specificati	Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency ons. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" box in the Adobe "Print" dialog.
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## Form **8453-EO**

#### **Exempt Organization Declaration and Signature for Electronic Filing**

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

For calendar year 2015, or tax year beginning JUN 1, 2015, and ending MAY 31,	or calendar year 2015, or tax year beginning	JUN	1	, 2015, and ending MAY	31	, 20 <b>1</b>
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6

OMB No. 1545-1879

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

	CONSERVATIVE	SOLUTIONS	PROJECT,	INC.	46-55	65650
Part I Type of Re	eturn and Return Info	<b>ormation</b> (Whole D	ollars Only)			
line <b>1a, 2a, 3a, 4a,</b> or <b>5a</b> be	of return being filed with Fo low and the amount on that ink (do not enter -0-). If you o	line of the return be	ing filed with this f	orm was blank, th	en leave line <b>1k</b>	o, 2b, 3b, 4b, or 5b,
1a Form 990 check here 2a Form 990-EZ check he 3a Form 1120-POL check 4a Form 990-PF check he	ere ▶	e, if any (Form 990, F enue, if any (Form 99 xx (Form 1120-POL, I d on investment inc	90-EZ, line 9) ine 22)		2b 3b	7,981,581.
5a Form 8868 check here		(Form 8868, Part I, li			_	
Part II Declaration	on of Officer					
(direct debit) entr taxes owed on th Treasury Financia institutions involv and resolve issue	S. Treasury and its designary to the financial institution is return, and the financial in al Agent at 1-888-353-4537 red in the processing of the es related to the payment.  Deturn is being filed with a stattronic disclosure consent centified in Part I above) to the	account indicated in nstitution to debit the no later than 2 busine electronic payment of ate agency(ies) regula ontained within this	the tax preparation of the tax preparation of the entry to this according to the state of taxes to receive the taxes to receive of taxes to receive of taxes at a state of taxes to return allowing distributions of the tax preparation of tax prep	on software for pa bunt. To revoke a he payment (settle confidential infort part of the IRS Fee	yment of the or payment, I mus ement) date. I a mation necessa d/State progran	ganization's federal st contact the U.S. Iso authorize the financia try to answer inquiries n, I certify that I
Under penalties of perjury, electronic return and acconfurther declare that the amointermediate service provid (a) an acknowledgement of the date of any refund.	I declare that I am an officer	of the above named atements, and to the mount shown on the return originator (ER	d organization and best of my knowled copy of the organ O) to send the org	edge and belief, th ization's electroni ganization's return	ney are true, con c return. I conso to the IRS and ocessing the re	rrect, and complete. I ent to allow my to receive from the IRS
Sign Here Signature of a	officer	Da	te	Title	OKEK	
Part III Declaration	on of Electronic Retu	rn Originator (El	RO) and Paid	Preparer(see in	nstructions)	
I declare that I have reviewed knowledge. If I am only a conference of the conferenc	ollector, I am not responsible icer will have signed this for followed all other requirements	e for reviewing the re m before I submit the ents in Pub. 4163, M	turn and only decle return. I will give odernized e-file (M	lare that this form the officer a copy leF) Information fo	accurately refle of all forms and or Authorized IR	ects the data on the d information to be as <i>e-file</i> Providers

accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature	Date	Check if also paid preparer	Check if self- employed		ERO's SSN or PTIN
Use	Firm's name (or yours if self-employed),				EIN	
	address, and ZIP code				Phone r	no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid	Print/Type preparer's name	Check if self- employed	PTIN		
Preparer Use Only	Firm's name ▶	Firm's EIN ▶			
	Firm's address			Phone no.	

#### \*\* PUBLIC DISCLOSURE COPY \*\*

990

Department of the Treasury

Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

			ending r	1A1 31, 2010				
В	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres			]				
L	Name change	Doing business as		46-5	565650			
	Initial return	,	Room/suite	E Telephone numbe				
	☐Final return/	610 S. BOULEVARD		813-254-3369				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 7,981,581.				
	Ameno return			H(a) Is this a group re				
	Applic tion			for subordinates? Yes X No				
	pendir	010 S. BOULVERAD, TAMPA, FL 33000		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: 501(c)(3) _X 501(c)( _4 _) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)			
		e: ► WWW.CONSERVATIVESOLUTIONSPROJECT.COM		H(c) Group exemptio	-			
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $2014$ N	$^{\prime}$ State of legal domicile; ${ m FL}$			
P	art I	Summary						
ě	1	Briefly describe the organization's mission or most significant activities: PROMO	DTING	CONSERVATIV	E SOLUTIONS			
Activities & Governance		TO PUBLIC POLICY ISSUES AND TO ADVANCE CO						
ern		Check this box   if the organization discontinued its operations or dispos	ed of more	i 1	_			
Š				3	3			
۰		Number of independent voting members of the governing body (Part VI, line 1b) $_{\dots}$			0			
ies		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0			
Ξ		Total number of volunteers (estimate if necessary)			0			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			2,950.			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.			
		Contributions and grants (Doct VIII line 1b)	-	Prior Year 13,879,600.	Current Year 7,978,631.			
ıne		Contributions and grants (Part VIII, line 1h)		0.	0.			
Revenue	1	Program service revenue (Part VIII, line 2g)		15.	2,557.			
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	393.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)		13,879,615.	7,981,581.			
	+	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	7,500.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
G	1			0.	0.			
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		115,000.	115,281.			
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)   122,84	15.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,037,201.	18,133,193.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,152,201.	18,255,974.			
	19	Revenue less expenses. Subtract line 18 from line 12		11,727,414.	<10,274,393.>			
Net Assets or Find Balances	3		Ве	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		11,827,351.	1,552,958.			
t As	21	Total liabilities (Part X, line 26)		0.	0.			
컐	22	Net assets or fund balances. Subtract line 21 from line 20		11,827,351.	1,552,958.			
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	icn preparer	r nas any knowledge.				
C:~		Signature of officer		I Date				
Sig He		ROBERT I WATKINS, TREASURER						
пе	e	Type or print name and title						
_		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN			
Pai	d	ROBERT I. WATKINS, CPA		if self-employ	P01387074			
Pre	parer	Firm's name ROBERT WATKINS & COMPANY, P.A.	<u> </u>	Firm's EIN	59-2645714			
Use	Only	Firm's address 610 S. BOULEVARD						
_		TAMPA, FL 33606		Phone no.81	3-254-3369			
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Page 2

4e

Total program service expenses ▶

## Form 990 (2015) CONSERVATIVE 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	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	· iu		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	116		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		21
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	.5		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

## Form 990 (2015) CONSERVATIVE SOLUT Part IV Checklist of Required Schedules (continued)

			Yes	NO
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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?			Α,
	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			17
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
~-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2015) CONSERVATIVE SOLUTIONS PROJECT, Part V Statements Regarding Other IRS Filings and Tax Compliance

The tritle number reported in Box 3 of Form 1096. Enter 0- if not applicable   1		Check if Scriedule O Contains a response of note to any line in this Part v					Ш
b Enter the number of Forms W20 included in line 1a. Enter 0-if not applicable   1st   0   C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pitze winners?  2a. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Red for the calendary ware anding with or within the year covered by this return Ried for the calendary para ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-five (see instructions)  3b If 1 **Yes, 1 had the organization have unrelated business gross income of \$1,000 or more during the year?  3a If the control of the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If 1 **Yes, 1 we commend the foreign country. Pose instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c If Yes, 1 we organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes, 1 we the same of the foreign country. Pose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles contributions?  6c If Yes, 1 we fore Society of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of tax deductibles of the prograziation state and years are all the second of the prograziation state and years are all the prograziation states are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles on schribbutions and party for goods and services provided to the payor?  5c If Yes, 1 we did the organization include with every solicitation			ı	1 1 4		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize winners?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  3b If at least one is reported on line 2d, did the organization file all required federal employment tax returns?  2b If at least one is reported on line 2d, did the organization file all required federal employment tax returns?  2c Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If the regularization have unrealed business gross income of \$1,000 or more during the year?  3a X X  3b If Yes, * If see it a form 990-T for this year? If Yi/h.* * If sine 3b, provide an explanation in Schedule O  3c If Yes, * If see the name of the foreign country (such as a bank account, securities account, or other financial account)?  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If Yes, * If the thin the organization that it was or is a party to a prohibited tax shaller transaction?  5c If Yes, * If one 5a of 5b, did the organization file Form 8898-T7  5d Does the organization have enable organization file Form 8898-T7  5c If Yes, * If one 5a of 5b, did the organization file Form 8898-T7  5d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5d Did the organization receive a payment in exciss of 37s made parity as combinating parity for goods and services provided to the payor?  5d Did the organization receive any funds, directly or indirectly, to pay premums on a personal benefit contract?  7d Did the organization receive any funds, directly or indirectly, to pay post p							
Gamblingly winnings to prize winners?  a Filter the number of employees reported on Form IW3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  by I at least one is reported on line 2a, did the organization lite all required federal employment tax returns?  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions)  by I I "Yes," sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions)  by II "Yes," sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions)  by II "Yes," sum of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts (see 1 and 2 as present than 3 as bank account, securities account, or other financial accounts (FBAF).  by If "Yes," enter the name of the foreign country.  See 3 as bank account, securities account, or other financial accounts (FBAF).  by If "Yes," enter the name of the foreign country.  See 3 as bank account, securities account, or other financial accounts (FBAF).  by If "Yes," enter the name of the foreign country.  See 3 as a bank account, securities account, or other financial accounts (FBAF).  ce If "Yes," the is say of b, did the organization that it was or is a party to a prohibited tax shelter transaction?  ce If "Yes," or is one 5 or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  ce If "Yes," or is one 5 or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  ce If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was necessation and the search accounts that the account to the decidence of the value of the good of the service provided?  by If "Yes,"				1			
Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resture.  ■ 1	С				4.	v	
tiled for the calendary year ending with or within the year covered by this return    Note. If the sum of ines 1 and 2a is greater than 250, you may be required federal employment tax returns?   2b	0-		 I		10	Λ	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b If "Yes," has it filed a Form 900 T for this year? If "No," to file 3b, provide an explanation in Schedule 0  3b Land A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country.  5ce 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?  5b Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction and the properties of the organization solicit any contributions that were not tax deductible?  6c Did the organization shelt were not tax deductible as charitable contributions?  6c Did the organizations that many receive deductible contributions under section 170(c).  6c Did the organization receive a payment in excess of \$5 / \$made party as a contribution of your and account the payor?  7c Did the "Yes," inclination receive a payment in excess of \$5 / \$made party as a contribution of your accounts of your acc	Za		00	0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	h				2h		
3a   Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b   if "Yes," has it filled a Form 9907 for this year? If "No," to line 3b, provide an explanation in Schedule 0  4c   At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountify?  5c   if "Yes," the inter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c   if "Yes," to line 5e or 5b, did the organization that it was or is a party to a prohibited text shelter transaction at any time during the tax year?  5c   if "Yes," to line 5e or 5b, did the organization that it was or is a party to a prohibited text shelter transaction?  5c   if "Yes," to line 5e or 5b, did the organization that it was or is a party to a prohibited text shelter transaction?  5c   if "Yes," to line 5e or 5b, did the organization that it was or is a party to a prohibited text shelter transaction?  5c   if yes, the interest were not tax deductible as charitable contributions?  6c   if yes, the interest were not tax deductible as charitable contributions?  6d   if yes, the interest were not tax deductible as charitable contributions and express statement that such contributions or gifts were not tax deductible?  7c   Organizations that many receive deductible contributions under section 170(c).  8d   if if yes, the interest were tax is deductible as charitable contributions under section 170(c).  8d   if if yes, the interest were tax is deductible as charitable contribution of the property of the prograzization received a payment in excess of \$75 made party as a contribution of quantization received an ontify the organization and party leads of the prograzization received and ontify the organization independent on the prograzization received an ontify the organization received an ontify the organization rec	b				20		
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  4 financial account)?  5 If "Yes," enter the name of the foreign country; ►  5 See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial accountly?  5 See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Let "Yes," to line 5a or 5b, did the organization file Form 8866-7?  5 Let "Yes," to line 5a or 5b, did the organization file Form 8866-7?  5 Let "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that terms on tax deductible as charitable contributions?  6 Let "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  1 If "Yes," did the organization notify the donor of the value of the goods or sexpress provided?  1 If "Yes," include the organization of the value of the goods or sexpress provided?  1 If "Yes," include the organization notify the donor of the value of the goods or sexpress provided?  2 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  3 If the organization received a contribution of cars, bosts, airpaines, or other vehicles, did the organization file a Form 1098-C?  4 Sponsoring organization hav	22				32		x
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a  10b  11a  Section 501(c)(7) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  17i If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  17a  17b  17c  77c  77d  77g  77d  77d  78  78  79  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13a  14a  Did the organization is licensed to issue qualified health plans  14a  Did the organization receive any payment		to file Form 8282?			7c		
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14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	С		13c				
					14a		X
			eО.		14b		

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.

	to mile da, de, de l'es solom, decembe une encumerance, procedere, en change un conseque et con metabliche.			77									
_	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	1											
	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 1b												
2	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		X									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision												
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х									
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?												
6													
7a													
	more members of the governing body?												
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X									
-	persons other than the governing body?	7b		х									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
	The governing body?	8a	Х										
a h		8b	X										
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		$\vdash$									
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х									
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9											
360	tion b. Folicies (This Section & requests information about policies not required by the internal nevenue Code.)		Vaa	Na									
40-	Did the every insting have least about on hypershap available of	40-	Yes	No X									
	Did the organization have local chapters, branches, or affiliates?	10a											
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		Х									
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe												
	in Schedule O how this was done	12c	Х										
13	Did the organization have a written whistleblower policy?	13		X									
14	Did the organization have a written document retention and destruction policy?	14		Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official	15a		X									
b	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												
	taxable entity during the year?	16a		X									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's												
	exempt status with respect to such arrangements?	16b											
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ► NONE												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le										
	for public inspection. Indicate how you made these available. Check all that apply.												
	Own website Another's website X Upon request Other (explain in Schedule O)												
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial										
.5	statements available to the public during the tax year.		J.41										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:												
20	ROBERT WATKINS & CO., P.A 813-254-3369												
	610 S. BLVD, TAMPA, FL 33606												

## 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

X

#### 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.

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

Name and Title  Average hours per week (list any hours for related organizations below line)  1) PAT SHORTRIDGE  DIRECTOR/PRESIDENT  (1) PAT SHORTRIDGE  DIRECTOR/PRESIDENT  (2) WARREN TOMPKINS  DIRECTOR  (3) JOEL MCELHANNON)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for related organization line)  Average hours per week (list any hours for mean a director/trustee)  Average hours per week (list any hours for mean a director/trustee)  Average hours per week (list any hours for mean a director/trustee)  Average hours per week (list any hours for mean a director/trustee)  Average hours per week (list any hours for mean a director/trustee)  Average hours per week (list any hours for mean a director/trustee)  Average hours per week (list any hours for mean a director/trustee)  Average hours per week (list any hours for mean a director/trustee)  Average hours per week (list any hours for mean a director/trustee)  Average hours per week (list	Check this box if neither the organization		orga	aniza			npe	nsat		director, or trustee.	
Name and Title   Nours per   Nours for related   Nours for r	(A)	(B)		(C)					(D)		(F)
hours per week (list any hours for related organizations below line)  (1) PAT SHORTRIDGE DIRECTOR/PRESIDENT  (2) WARREN TOMPKINS DIRECTOR  (3) JOEL MCELHANNON DIRECTOR  (4) CLETA MITCHELL SECRETARY  (5) ROBERT WATKINS  (0) Isolar and a director/trustee)  (N) PAT SHORTRIDGE organization (W-2/1099-MISC)  (N) PAT SHORTRIDGE  (N	Name and Title		(do	not c	POS :heck	more	than	one			
(1) PAT SHORTRIDGE DIRECTOR/PRESIDENT (2) WARREN TOMPKINS DIRECTOR (3) JOEL MCELHANNON DIRECTOR (4) CLETA MITCHELL SECRETARY (5) ROBERT WATKINS  (Iist any hours for related organizations below line)  (II) PAT SHORTRIDGE (W-2/1099-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-			box	box, unless persor			is bot	h an			
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(2) WARREN TOMPKINS DIRECTOR  (3) JOEL MCELHANNON DIRECTOR  (4) CLETA MITCHELL SECRETARY  (5) ROBERT WATKINS  20.00  X  0.00  0.00  0.00	(1) PAT SHORTRIDGE	30.00	_	<del>                                     </del>	_	Ž	-				
DIRECTOR   X	DIRECTOR/PRESIDENT		Х		X				125,000.	0.	0.
(3) JOEL MCELHANNON 10.00 X 0. 0. 0 (4) CLETA MITCHELL 0.10 X 0. 0. 0 (5) ROBERT WATKINS 0.10	(2) WARREN TOMPKINS	20.00									
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(4) CLETA MITCHELL SECRETARY  (5) ROBERT WATKINS  0.10  X  0.0  0.10	(3) JOEL MCELHANNON	10.00							_	_	_
SECRETARY X 0. 0. 0. (5) ROBERT WATKINS 0.10	DIRECTOR		Х						0.	0.	0.
(5) ROBERT WATKINS 0.10		0.10			_						
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Pa	Section A. Officers, Directors, Trus		ploy	ees/			ighe	st C						
	(A)	(B)			Pos	C) ition	,		(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			stimat	
		week			ss pe				compensation from	compensation from related			nount other	
		(list any	tor						the	organization			pensa	
		hours for	Individual trustee or director				D.		organization	(W-2/1099-MIS			rom th	
		related	tee or	ıstee			ensate		(W-2/1099-MISC)	•	,	org	anizat	tion
		organizations	Itrus	nal tru		oyee	omp					an	d relat	ted
		below	vidua	Institutional trustee	ser	Key employee	Highest compensated employee	ner				orga	anizati	ions
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	Cub total								125,000.		0.			0.
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V								125,000.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but r									000 of reported				<u> </u>
2		iot iimitea to tr	iose	IISTE	eu ai	DOV	e) wi	no r	eceived more than \$100	,000 of reportab	ie			1
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer.	director or tr	ioto	o ko	w or	mala		٥٢	highest compensated o	mplayaa an			103	140
3	line 1a? If "Yes," complete Schedule J for s	•		-	•	•	•	-				3		х
4	For any individual listed on line 1a, is the si								har compandition from			3		25
4	and related organizations greater than \$15	-		-					•	ine organization		4		х
5	Did any person listed on line 1a receive or									idual for convices		4		25
3	rendered to the organization? If "Yes," con	•				,			led organization or indiv	idual for Services	,	5	х	
Sec	etion B. Independent Contractors	ipiete Scriedui	<del>e</del>	01 30	ucn	pers	SULL						21	
1	Complete this table for your five highest co	mnensated in	dona	ande	nt c	onti	racto	are t	that received more than	\$100,000 of con	nnane	ation :	from	
•	the organization. Report compensation for										препа	ation	110111	
	(A)	trie caleridar y	cai	enui	ng v	VILII	OI W	1	(B)	year.		(0	٠,	
	Name and business	address							Description of s	ervices	С	ompe		n
TA	RGET ENTERPRISES, LLC,		/FI	זיינ	JR <sup>z</sup>	Α		$\dashv$						
	VD. STE. 120, SHERMAN							ŀ	MEDIA PLACEM	$_{ m ENT}$	13	,14	4.4	95.
	THE MARK DIRECT, LLC								DIRECT MAIL,			<del>,</del>	_,_	
								ľ	/		_			

1415 L STREET #1260, SACRAMENTO, CA 95814 TELEMARKETING 2,220,886. BASK DIGITAL MEDIA, LLC, 1953 SAN ELIJO DIRECT MAIL, AVE. STE. 101, CARDIFF BY THE SEA, CA TELEMARKETING, ADVER 200,000. J WARREN TOMPKINS, INC P.O. BOX 11458, COLUMBIA, SC 29211 MANAGEMENT FEES 150,000. PCS CONSULTING, LLC, 1301 GARVAIS STREET, STE. 520, COLUMBIA, SC 29201 125,000. MANAGEMENT FEES Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to any	line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h		7,978,631.		TOYONG	512 - 514
_		All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	2,557.		2,557.	
	b c	Gross rents Less: rental expenses Rental income or (loss)				
	7 a	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  (i) Securities (ii) Other				
en	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not	•			
Other Revenue		including \$ of contributions reported on line 1c). See  Part IV, line 18 a Less: direct expenses b				
	9 a	Net income or (loss) from fundraising events  Gross income from gaming activities. See  Part IV, line 19	•			
	10 a b	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances a Less: cost of goods sold b  Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Co	de			
	11 a	E-MAIL LIST RENTAL 900002			393.	
	С					
		All other revenue	1 202			
		Total. Add lines 11a-11d  Total revenue. See instructions.	393.		2 050	0.
	12	rotal revenue. See instructions.	<u>• 1, 90                                  </u>	U•	2,950.	∪ .

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) (A)
Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 7,500 7,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages \_\_\_\_\_ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 462,500. 462,500. a Management 102,259. 102,259. Legal 26,512. 26,512. Accounting Lobbying 115,281. 115,281. Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 170,500. 170,500. column (A) amount, list line 11g expenses on Sch O.) 12,500. 13,500. 1,000. Advertising and promotion 12 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 16,806. 10,733. 6,073. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,437. 1,437. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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.) .... 13,144,495. 13,144,495. MEDIA, PLACEMENT 2,420,886. DIRECT MAIL/TELEMARKETI 2,420,886. 1,500,000. 62,350. CONTRIBUTION REFUNDS 1,500,000. 149,720. d RESEARCH 87,370. 70,295. 124,578. 54,229. 54. e All other expenses 18,255,974. 15,731,546. 2,401,583. 122,845. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 11,827,351. 1,552,958. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 11,827,351. 1,552,958. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** Unrestricted net assets 27 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 0. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 11,827,351. 11,827,351. 1,552,958. 32 Retained earnings, endowment, accumulated income, or other funds 32 1,552,958.

Total net assets or fund balances

Total liabilities and net assets/fund balances

11,827,351.

33

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,98					
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,25					
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,82	7,3	<u>51.</u>			
5	9 ( )							
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	1,55	2,9	58.			
Pa	rt 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: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			Х			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	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.						
За	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		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2015)

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

CONSERVATIVE SOLUTIONS PROJECT, INC.

46-5565650

Organiza	ation type (check or	ne):				
Filers of	:	Section:				
Form 990	0 or 990-EZ	X 501(c)( 4 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$\frac{1}{2} \]				
but it <b>mu</b>	ıst answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

## CONSERVATIVE SOLUTIONS PROJECT, INC.

46-5565650

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ice is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$ <u>_</u>	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	5,000.	Person X Payroll
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions 7,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$ <u>-</u>	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$ <sub>_</sub>	250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## CONSERVATIVE SOLUTIONS PROJECT, INC.

46-5565650

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ice is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
7		\$ <u>-</u>	50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_	600,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
10		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
11		\$_	12,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
12		\$ <sub>_</sub>	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

46-5565650

Name of organization Employer identification number

## CONSERVATIVE SOLUTIONS PROJECT, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

### CONSERVATIVE SOLUTIONS PROJECT, INC.

46-5565650

(a) No. (b) Description of noncash property given S. (c) FMV (or estimate) (see instructions) (d) Date received (e) EMV (or estimate) (see instructions) (d) Date received (e) EMV (or estimate) (see instructions) (e) Date received (e) EMV (or estimate) (e) Date received (e) EMV (e) EM	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. Trom Description of noncash property given  (a) No. Description of noncash property given  (b) Co FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. Description of noncash property given  (a) No. Trom Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. Trom Description of noncash property given  (a) No. Trom Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. Trom Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received	No. from		FMV (or estimate)	
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. from Description of noncash property given  (a) No. Description of noncash property given  (a) No. Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. (b) FMV (or estimate) (see instructions)  (d) Date received  (e) FMV (or estimate) (see instructions)  (d) Date received  (e) Date received			\$	
(a) No. from Part I Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (e) Date received (see instructions) (d) Date received (see instructions) (e) Date received (see instructions) (d) Date received (	No. from		FMV (or estimate)	
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. from Part I  (a) No. from Description of noncash property given  (a) No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (e) FMV (or estimate) (see instructions)			\$	
(a) No. from Part I  (a) Description of noncash property given	No. from		FMV (or estimate)	
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (d) Date received  (d) Date received  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)			\$	
(a) No. from Part I  (b) Description of noncash property given  \$  (c) FMV (or estimate) (see instructions)  (d) Date received  \$  (a) No. No. from Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (c) FMV (or estimate) (see instructions)  (d) Date received  Date received	No. from		FMV (or estimate)	
No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received			\$	
(a) No. (b) from Description of noncash property given  (c) FMV (or estimate) (see instructions) Date received	No. from		FMV (or estimate)	l .
No. (b) FMV (or estimate) (d) Form Description of noncash property given (see instructions) Date received			\$	
	No. from		FMV (or estimate)	
			\$	

lame of organ	ization		Employer identification number					
ONSERV	ATIVE SOLUTIONS PROJE	CT INC.	46-5565650					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	ributions to organizations described i columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or I	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee							
<u> </u>	Transferee's flame, address, a	III ZIF + 4	Relationship of transferor to transferee					
-  -								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee						
-   -								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
— <u>  -</u>		(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee						
-   -   -								

#### **SCHEDULE C**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

(. 6.... 666 6. 666 22

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	e of organization  CONSERV	ATIVE SOLUTIONS P		! <b>.</b>	Ployer identification number $46-5565650$
Pa	rt I-A Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	·		<b>&gt;</b>	1,504,625.
Pa	rt I-B Complete if the ord	ganization is exempt unde	r section 501(c)(3	3).	
1 2 3 4a b Pal 1 2 3 4 5	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio Was a correction made?  If "Yes," describe in Part IV.	incurred by the organization under incurred by organization manager on 4955 tax, did it file Form 4720 for a second did by the filing organization for sect dization's funds contributed to other second did by the filing organization for sect dization's funds contributed to other second did by the filing organization for sect dization's funds contributed to other second did by the filing organization for sect dization's funds contributed to other second did by the filing organization for sect dization's funds contributed to other second did by the filing organization for sect dization for section or section for the filing organization for sect dization for section for the filing organization for sect dization for section for the filing organization for sect dization for section for section for the filing organization for sect dization for section f	r section 4955 s under section 4955 or this year? r section 501(c), ion 527 exempt function or section for form 1120-POL, of all section 527 polifrom the filing organization	except section 501 on activities ction 527  itical organizations to whation's funds. Also enter	\$ Yes No Yes No (c)(3). \$ Yes No ich the filing organization the amount of political
	political action committee (PAC). If  (a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

Schedule C (Form 990 or 990-EZ) 2015	CONSERV	ATIV	E SOLUTIONS	PROJECT, I	NC. $46-5$	5565650 Page 2
Part II-A Complete if the org	janization	is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (d	election under
section 501(h)).						
	-		- · ·	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	re of excess l	obbying	expenditures).			
B Check ► ☐ if the filing organiza	tion checked	box A a	nd "limited control" pr	ovisions apply.		1
Limi	ts on Lobbyi	na Expe	nditures		(a) Filing	(b) Affiliated group
	-		ınts paid or incurred	)	organization's totals	totals
1a Total lobbying expenditures to influ						
<b>b</b> Total lobbying expenditures to influ						
c Total lobbying expenditures (add li		b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) o	or (b) is:		bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	,000,000		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	nter 25% of lin	ne 1f)				
h Subtract line 1g from line 1a. If zer	•					
i Subtract line 1f from line 1c. If zero	o or less, ente	r-0				
j If there is an amount other than ze	ro on either li	ne 1h or	line 1i, did the organiz	ation file Form 4720	ı	
reporting section 4911 tax for this	year?			<i>.</i>		Yes No
			eraging Period Under	• • •		
(Some organizations the			01(h) election do not ate instructions for li	=	of the five columns i	pelow.
		-		<u> </u>		
	Lobbyii	ig Expe	nditures During 4-Ye	ar Averaging Period		+
Calendar year	<b>(a)</b> 201	2	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
, , , , , ,						
c Total lobbying expenditures						
, 0						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots Johnving expenditures						

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 CONSERVATIVE SOLUTIONS PROJECT, INC. 46-55656565 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 46-5565650 Page 3

# (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	f the lobbying activity.		No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
J.	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5) or se	ction	
ı uı	501(c)(6).	JII 00 1(0)(	, or se		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
rai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list)· Part II-	Δ lines 1 a	and 2 (see	
instru	actions); and Part II-B, line 1. Also, complete this part for any additional information. RT $I-A$ , LINE 1:	noty, r are n	, ,oo		
DIE	RECT MAIL COMMUNICATIONS WITH VOTERS REGARDING ISSU	ES OF	NATIO	NAL	
IMI	PORTANCE, CONSERVATIVE VALUES AND SUPPORT OF FEDERAL	CANDT	DATES		
		<u> </u>		-	

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CONSERVATIVE SOLUTIONS PROJECT, INC.

Employer identification number 46-5565650

Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not		
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
THE GULA GRAHAM GROUP - 499 S CAPITOL ST SW #420,	FUNDRAISING CONSULTING	Yes	No X	966,026.	98,301.	867,725.		
ZDB, INC 131 MADEIRA AVE.  ZND FLOOR, CORAL GABLES, FL	FUNDRAISING CONSULTING		х	59,600.	2,980.	56,620.		
COMMUNICATIONS SOLUTIONS, INC 2665 SW 37TH AVE. STE.	FUNDRAISING CONSULTING		X	0.	14,000.	<14,000.		
Total								
or licensing.								

Schedule G (Form 990 or 990-EZ) 2015 CONSERVATIVE SOLUTIONS PROJECT, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2015 CONSERVATIVE SOLUTIONS PROJECT, INC. 46-	056565	U Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility		<del>//</del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
14	Effici the fiame and address of the person who prepares the organization's garning/special events books and records.		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
(	c If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9. 9b.	10b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, ,	, ,
	ros, ros, and rros, all appropriations promise any additional members (coordination).		
SC	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
	, , , , , , , , , , , , , , , , , , , ,		
(I	) NAME OF FUNDRAISER: THE GULA GRAHAM GROUP		
<u>`</u>	.,		
(I	) ADDRESS OF FUNDRAISER: 499 S CAPITOL ST SW #420, WASHINGTON	. DC	20003
<u>`</u>	-,	,	
(I	) NAME OF FUNDRAISER: ZDB, INC.		
	., HILL OI I OHDINIIDHN. DDD; INO.		
(I	) ADDRESS OF FUNDRAISER:		
<u>, ,</u>	, indiand of fondialidate.		
13	31 MADEIRA AVE. 2ND FLOOR, CORAL GABLES, FL 33134		
	,		

Schedu Part	ile G (Form 990  V Suppler	or 990 <b>nent</b>	o-EZ) CONS al Information	SERV (cont	/ATIVI inued)	E SC	OLUTIO	ONS P	ROJEC'	r, in	c	46-55	65650 Page 4
			NDRAISER:			CAT	ions s	SOLUT	IONS,	INC.			
<u>(I)</u>	ADDRESS	OF	FUNDRAIS	ΞR:	2665	SW	37TH	AVE.	STE.	504,	MIAMI	, FL	33133
-													
							1						

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number						
		IONS PROJEC	T, INC.				46-5565650
Part I General Information on Grants a							
1 Does the organization maintain records		-					
criteria used to award the grants or assi	stance?		A contract to the a literature	-1.04-4			Yes X No
2 Describe in Part IV the organization's pro						/a.a.ll. a.a. Fa.waa 000 David	. IV. line Of for any
Part II Grants and Other Assistance to recipient that received more than	=				anization answered "Y	res" on Form 990, Pan	iv, line 21, for any
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(S) Env	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
AMERICAN CONSERVATIVE UNION, INC.							SPONSORSHIP OF CPAC
1331 H STREET NW, SUITE 500	F2 0010012	F01/G\/A\	7 500		DOOK .		(CONSERVATIVE POLITICAL
WASHINGTON, DC 20005	52-0810813	501(C)(4)	7,500.	0.	воок		ACTION CONFERENCE)
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				<b>&gt;</b> 0.
3 Enter total number of other organization							1.

(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 non-cash assistance
			X		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2, Part III, column	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION DOES NOT MONITOR	THE USE	OF GRANT I	TUNDS IN TH	E UNITED	
STATES.					

#### **SCHEDULE J** (Form 990)

**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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CONSERVATIVE SOLUTIONS PROJECT, INC. Employer identification number 46-5565650

Pá	rt I Questions Regarding Compensation	3303					
			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  Health or social club dues or initiation fees						
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
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 in line 1a?	2					
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						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations  Approval by the board or compensation committee						
	Tomicoo of other organizations						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
7	organization or a related organization:						
а		4a		х			
b							
С	Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	The storage of lines 42.0, list the persons and provide the applicable amounts for each item in hartin.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	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:						
а	The organization?	5a		Х			
b	Any related organization?	5b		Х			
	If "Yes" to line 5a or 5b, describe in Part III.						
6	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:						
а	The organization?	6a		Х			
b	Any related organization?	6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х			
8	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		Х			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2015

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 are not 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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) PAT SHORTRIDGE	(i)	125,000.	0.	0.	0.	0.	125,000.	0.
DIRECTOR/PRESIDENT	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	[(II)							<u> </u>

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 this part for any additional information.
FORM 990, PART VII, SECTION A, LINE 5
PAT SHORTRIDGE, DIRECTOR/PRESIDENT, IS THE SOLE OWNER OF PCS
CONSULTING, LLC. DURING THE 2015 CALENDAR YEAR, PCS CONSULTING, LLC.
WAS PAID \$125,000 FOR MANAGEMENT SERVICES THAT IT PROVIDED TO THE
ORGANIZATION.

#### **SCHEDULE L**

(Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

CONSERVATIVE SOLUTIONS PROJECT, INC. 46-5565650 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to or (i) Written (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? То From Yes No Yes No Yes No Total **>** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and

the organization

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

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990-EZ) 2015 CONSER	VATIVE SOLUTIONS PRO	OJECT, INC.	46-5565	650	Page 2
Part IV Business Transactions Involvi  Complete if the organization answered	<del>-</del>	8h or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	zation's
				Yes	nues?
PAT SHORTRIDGE, PCS CONSUL			MANAGEMENT		Х
JOEL MCELHANNON, PARLAY PO			MANAGEMENT		Х
J. WARREN TOMPKINS, J WARR	DIRECTOR OF CONSERV	150,000.	MANAGEMENT		Х
D-4V 0 1 1116					
Part V Supplemental Information					
Provide additional information for respo	nses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: PAT SH	ORTRIDGE, PCS CONSU	LTING, LLC			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
PRESIDENT/DIRECTOR OF CONS	ERVATIVE SOLUTIONS	PROJECT, IN	C.		
(D) DESCRIPTION OF TRANSAC	TION: MANAGEMENT FE	ES.			
(A) NAME OF PERSON: JOEL M	CELHANNON, PARLAY P	OLITICAL, L	LC		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	D ORGANIZAT	ION:		
DIRECTOR OF CONSERVATIVE S	OLUTIONS PROJECT, I	NC.			
(D) DESCRIPTION OF TRANSAC	TION: MANAGEMENT FE	ES.			
(A) NAME OF PERSON: J. WAR	REN TOMPKINS, J WAR	REN TOMPKIN	S, INC		
	•				

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF CONSERVATIVE SOLUTIONS PROJECT, INC.

(D) DESCRIPTION OF TRANSACTION: MANAGEMENT FEES.

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CONSERVATIVE SOLUTIONS PROJECT, INC.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 46-5565650

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE AMERICAN PEOPLE. FORM 990, PART VI, SECTION B, LINE 11: NO SUCH REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, SECTION B, LINE 12C: ALL AGREEMENTS TO PAY COMPENSATION TO BOARD MEMBERS OR ENTITIES ASSOCIATED WITH BOARD MEMBERS WERE FULLY DISCLOSED TO THE BOARD AND ANY BOARD MEMBER RECEIVING COMPENSATION FOR SERVICES NOTED THE FINANCIAL INTEREST AND DID NOT PARTICIPATE IN THE BOARD DECISION RELATED TO THAT AGREEMENT OR ARRANGEMENT. FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC FORM 990, PART VII, SECTION A CLETA MITCHELL, SECRETARY, IS A PARTNER OF FOLEY & LARDNER, LLP. DURING THE TAX YEAR, FOLEY & LARDNER, LLP. WAS PAID \$102,259 FOR LEGAL SERVICES THAT IT PROVIDED TO THE ORGANIZATION.

ROBERT WATKINS, TREASURER, IS A STOCKHOLDER/OFFICER OF ROBERT WATKINS & COMPANY, P.A., A CERTIFIED PUBLIC ACCOUNTING FIRM. DURING THE TAX YEAR, ROBERT WATKINS & COMPANY, P.A. WAS PAID \$26,512 FOR ACCOUNTING, TAX COMPLIANCE AND ADMINISTRATIVE SERVICES THAT IT PROVIDED TO THE

Schedule O (Form 990 or 9	990-EZ) (2015)				Page 2
Name of the organization	CONSERVATIVE	SOLUTIONS	PROJECT,	INC.	Employer identification number 46-5565650

Form 886	68 (Rev. 1-2014)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	xtension, o	complete only Part II and check this	box		► X
Note. On	ly complete Part II if you have already been granted an	automatic	3-month extension on a previously f	led Form	8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II				al (no co	opies nee	eded).
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print	CONCEDIAMINE COLUMNONS DROT	46-5565650				
File by the due date for	CONSERVATIVE SOLUTIONS PROJ					
filing your	Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.	Social se	curity num	ber (SSN)
return. See	610 S. BOULEVARD					
instructions.	City, town or post office, state, and ZIP code. For a f	oreign add	Iress, see instructions.			
	TAMPA, FL 33606					
Enter the	Return code for the return that this application is for (fil	le a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01				
Form 990		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	· · · · · · · · · · · · · · · · · · ·	04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
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310P: D	o not complete Part II if you were not already grante			iousiy file	ea Form 88	908.
	ROBERT WATKINS					
	poks are in the care of $\triangleright$ 610 S. BLVD -	TAMPA		0.0		
•	none No. ► 813-254-3369		Fax No. ▶ 813-254-32			
	organization does not have an office or place of busines					▶ ∟
<ul><li>If this</li></ul>	<u>is fo</u> r a Group Return, enter the organization's four d <u>igit</u>	Group Exe	emption Number (GEN) I	f this is fo	r the whole	group, check this
box 🕨	$\_\_$ . If it is for part of the group, check this box $lacktriangle$		ach a list with the names and EINs of	all memb	ers the ext	ension is for.
<b>4</b> I re	quest an additional 3-month extension of time until		L 15, 2017 .			
<b>5</b> For	calendar year, or other tax year beginning	JUN 1	, 2015 , and endin	g <b>MAY</b>	31, 2	2016
6 If th	ne tax year entered in line 5 is for less than 12 months, or	check reas	on: Initial return	Final r	eturn	
	Change in accounting period					
<b>7</b> Sta	te in detail why you need the extension					
ΑI	DDITIONAL TIME IS REQUIRED T	O OBT	AIN ADDITIONAL INF	ORMAT	ION W	HICH IS
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8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any			
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Under pen it is true, c	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this f	ding accomp orm.	panying schedules and statements, and to	the best o	t my knowle	dge and belief,
Signature	<b>▶</b> Title <b>▶</b>	TREAS	URER	Date	<b>_</b>	
					Form	8868 (Rev. 1-2014)