▶	а	•		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations (iii)											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment o Other	С	Temporarily restricted endowment	%								
by (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment Cother Other			•								
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) basis (other) c Leasehold improvements d Equipment e Other	За	•	ssion of the organiz	ation that	are held a	nd administ	ered for th	e organı	zation	_	
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other											es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other											
Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	_	· ·			- -						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other			•							_3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	سنس			owment tu	nds						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	<u>rai</u>			0 00-4 114	han 11- C	`^~ Fa ^^	Λ Π <u>α</u> → ∨ '	l 40			
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		<u>'</u>							, , , .		
1a Land b Buildings c Leasehold improvements d Equipment e Other		Description of property		1					- 1	(a) Book	value
b Buildings c Leasehold improvements d Equipment e Other		1	Dasis (investi	nem)	Dasis	(outlet)	uep		'		
c Leasehold improvements d Equipment e Other			<u> </u>	-+			_				
d Equipment e Other		•	<u> </u>	-+			 				
e Other		•		+			 				
		• •		_	-	-	 				
			gual Form 990 Part	X column	1 (B), line 1	0c)					0.

Schedule D (Form 990) 2016

(a) Description of security or category (including name of security)

(1) Fin	ancial derivatives						
(2) Clo	sely-held equity interests						
(3) Oth							
(A)_	INVESCO INTERNATIONAL						
(B)		447,2	33.	END-OF-Y	EAR	MARKET	VALUE
(C)	HARBOR INTERNATIONAL FUND						
(D)	INST CLASS #11	478,1	42.	END-OF-Y	EAR	MARKET	VALUE
(E)						_	
(F)	· · · · · · · · · · · · · · · · · · ·						
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	925,3	75.				
Part	VIII Investments - Program Related.						
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line	11c. See Form 990,	Part X,	line 13	
	(a) Description of investment	(b) Book value		(c) Method of v	aluatio	n Cost or end	-of-year market value
(1)							
(2)							
(3)				_		· -	
(4)				-			
(5)	<u> </u>	-		-			
(6)							
(7)						_	
(8)			_				
(9)							
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part		<u> </u>					
	Complete if the organization answered "Yes"	on Form 990. Part IV	'. lıne	11d See Form 990.	Part X.	line 15	
		Description	<u> </u>			I	(b) Book value
(1)					_		
(2)							
(3)		<u> </u>					
(4)			_				
(5)							
(6)						-	
(7)						-	
(8)							
(9)		-					
	(Column (b) must equal Form 990, Part X, col (B) lin	9 15)					
	X Other Liabilities.	<u> </u>					
	Complete if the organization answered "Yes"	on Form 990. Part IV	/. line	11e or 11f See Ford	n 990	Part X. line 25.	
1.	(a) Description of liability	OH OH OH		(b) Book value	1	<u> </u>	
(1)	Federal income taxes				1		
(2)	1 ederal income taxes				1		
(3)							
(4)					1		
	·····			-	1		
<u>(5)</u>				_	{		
(6)	-				-		
(7)_					-		
(8)					-		
(9)					-		
	(Column (b) must equal Form 990, Part X, col (B) lin				<u></u>		
	ibility for uncertain tax positions. In Part XIII, provide			_			
Org	ganization's liability for uncertain tax positions unde	r FIN 48 (ASC 740) C	heck	here if the text of th	e footn	ote has been	provided in Part XIII

(b) Book value

SCHEDULE	ı
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public

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

Inspection

Name of the organization							Employer identification number
		P FOUNDATIO	N, INC.				61-1189281
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as:	sistance, and the selec	
criteria used to award the grants or ass	sstance?						X Yes No
2 Describe in Part IV the organization's p	rocedures for moni	toring the use of grant	funds in the Unite	d States			
Part II Grants and Other Assistance to	Domestic Organ	zations and Domesti	c Governments. C	complete if the org	anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000 Part II car	be duplicated if addit	ional space is need	ded			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF FAMILY							
PHYSICIANS - 11400 TOMAHAWK CREEK				1			1
PKWY SUITE 440 - LEAWOOD, KS							
66211-2672	44-6013671	501 (C)(6)	33,000.	0.			HEALTH POLICY INTERNSHIP
2 Enter total number of section 501(c)(3)	-	-	ne line 1 table	<u></u>			

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule i (Form 990) (2016)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS WERE USED TO SUPPORT SCHOLARSHIPS FOR	Todipionia	500.1 g. L. 1		<u> </u>	
STUDENTS INTERESTED IN PURSUING A CAREER IN FAMILY				ļ	
MEDICINE, LOAN FUNDS FOR RESIDENTS, AND ATTEND			1		
LEADERSHIP DEVELOPMENT SEMINARS.	22	130,000.	0,		
		-			
Part IV Supplemental Information Provide the information req	uired in Part I, lir	ne 2, Part III, column	(b), and any other a	dditional information	
PART I, LINE 2:					
AN ANNUAL LIST OF THE INDIVIDUALS	WHICH PA	RTICIPATE	IN THE PRO	GRAM IS	
PROVIDED TO THE DIRECTORS OF THE P	ISACANO	LEADERSHIF	FOUNDATIO	ON AND THE	
STIPENDS OF THOSE INDIVIDUALS ARE	TRACKED	THROUGHOUT	THE YEAR.		·
				·	
	<u>—</u> _	30		· 	Schedule I (Form 990) (

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

PISACANO LEADERSHIP FOUNDATION,

Employer identification number 61-1189281

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			[
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Mealth or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
				İ
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			ĺ
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to	i		
	establish compensation of the CEO/Executive Director, but explain in Part III.			4
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			,,
	Receive a severance payment or change-of-control payment?	4a	77	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	_X_	<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			'
	Out. 1004/2/01 F04/2/01 F04/2/01 and F04/2/001 and F04/2/001			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
J	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of.	E-		х
	The organization? Any related organization?	5a 5b		$\frac{\Lambda}{X}$
D	Any related organization?	30	-	 ^
6	If "Yes" on line 5a or 5b, describe in Part III			
U	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			'
,	The organization?	6a		х
	Any related organization?	6b		X
U	If "Yes" on line 6a or 6b, describe in Part III	- C-U		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			ļ
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8				┝╧
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		x
9				
7	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		1
	Regulations section 53 4958-6(c)?	3		L

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 PISACANO LEADERSHIP FOUNDATION, INC. 61-1189281

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W 2 and/or 1099 MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i) (D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	benems	(B)(i) (D)	reported as deferred on pnor Form 990
(1) JAMES PUFFER, MD	σ	0.	0.	0.		0.		
PRESIDENT/SECRETARY	(11)	675,470.	0.	116,766.		12,773.		
(2) ROBERT CATTOI	(i)	0.	0.	0.		0.		0.
EXECUTIVE DIRECTOR	(11)	190,124.	0.	0.	44,161.	12,315.	246,600.	0.
	(1)							
	(ii)							
	(1)							
	(0)							
	(i)							
	(n)							
	(i)							
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	(ii)							
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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 PISACANO LEADERSHIP FOUNDATION, INC.	61-1189281	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete t	his part for any additional informa	tion
PART I, LINE 1A:		
THE EXECUTIVE DIRECTOR IS REIMBURSED FOR DUES PAID IN ASSOCIATION WITH A		
LUNCHEON MEETING FACILITY.		
	· · · · · · · · · · · · · · · · · · ·	
	·	
	Cabadula I/C	~~~ ~~~

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632113 09-09-16

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.

► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.lirs.gov/form990.

2016
Open to Public Inspection

Name of the organization PISACANO LEADERSHIP FOUNDATION, INC.	Employer identification number 61-1189281
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
ATTEND SEMINARS, AND 4)LEADERSHIP DEVELOPMENT TRAINING AN	D
OPPORTUNITIES FOR SCHOLARSHIP RECIPIENTS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE SUPPORTED ABFM APPROVES THE APPOINTMENTS TO THE BOARD	OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR R	EVIEW PRIOR TO
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: DISCLOSURE OF CONFLICTS OF INTEREST IS DONE AT EVERY BOAR	D MEETING.
FORM 990, PART VI, SECTION C, LINE 19:	
TAX RETURNS ARE MADE AVAILABLE UPON WRITTEN REQUEST.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No 1545-0047 2016

Open to Public Inspection Department of the Treasury Internal Revenue Service ▶ Information about Schedule R (Form 990) and its instructions is at www irs.gov/form990 Name of the organization Employer identification number 61-1189281 PISACANO LEADERSHIP FOUNDATION, INC. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part I **(f)** Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End of year assets Direct controlling of disregarded entity entrty foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt Part II organizations during the tax year (b) (c) (d) (e) (f) (g) action 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or Direct controlling Exempt Code Public chanty controlled entity? of related organization status (if section foreign country) section entity 501(c)(3)) Yes No AMERICAN BOARD OF FAMILY MEDICINE, INC -43-0921226, 1648 MCGRATHIANA PARKWAY STE 550, LEXINGTON, KY 40511 MEDICAL SPECIALTIES BOARD MISSOURI 501(C)(6) X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

organizations treated as a pa	rtnersnip during the ta	x year									<u> </u>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(1)	ω	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end of year assets	alloca	_	Code V UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of year assets	(h) Percentage ownership	(i Sec 512(t contr ent	tion o)(13) rolled ity?
	<u> </u>	country)		0, 1,001,			<u></u>	Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Not	e Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed	in Parts II IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
c	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
- 1	Exchange of assets with related organization(s)				11		X
1	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related orga	anızatıon(s)			11		X
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n		X
0	Sharing of paid employees with related organization(s)				10		X
P	Reimbursement paid to related organization(s) for expenses				1p		_X_
q	Reimbursement paid by related organization(s) for expenses				_1q_		X
r	Other transfer of cash or property to related organization(s)				1r		<u>X</u>
5	Other transfer of cash or property from related organization(s)				18		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a s)					
		_	500 000		_		
(1) E	AMERICAN BOARD OF FAMILY MEDICINE, INC.	С	500,000.	ACTUAL CASH CONTRIBUTION			
(2)			·				
(3)							
<u>(4)</u>							
(5)							
<u>(5)</u>					_		
(8)							
(6)	2000	37		A.L. 3.3.) /F===	- 000	2046
63216	3 09 06 16	31		Schedule I	t (Forr	n 990)	2U16

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(1)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?	Share of	Share of	Dispropor	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501(c)(3) oros.?	total	end of year	allocations?	amount in box 20 of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	ınçome	assets	Yes No	(Form 1065)	Yes NO	
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Schedule R (Form 990) 2016

Schedule H (From Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	O1 Page
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