#### Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2015

Open to Public Inspection.

Department of the Treasury Internal Revenue Service

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. . 2015. and ending 6/30 2016 For the 2015 calendar year, or tax year beginning 7/01 D Employer identification number Check if applicable: Address change FULFILLMENT FUND LAS VEGAS 46-2083219 3100 E PATRICK LANE E Telephone number Name change LAS VEGAS. NV 89120 702-263-2360 Initial return Final return/terminated G Gross receipts \$ 2,913,095. Amended return H(a) Is this a group return for subordinate F Name and address of principal officer: Application pending Yes H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) No Yes 4947(a)(1) or 527 Tax-exempt status X 501(c)(3) 501(c) ( ) **◄** (insert no.) Website: ➤ WWW.FULFILLMENTLASVEGAS.ORG H(c) Group exemption number X Corporation L Year of formation: 2013 M State of legal domicile: NV Form of organization: Other ▶ Part I Summary Briefly describe the organization's mission or most significant activities: FULFILLMENT FUND LAS VEGAS WAS FORMED TO MAKE COLLEGE A REALITY FOR STUDENTS GROWING UP IN ECONOMICALLY AND Activities & Governance EDUCATIONALLY UNDER-RESOURCED COMMUNITIES. FULFILLMENT FUND LAS VEGAS COMMITTED TO A LONG-TERM RELATIONSHIP WITH SEVERAL SCHOOLS; TO DEVELOPING Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 7 Total number of individuals employed in calendar year 2015 (Part V, line 2a)..... 5 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12....... 0. b Net unrelated business taxable income from Form 990-T, line 34 ..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 779,051. 1,559,457 Program service revenue (Part VIII, line 2g)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 245.242 -54,992. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 654 1,380. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 1,805,353 725,439. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 462,669 723,083. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 550,628 695,293. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 1,013,297. 1,418,376. Revenue less expenses. Subtract line 18 from line 12...... 792,056. -692,937. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 8,741,562 7,949,000. 21 Total liabilities (Part X, line 26)..... 107,496. 182,831. 22 8,634,066 7,766,169. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign LINDY SCHUMACHER
Type or print name and title. Here CEO Print/Type preparer's name Preparer's signature Date Check BRADLEY K. WALLACE self-employed P01339113 Paid Preparer ► WALLACE NEUMANN & VERVILLE Firm's name Use Only Firm's address 8930 SPANISH RIDGE AVE Firm's EIN - 26-3916060 LAS VEGAS, NV 89148-1302 Phone no. (702)387-0999 May the IRS discuss this return with the preparer shown above? (see instructions)......

Form	m 990 (2015) FULFILLMENT FUND LAS VEGAS	46-2	083219	Page 2
Par	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III		· · · · · · · · · · · · · · · · · · ·	X
1	Briefly describe the organization's mission:			
	SEE SCHEDULE O			
2	Did the organization undertake any significant program services during the year which were not list	ed on the prior	_	_
	Form 990 or 990-EZ?		Yes	X No
	If 'Yes,' describe these new services on Schedule O.		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any	program services?	Yes	X No
	If 'Yes,' describe these changes on Schedule O.		_	<del></del>
4	Describe the organization's program service accomplishments for each of its three largest p Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants are and revenue, if any, for each program service reported.	rogram services, as r nd allocations to othe	measured by e rs, the total ex	expenses. expenses,
4 a	a (Code: ) (Expenses \$ 1,004,561. including grants of \$	) (Revenue	\$	<del></del>
	PROVIDED STUDENTS WITH COLLEGE TOURS, EDUCATIONAL ASSISTA	NCE AND OVERA	LL COLLEG	E
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	b (Code: ) (Expenses \$ including grants of \$	) (Revenue	Ś	<u> </u>
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	c (Code: ) (Expenses \$ including grants of \$	\ /Davanua	<del></del>	
40	c (Code:) (Expenses \$ including grants of \$	) (Revenue	۶	······'
				:_
			<b></b>	- <del></del>
	Other and the Control of the Control			
4 d	d Other program services. (Describe in Schedule O.)	A		
		Revenue \$		)
BAA	e Total program service expenses ► 1,004,561.  TEEA0102L 10/12/15		Form	990 (2015)
	- IEEAUUZE IVI ZI II		1 01111	\ 1~/

_ KA, 1			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	_ 5		Х
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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? If 'Yes,' complete Schedule D, Part IV.	9		Х
10.	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.:	11 a	х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
1	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	11 d		Х
1	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		Х
12	a 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>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	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

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Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H..... X 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b 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 X 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. X 22 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 X 23 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..... X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a 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............. Х 25a 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 Х Schedule L, Part I... 25b 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. Х 26 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. Х 27 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): X 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV...... **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV... 28b Х X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 33 X 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..... X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ...... X 35a 35b 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..... X 36 37 X

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TEEA0104L 10/12/15

# Form 990 (2015) FULFILLMENT FUND LAS VEGAS Partive Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

Check if Schedule O contains a response of note to any line in this Fart V	***********	• • • • • •	• • • • •	بلــــــــــــــــــــــــــــــــــــ
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	.   1a  19		Yes	No
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				40.0
c Did the organization comply with backup withholding rules for reportable payments to vendors an		4		1
(gambling) winnings to prize winners?	n reportable darring	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	e- . 2a15	5		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employments	ent tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see	instructions)			Str. 2
3a Did the organization have unrelated business gross income of \$1,000 or more during the y		3 a		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0		3 b	,	<u> </u>
4a At any time during the calendar year, did the organization have an interest in, or a signature or o financial account in a foreign country (such as a bank account, securities account, or othe	ther authority over, a r financial account)?	4 a	<u> </u>	х
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶			+144	1
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	ial Accounts. (FBAR)	24.8	1	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the	-	5 a	1	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax sh		5 b	4	Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	**********	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000 solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	_ 6a	1	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contrit not tax deductible?	outions or gifts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).				142
a Did the organization receive a payment in excess of \$75 made partly as a contribution and	d partly for goods and		22.50	
services provided to the payor?		7 a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided		7 b	<u> </u>	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?	it was required to file	7 c	:	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	.   7d	10000	el Cellar	No.
e Did the organization receive any funds, directly or indirectly, to pay premiums on a person	al benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal b	enefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization fil	e Form 8899			
as required?		<u>7g</u>	<u> </u>	—
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did t Form 1098-C?	he organization file a	7 h		1
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain organization have excess business holdings at any time during the year?			35.4	3.00
9 Sponsoring organizations maintaining donor advised funds.			10.20	10000
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		300000000
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related p		9 b	,	$\vdash$
10 Section 501(c)(7) organizations. Enter:				7.0
a Initiation fees and capital contributions included on Part VIII, line 12	.   10a			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			44.55	\$4°
11 Section 501(c)(12) organizations. Enter:		1		
a Gross income from members or shareholders	.   11 a			<b>新聞</b>
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	. 116	d de la companya de l		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	. 12b		1000	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			315	300
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
<b>Note.</b> See the instructions for additional information the organization must report on Scheo			199	20
<b>b</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	.   13b			
c Enter the amount of reserves on hand				
14a Did the organization receive any payments for indoor tanning services during the tax year?	,	14a	- Washington	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation is	n Schedule Q	14 b		
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Page 6 Form 990 (2015) FULFILLMENT FUND LAS VEGAS 46-2083219 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad 1a 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..... 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? SEE SCHEDULE O 2 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 X Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed?..... 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . 5 X 6 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X members of the governing body?..... **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8 a **b** Each committee with authority to act on behalf of the governing body?...... 8h X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.................. 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?...... 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X Schedule O how this was done..... 12c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... 14 X 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? a The organization's CEO, Executive Director, or top management official. 15 a X X b Other officers or key employees of the organization. 15 b 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 Х taxable entity during the year?..... 16 a **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?..... 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

State the name, address, and telephone number of the person who possesses the organization's books and records:

LLMENT FUND LAS VEGAS 46-2083219

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

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

- 1 a 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a **(F)** Estimated **(B)** (A) Name and Title Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from the organization (W-2/1099-MISC) Average hours amount of other compensation from the director/trustee) per week Officer Key employee Institutional trustee Individual trustee tighest compensated orme (list any hours for related organization and related organizations organiza-tions below dotted (1) GARY GITNICK, MD 0 X 0. 0. DIRECTOR 0. (2) ERIC ESRALIAN, MD 1 DIRECTOR n Х 0. 0. 0. (3) LINDY SCHUMACHER 40 CEO X 0 5,227. 0 151,157 (4) TINA QUIGLY 1 DIRECTOR X 0 0 0 0. (5) DAVE KIRVIN 1 DIRECTOR 0 X 0. 0. 0. (6) WILLIAM HORNBUCKLE 1 PRESIDENT 0 X 0. 0 0. TOM KAPLAN 1 SECRETARY/TREAS 0 X 0. 0. (8) (9) (10)(11)(12) (13)(14)

Part VIII Section A. Officers, Directors, Tri	ustees, (B)	ney 	EIT		oye C)	es,	and	a Highest Con	ipensated Emp	loyees (continued)
(A)	Average hours	(do	not c	Po: heck	sition more	than	one	(D)	(E)	(F)
Name and title		offic	unle er ar	nd a	erson direct	is bot or/trus	h an tee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	(W-2/1039-MISC)	from the organization and related organizations
						,				
(16)		-								
(17)										
(18)										
(19)										
(20)										,
(21)									,	
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							, V	151,157.	0.	5,227
c Total from continuation sheets to Part VII, Secti								0.	0.	0
d Total (add lines 1b and 1c)	to those li	sted a	abov	/e) v	who	recei	ved	151, 157. more than \$100,00		5,227 ensation
Total die organization										Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru th individu	stee, al	key	em	ploy	/ee,	or h	ighest compensat	ed employee	. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	er than \$1	50.00	10?	If 'Y	es'	comi	oleti	e Schedule J for		1.34 400 040
<ul> <li>such individual</li> <li>Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes</li> </ul>									•	4 X
Section B. Independent Contractors	o, compro		1,00	<u> </u>	<u> </u>			J. J		
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indessation for	epend the ca	dent dend	cor dar y	ntrad year	tors endir	tha ng w	t received more the	nan \$100,000 of ganization's tax year	
(A) Name and business add	ress	•						Description of	f services	(C) Compensation
,		,								· · · · · · · · · · · · · · · · · · ·
<u> </u>				_						
Total number of independent contractors (including to \$100,000 of compensation from the organization)		ted to	tho	se li	isted	abo	ve) v	who received more	than	e Entropy (Sales Factor) Name and Sales Factor
BAA		FFA01	1001	10/1	2115				i di	Form <b>990</b> (2015

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	il.	Check if Schedule O			(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
						function revenue	revenue	under sections 512-514
ts t	1 a	Federated campaigns	1;	a ·		rie Marie ra		6/2 x (x / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
ra no	b	Membership dues	17	o	1: 2: *			
9 5	C	Fundraising events		:			Partition that its	
# is	d	Related organizations	10	1				
S E	е	Government grants (contributi	ons) 1	•				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, g similar amounts not included	grants, and above 1 i	779,051.				
ĒΣ	g	Noncash contributions included	d in lines 1a-1f:					
Sor	h	Total. Add lines 1a-1f			779,051.	A China Car	Correlation	
				Business Code				
Program Service Revenue	2 a	l.						
Ä	b							
<u>5</u>	С							
Š.	d							
Ë	е					<u> </u>		
<u> </u>	f	All other program service	ce revenue					
5	g	Total. Add lines 2a-2f	·		•			A CALL TO STATE OF THE
-	3	Investment income (inc	ludina dividen	ds. interest and	<del> </del>	**************************************	***	
	_	other similar amounts).			207,529.	207,529.		
	4	Income from investmen	it of tax-exem	ot bond proceeds	-			
	5	Royalties			•			
			(i) Real	(ii) Personal				
	6a	Gross rents				Section in the second section in the section in the second section in the section in the second section in the sec		
	b	Less: rental expenses						
	С	Rental income or (loss)		1	J. 1977 - 127, 5 - 5 1	tipaggaraing.g.		
	d	Net rental income or (lo	ss)	, <b>.</b>	•			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		A Commence		
		assets other than inventory	1,925,13	5.			Prosecution	
	b	Less: cost or other basis						
	_		2,187,65	6.				
	С	Gain or (loss)	-262,52			e ke gyar yang kecay		
	d	Net gain or (loss)			-262,521.	-262,521.		
ø	8a	Gross income from fund	draising event	s -	Marie Constitution	Access to the same	ar in the first of	
Ž	-	(not including \$						Maria de Agracia
Ş		of contributions reporte	d on line 1c).					
Other Revenue		See Part IV, line 18						
Ę		Less: direct expenses					4.4	
₹	С	Net income or (loss) fro	om fundraising	events	•}			
	9 a	Gross income from gan See Part IV, line 19	ning activities.	а				
	b	Less: direct expenses		b		Charles Control Million		
	c	Net income or (loss) fro	om gaming act	ivities				
	10 a	Gross sales of inventor	v. less returns				A COMMO	
		Gross sales of inventory and allowances		а	(数 <b>有</b> )对于15年度到			5世。17月1日(1963)
	b	Less: cost of goods sold	d	b				
	С	Net income or (loss) fro						
		Miscelfaneous Revenu		Business Code		.v.,		
	11 a	CREDIT CARD REBATE	INCOME		1,380.	1,380.		
	b							
	С		~					
i	_	All other revenue						
		Total. Add lines 11a-11			1,380.			
	12	Total revenue. See inst	ructions	<b>&gt;</b>	725,439.	-53,612.	0.	0.

### 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.

Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a	<i>mpiete all columns. All off</i> response or note to any	<i>ner organizations must c</i> line in this Part IX	omplete column (A).	<del></del>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·	Angele School Co.	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			esas Avarori ligas	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				e of the Complete Complete The proposed by the complete Complete Complete Complete Complete Complete Complete Complete Complete Complete The Complete Comple
4	Benefits paid to or for members			odnika ce primasa	
5	Compensation of current officers, directors, trustees, and key employees	151,157.	87,221.	33,832.	30,104.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	484,597.	329,849.	88,918.	65,830.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,804.		21,804.	
9	Other employee benefits				
10	Payroll taxes	65,525.	41,281.	14,416.	9,828.
11	Fees for services (non-employees):			-	
	Management				
	Legal	200.	<del></del>	200.	
	Accounting	40,967.		40,967.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	60,001.		60,001.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	9,132.		9,132.	
13	Office expenses	43,205.	34,608.	5,220.	3,377.
14	Information technology	45,205.	34,000.	3,220.	5,311.
15	Royalties				
16	Occupancy				
17	Travel	46,312.	33,345.	7,873.	5,094.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				``
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	3,127.	2,251.	532.	344.
23	Insurance	52,221.	37,599.	8,878.	5,744.
24					a deserción de seculo Colores Sentes de Sentes de La Colores Sentes de Carello
	COLLEGE TOUR EXPENSES	177,125.	177,125.		
	DEDUCATIONAL PROGRAM EXPENSES	163,708. 32,732.	163,708. 32,732.		•
	EDUCATIONAL COURSES AND SUPPLY STUDENT AND PARENT EVENTS	29,567.	29,567.		
	All other expenses	36,996.	35,275.	1,045.	676.
	Total functional expenses. Add lines 1 through 24e	1,418,376.	1,004,561.	292,818.	120,997.
	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).				
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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.		1	328,113.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	724,452.	3	490,167.
	4	Accounts receivable, net		4	
	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	
	6	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 instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	andres de la lación de la lación La lación de la lación de la lación de lación de la lación		
		Less: accumulated depreciation		10 c	15,687.
	11	Investments — publicly traded securities.		11	7,115,033.
	12	Investments – other securities. See Part IV, line 11.		12	1,110,000.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).		16	7,949,000.
$\dashv$	17	Accounts payable and accrued expenses.	68,913.	17	131,062.
	18	Grants payable		18	
	19	Deferred revenue		19	<del>-</del> ::
i	20	Tax-exempt bond liabilities	,	20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	,	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	area strongly property is and	22	字: 为事的第三 <b>文</b> 集
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25			<del>-</del> -	<u> </u>
	20	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	38,583.	25	51,769.
	26	Total liabilities. Add lines 17 through 25	107,496.	26	182,831.
ses		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			機能・手動性としている Articula Wood Space また
Ě	27	Unrestricted net assets.	7,857,247.	27	7,090,261.
3a	28	Temporarily restricted net assets		28	675,908.
豆	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
let.	33	Total net assets or fund balances		33	7,766,169.
	34	Total liabilities and net assets/fund balances	8,741,562.	34	7,949,000.
BA	Δ.				Form 990 (2015)

P	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		<u> □</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	25,4	139.
2	2 Total expenses (must equal Part IX, column (A), line 25).	2	1,4	18,	376.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	92,	937.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			066.
Ę	Net unrealized gains (losses) on investments	5			960.
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					
6 TH 12	column (B)).	10	7,7	6 <u>6,1</u>	<u> 169.</u>
T.	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				للن
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		25.01	1	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis			!	
	b Were the organization's financial statements audited by an independent accountant?		2 b	X	197:431 July 40 14
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both:	е			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	<b>c</b> If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BΑ	A -		Form	990	(2015)

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2015

Open to Public 4
Inspection

Schedule A (Form 990 or 990-EZ) 2015

Name of the organization Employer identification number FULFILLMENT FUND LAS VEGAS 46-2083219 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-9 above (see instructions)) support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) Total

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

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				,					
begi	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		7,400,000.	868,985.	1,565,000.	779,051.	10,613,036.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,	0.			
3.	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	0.	7,400,000.	868,985.	1,565,000.	779,051.	10,613,036.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,007,178.			
6	Public support. Subtract line 5 from line 4		Thirden				8,605,858.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total			
7	Amounts from line 4	0.	7,400,000.	868,985.	1,565,000.	779,051.	10,613,036.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			•			0.			
	Total support. Add lines 7 through 10						10,613,036.			
12	. •						0.			
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	► 🗓			
	tion C. Computation of Pul			- 11 (6)		1.00				
	Public support percentage for 20 Public support percentage from 2	•					<u>%</u> %			
	33-1/3% support test — 2015. If and stop here. The organization	the organization of	did not check the	box on line 13, a	nd line 14 is 33-1/	3% or more, chec	ck this box			
t	33-1/3% support test - 2014. If t and stop here. The organization	he organization d qualifies as a pul	id not check a boolicly supported o	x on line 13 or 16 rganization	5a, and line 15 is 3	33-1/3% or more,	check this box			
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	est – 2015. If the omeets the 'facts-and-circumstanc	organization did n and-circumstances es' test. The orga	ot check a box or s' test, check this nization qualifies	n line 13, 16a, or box and <b>stop her</b> as a publicly sup	16b, and line 14 is e. Explain in Part ported organizatio	s 10% VI how on			
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this ition qualifies as	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Part ed organization	VI how the			
18	Private foundation. If the organize	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.		-	_			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	a Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						,
c	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	veloce despetation					
Sec	tion B. Total Support				, ,		
	dar year (or fiscal year beginning in) 🟲	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
_	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·					
-	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			<del></del>			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						,
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, c	or fifth tax year as	a section 501(c)(3)	▶∏
	tion C. Computation of Pul			- 12! 403	<del></del>	1 49	o.
	Public support percentage for 20						<del></del>
	Public support percentage from					16	%
	tion D. Computation of Inv				(6)	1 4	<u> </u>
17	Investment income percentage for			_	4	<del></del>	<del></del>
18 10-	Investment income percentage f					<u> </u>	
	<ul> <li>33-1/3% support tests — 2015. If is not more than 33-1/3%, check</li> <li>33-1/3% support tests — 2014. If</li> </ul>	this box and stop	<b>p here.</b> The organ	ization qualifies a	as a publicly suppo	orted organization.	🟲 📋
4	line 18 is not more than 33-1/3%						
20	Private foundation. If the organi	zation did not che	ck a box on line 1	<b>4</b> , 19a, or 19b, c	heck this box and	see instructions	▶ 📋

#### Part IV Supporting Organizations

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

_	Sections A, D, and E. If you checked 11d of Fart I, complete Sections A and D, and complete	ега	( V .,	<u>'</u>
Sec	tion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		fler fort
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4 8	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	- 4a	集集	
ı	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
•	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	do F	
ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	4	
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	, 7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9 8	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in Part VI	9a		27 1 3 1 23 2 2 2
ŀ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		<u> </u>
ď	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9c	16.183 3.18	
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
t	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	i i iyi	

Pē	art IV Supporting Organizations (continued)			
	The the second of the second o	NEW CONTRACTOR	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	LJ	
<b>5e</b>	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint	10000	Yes	No
•	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations			
	$oldsymbol{\cdot}$	ERCONOMINA AND	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	nesse. And	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		*
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .		•	
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns)		
		,•		
2	Activities Test. Answer (a) and (b) below.	1805 (200-200)	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			93 1
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

	edule A (Form 990 or 990-EZ) 2015 FULFILLMENT FUND LAS VEGAS		46-208	33219	Page 6
Pa	rt.V. Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	oveml e Sec	oer 20, 1970. <b>See instructio</b> tions A through E.	ns. All	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions).	3			
4	Add lines 1 through 3.	4			
5		5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount	,	(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
ě	Average monthly value of securities	1a			
ı	Average monthly cash balances	1b			
(	Fair market value of other non-exempt-use assets	1c			
(	I Total (add lines 1a, 1b, and 1c)	1d	-		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):	4			
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3	,		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	,		
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
iec	tion C Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Experience (University)		
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4		•	
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grate	d Type III supporting orga	anization	
2 / /			Schodulo A /Forr	- 000 000 E3	2015

Pai	Type III Non-Functionally Integrated 509(a)(3) Su	apporting Organiza	ations (continued)	
	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu			
2.	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity.	ıs,		
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	Angle and salaranis	<b>Valority (4)</b>	-
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).	monto de la companya	·	
	Excess distributions carryover, if any, to 2015:			
	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	Will Hard on the control	NUMBER OF STREET	to the first of the control of the c
C		Per China		2006-00-01
d	From 2013		The second second	医节性性 医水色性畸形
е	From 2014			and the second second
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount	自身基础 [0]的第四页		
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		经国际支持经济的财富	44
4	Distributions for 2015 from Section D, line 7:			emiliju iliju programa (n. 1921). Po programa programa (n. 1921).
a	Applied to underdistributions of prior years	12.0		INCOME A COMM
		Land of Carteria		
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c		All the state of	2000-00-00
- 8	Breakdown of line 7:			
а				<b>通知证法</b> 和证据
C	Excess from 2013		100	The action
	Excess from 2014	Single Control of the	i produkta kalendari ka	ania adva 4 teknik
e	Excess from 2015		表 是 2 的时间 4 PM 12 PM	

BAA

Schedule A (Form 990 or 990-EZ) 2015

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

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

Department of the Treasury Internal Revenue Service Name of the organization

#### **Schedule of Contributors**

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

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

OMB No. 1545-0047

2015

Name of the organization		Employer identification number
FULFILLMENT FUND LAS VEGAS		46-2083219
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	t, or 990-PF that received, during the year, contributions to te Parts I and II. See instructions for determining a contribu-	aling \$5,000 or more (in money or utor's total contributions.
Special Rules		
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (2 0-EZ, line 1. Complete Parts I and II.	port test of the regulations 16a, or 16b, and that ) 2% of the amount on (i)
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, is children or animals. Complete Parts I, II, and III.	from any one contributor, iterary, or educational
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received r religious, charitable, etc., purposes, but no such contributive total contributions that were received during the year for any of the parts unless the <b>General Rule</b> applies to this organic, contributions totaling \$5,000 or more during the year.	ions totaled more than an <i>exclusively</i> religious, anization because
Caution. An organization that is not covered by 990-PF), but it must answer 'No' on Part IV, lin Part I, line 2, to certify that it does not meet the	the General Rule and/or the Special Rules does not file Sc e 2, of its Form 990; or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or 9	hedule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 1 of

1 of Part!

FULFILLMENT FUND LAS VEGAS

Employer identification number 46-2083219

Part ( Contributors (se	e instructions). Use duplicate	copies of Part I if additional	space is needed.
-------------------------	--------------------------------	--------------------------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE WINDSONG TRUST  838 MANHATTAN BEACH BLVD  MANHATTAN BEACH, CA 90266	\$650,000.	Person X  Payroll   Noncash   (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BENNETT FAMILY FOUNDATION  6650 VIA AUSTI PKWY, #150  LAS VEGAS, NV 89119	\$15,714.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ය <mark>.</mark>	BANK OF AMERICA CHARITABLE FOUND  100 N TRYON STREET  CHARLOTTE, NC 28255	\$ 22,000.	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
- (-)	41.		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4  THE MADDUX FOUNDATION	Total contributions  \$ 50,000.	Person X Payroll
	Name, address, and ZIP + 4  THE MADDUX FOUNDATION  10120 W FLAMINGO RD, SUITE 272	contributions	Person X Payroll Noncash (Complete Part II for
4 (a) Number	Name, address, and ZIP + 4  THE MADDUX FOUNDATION  10120 W FLAMINGO RD, SUITE 272  LAS VEGAS, NV 89147	\$ 50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
4 (a) Number	Name, address, and ZIP + 4  THE MADDUX FOUNDATION  10120 W FLAMINGO RD, SUITE 272  LAS VEGAS, NV 89147  Name, address, and ZIP + 4  ARNOLD & RACHEL SMITH FAMILY FOUND  735 N 19TH AVENUE	\$ 50,000.	Type of contribution  Person X  Payroll

Page

1 to

1 of Part II

Name of organization
FULFILLMENT FUND LAS VEGAS

Employer identification number 46-2083219

Partill Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_6	STARBUCKS CORP STOCK		
		\$30,851.	10/01/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<b>-</b>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		dula B /Farm 990, 990 F	7 000 DE\ (0015

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

1 to

1 of Part III

Name of organ	nization LMENT FUND LAS VEGAS			Employer identification number 46-2083219		
	Exclusively religious, charitable, et	tc contributions to orga	nizations described			
	or (10) that total more than \$1,000 for the	he year from any one contri	<b>butor.</b> Complete columns (	a) through (e) and		
	the following line entry. For organizations of	ompleting Part III, enter the tot	al of exclusively religious	s. charitable, etc.,		
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. S	ee instructions.)	►\$N/A		
(2)		<del></del>		(4)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Des	(d) cription of how gift is held		
•	N/A					
			<b>__</b>			
				<u>.</u>		
		(e) Transfer of gift				
	Transferee's name, addres		Relationship of	f transferor to transferee		
	<b></b>					
		· <b></b>				
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	Des	(d) cription of how gift is held		
			-	<del></del>		
			<b></b>	·		
	(e) Transfer of gift					
	Transferee's name, addres		Relationship of	f transferor to transferee		
	<b></b>		<b></b>			
	<b></b>					
(a) No. from	(b) Purpose of gift	(c) Use of gift	Doc	(d) cription of how gift is held		
Part I	Parpose or gift	ose of gift		cription of now gitt is near		
		(e) Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Relationship of	f transferor to transferee		
		·		<del></del> -		
(a) No. from	(b) Purpose of gift	(c) Use of gift	Des	(d) cription of how gift is held		
Part I	<del></del>					
	F					
	<b> </b>					
	<b></b>					
		(e)	<u> </u>			
	Tunnafanasta uzun = 1.1	(e) Transfer of gift	Parlantenante (	Liverada va vika iliza zita za z		
	Transferee's name, addres	5, and ZIP + 4	Relationship of	transferor to transferee		

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

m990. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	FULFILLMENT FUND LAS VEGAS	46-2083219
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6	<del></del>
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2		<del></del>
3	33-3	<del> </del>
4	Aggregate value at end of year	
5	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other primpermissible private benefit?	can be used only surpose conferring Yes No
Рa	rt II Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	<u>'</u>
1		
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year.	
		Held at the End of the Tax Year
	a Total number of conservation easements	
	b Total acreage restricted by conservation easements	
	c Number of conservation easements on a certified historic structure included in (a)	<del></del>
	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
2	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	** <u></u>
•	tax year	organization daming the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	lling of violations,
Ī	and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect and section 170(h)(4)(B)(ii)?	ion 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that describes the control of the con	e statement, and balance sheet, and scribes the organization's accounting for
2887	conservation easements.	Nihau Ciusilau Anasta
ja	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	Ther Similar Assets.
1	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenuant, historical treasures, or other similar assets held for public exhibition, education, or research in furt in Part XIII, the text of the footnote to its financial statements that describes these items.	e statement and balance sheet works of herance of public service, provide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue st historical treasures, or other similar assets held for public exhibition, education, or research in furthera following amounts relating to these items:	ance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•
	a Revenue included on Form 990, Part VIII, line 1	
	b Assets included in Form 990, Part X	

Partill Organizations Mainta	ining Collecti	ons of Art, Histo	orical Treasures, o	r Other Similar As	sets (contir	nued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and	other records, check a	iny of the following that a	re a significant use of its	collection	
a Public exhibition		d 🗌 Loan	or exchange programs			
<b>b</b> Scholarly research		e Other	·			
c Preservation for future gener	rations	L-J				
4 Provide a description of the organiz Part XIII.	zation's collections	and explain how they	further the organization	's exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather to	ation solicit or red han to be mainta	eive donations of ar	t, historical treasures, organization's collection	or other similar assets	Yes	No
Part V Escrow and Custodia line 9, or reported an	l Arrangemer	its. Complete if t	the organization an		orm 990, Pa	art IV,
1a Is the organization an agent, trus	stee, custodian o	r other intermediary	for contributions or oth	ner assets not included	☐ Yes	No
on Form 990, Part X?b If 'Yes,' explain the arrangement				*******	re2	∐ NO
bili res, explain the analigement	III) Fait XIII ailu	complete the followi	ing table.		Amount	
c Beginning balance				1c	Amount	
<b>d</b> Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an a					Vac	No
						HNO
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the explai	nation has been provide	eu on Fart Alli	• • • • • • • • • • • • • • • • • • • •	
G-200/95 E-J	مالد کا ماما سیسیا		awarad Waal on C	own OOO Dowl IV I		
Part V Endowment Funds. C						
	(a) Current year	(b) Prior year	r (c) Two years bac	k (d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance					+	
<b>b</b> Contributions						
c Net investment earnings, gains, and losses		-				
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance		<u> </u>			<u> </u>	
<ol><li>Provide the estimated percentag</li></ol>	e of the current y	ear end balance (lin	ie 1g, column (a)) held	as:		
a Board designated or quasi-endowm	ient ►	%				
<b>b</b> Permanent endowment ►	-%					
c Temporarily restricted endowmer	nt 🟲	ક				
The percentages on lines 2a, 2b, a	nd 2c should equa	l 100%.				
3a Are there endowment funds not in t	the possession of	the organization that a	are held and administered	d for the		
organization by:		•			Yes	No
<ul><li>(i) unrelated organizations</li></ul>					. 3a(i)	
(ii) related organizations						
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organization	s listed as required o	on Schedule R?		. 3b	
4 Describe in Part XIII the intended	d uses of the org	anization!s endowme	ent funds.			
Part VI Land, Buildings, and						
Complete if the organ	ization answe	red 'Yes' on Forr	m 990, Part IV, line	e 11a. See Form 99	₩, Part X,	line 10.
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
<b>1 a</b> Land				医骨髓 的复数电路	ι	
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment			21,193.	5,506.	1	5,687.
<b>e</b> Other	l l		·			
Total. Add lines 1a through 1e. (Colum	nn (d) must equa	Form 990, Part X, o	column (B), line 10c.).		1.	5,687.
BAA	<u>.</u>				lule <b>D</b> (Form 99	

Part VIII Investments - Other Securities.		N/A	300 D. I.V. II. 40
Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(a) Description of security of category (including name of security)  (1) Financial derivatives.	(D) DOOK VAIUE	(C) Welfied of Valuations Cost of end-t	DI-year market value
(2) Closely-held equity interests			
(3) Other			
(A) .			
(B)	,		
<u>(C)</u>	<u>-</u>		
(D)	<del></del>	···	
(E)			
(F)		<del>;</del>	<del></del> -
<u>``</u> (G)	<del>-</del>		· ·
<u>`i,</u>			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		<b>建设设施设置的设施设施设施</b>	
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990	), Part IV, line 11c. See Form 9	90, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	<del></del>		
(7)	<u> </u>		
(8)			1
(9)			
(10)	·		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	1.77	
Complete if the organization answered	'Yes' on Form 990	), Part IV, line 11d. See Form 9	90, Part X, line 15
	scription		(b) Book value
(1)			
(2)	<u> </u>		
(3)		<del></del>	. —
(5)	<del></del>	<u> </u>	
(6)			
(7)	<del></del>		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)	<u></u>	<u>-</u>
Part X Other Liabilities.	000 5 4 84 12 44	4 44C 0 5 000 D 1 V I' OF	
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 1	le or 11t. See Form 990, Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book value	aleccated the English (48)	
(2) ACCRUED PAYROLL	10,43		
(3) ACCRUED PTO	41,33		e con consultation
(4)			医基苯甲酰胺 医红斑
(5)		— de la company de la comp	
(6)		A SECTION OF THE PROPERTY OF T	
(7)		Salar Salar Sulfragily Durens Carlotte	
(8)	-		
(9)	_		Aldrece Adams
(10)			
(11) Total (Column (h) must equal Form 000, Part V column (P) line 35.)	F1 70		a Sulface all the middle services
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo		9. Page 19.	liability for uncortain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote h			

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments	439.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments	439.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	439.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	439.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	<del>376.</del>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
<b>b</b> Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	376.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Schedule **D** (Form 990) 2015

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

FULFILLMENT FUND LAS VEGAS

Employer identification number

46-2083219

P	art	Questions Regarding Compensation			
	e in a second			Yes	No
1	a	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.	sa re		
		First-class or charter travel Housing allowance or residence for personal use	a in	10,000	
		Travel for companions Payments for business use of personal residence			
		Tax indemnification and gross-up payments Health or social club dues or initiation fees	70.6	1000	11. 1
		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			y. y.
	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	. 1 b		
2	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	<b>3</b> (	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.	ur)		
		Compensation committee Written employment contract	4, 1		100
		Independent compensation consultant Compensation survey or study	3.4		
		Form 990 of other organizations Approval by the board or compensation committee			
4	<b>,</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:			
		Receive a severance payment or change-of-control payment?	4a		X
		Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
		Participate in, or receive payment from, an equity-based compensation arrangement?	. 4c		X
		If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			14
	- (	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			1000
5	, f	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?	. 5 a		Х
		Any related organization?	. 5 b		X
	١	If 'Yes' to line 5a or 5b, describe in Part III.	7.30		604
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:			
		The organization?	. 6a		X
		Any related organization?	6 b		X
	ſ	If 'Yes' on line 6a or 6b, describe in Part III.			
7	' 1 	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		x
8	- 1	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)?			
	١	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		

#### 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.

		(B) Breakdown (	of W-2 and/or 1099-MIS	C compensation	(C) Delirement	(D) Nantaviahla	(E) Total of	(E) Companyation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits		(F) Compensation in column (B) reported as deferred on prior Form 990	
LINDY SCHUMACHER	(i)	151,157.	0.	0.	0.	5,227.	156,384.	0.
1 CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)				  - <b></b>			
2	(ii)							
_	(i)							<b>-</b>
3	(ii)							ļ
-	0		<u> </u>		<b></b>		<b></b>	
4	(ii)				<u> </u>			
5	(i)							
5	0						<u> </u>	
6	(ii)		<del> </del>		<b>⊦-</b>			<b> -</b>
	0	· · · · · · · · · · · · · · · · · · ·						<del> </del>
7	(ii)		<del> </del>			<b></b>		
	0	•						
8	iii)						<b></b> -	† <b>-</b>
	(0)	· · · · · · · · · · · · · · · · · · ·	1					
9	(ii)		<b>-</b>		<b>  -</b>		<b></b>	- <b></b>
	(i)							-
10	(ii)		İ — — — — — — — —					1
	(i)							
11	· (ii)				T <u> </u>			
	(i)		·					I
12	(ii)							
	(i)				L_ <b></b>		L	
13	(ii)							
	(i)	_ <b></b>	<u> </u>		L <u>-</u>			   <b>=</b>
14	(ii)				_			
	(1)		<b> </b>		<u> </u>			
15	(ii)							
	(i)		<b> </b>		<u> </u>		<b> </b>	
16	(ii)			<u></u>	<u> </u>		<u> </u>	
ВАА		•	TEEA4102L 10/26	5/15			Schedule	J (Form 990) 2015

#### 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.

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

2015

Open To Public :
Inspection

Départment of the Treasury Internal Revenue Service ► Attach to Form 990.

Attach to Form 950.
 Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

FU.	LFILLMENT FUND LAS VEGAS		46-	-2083219	
Pa	Types of Property		<u> </u>	· · ·	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 2 3 4 5 6	Art — Works of art				
7 8 9 10 11	Boats and planes	Х	1	30,851.	STOCK SALE
	Qualified conservation contribution — Historic structures				
14 15 16 17	Qualified conservation contribution — Other				
18 19 20 21	Collectibles Food inventory  Drugs and medical supplies  Taxidermy.				
22 23 24	Historical artifacts				
25 26 27 28	Other ► (       )         Other ► (       )         Other ► (       )				
	Outer: C				<u> </u>

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used			
	for exempt purposes for the entire holding period?	30 a		X
b	If 'Yes,' describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell			
	noncash contributions?	32 a		X
b	o If 'Yes,' describe in Part II.	į	17.00	3
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .......

Schedule M (Form 990) (2015)

29

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

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.

2015

Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number

46-2083219

FULFILLMENT FUND LAS VEGAS

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

FULFILLMENT FUND LAS VEGAS WAS FORMED TO MAKE COLLEGE A REALITY FOR STUDENTS GROWING UP IN ECONOMICALLY AND EDUCATIONALLY UNDER-RESOURCED COMMUNITIES. FULFILLMENT FUND LAS VEGAS IS COMMITTED TO A LONG-TERM RELATIONSHIP WITH SEVERAL SCHOOLS; TO DEVELOPING A PARTNERSHIP WITH THE CLARK COUNTY SCHOOL DISTRICT THAT WILL ULTIMATELY LEAD TO FULFILLMENT FUND LAS VEGAS HAVING A DISTRICT-WIDE PRESENCE AND DISTRICT-WIDE IMPACT; TO ENSURING THAT ALL STUDENTS WE WORK WITH ARE AWARE OF POST-SECONDARY OPPORTUNITIES AND THOSE WHO ARE INTERESTED IN PURSUING HIGHER EDUCATION ARE "READY BY EXIT" TO TAKE ADVANTAGE OF THESE OPPORTUNITIES; AND TO PARTNERING WITH THE UNIVERSITY OF NEVADA LAS VEGAS ("UNLV") AND OTHER IMPORTANT EDUCATIONAL INSTITUTIONS IN NEVADA AND OTHER STATES WHO SHARE OUR COMMITMENT TO PROMOTING COLLEGE ACCESS AND SUCCESS. BY HELPING TO SUPPORT COLLEGE ACCESS WE PLAN TO BROADEN OUR REACH IN OUR PARTNER HIGH SCHOOLS, SERVE MORE STUDENTS AND CREATE SCHOOL-WIDE IMPACT. WE WILL BUILD ON OUR IN-CLASSROOM CURRICULUM, ONE-ON-ONE COUNSELING, FINANCIAL AID AWARENESS, AND EXPERIENTIAL LEARNING OPPORTUNITIES WITH PROGRAMS AND EXPERIENCES TO POSITIVELY SUPPORT COLLEGE ASPIRATIONS OF STUDENTS IN THE BROADER LAS VEGAS COMMUNITY. WE WILL PROVIDE COLLEGE SCHOLARSHIPS, TEXTBOOK STIPENDS, AND POST-SECONDARY SUPPORT SERVICES THAT INCLUDE INTERNSHIP TRAINING AND INTERNSHIPS FOR OUR LAS VEGAS STUDENTS.

#### FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

DR. GARY GITNICK AND DR. ERIC ESRALIAN ARE BOTH EMPLOYED BY UCLA SCHOOL OF MEDICINE.

DR. GITNICK IS DR. ESRALIAN'S SUPERVISOR.

#### FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

FEDERAL WORKSHEETS	PAGE 1
FULFILLMENT FUND LAS VEGAS	46-2083219
,	04:00PN
SERVICES	RCE
O. O. PART IX, LINES	1-3, COL. B
TOTAL SERVICES & GENER 9,132. 9,:	
TOTAL SERVICES & GENER  16,751. 16,751. 4,696. 4,696. 9,400. 9,400. 6,149. 4,428. 1,6	
2013 2014 2015 TOTAL 365,986 400,000 650,000 1,415,986	2% AMT EXCESS 212,261 1203725
0 1,000,000 15,714 1,015,714	212,261 803,453
365,986 1,400,000 665,714 2,431,700	424,522 2007178
	PROGRAM SERVICES TOTAL FORM 990  1,004,561. 1,004,561. PART IX, LINE 2 0. 0. PART VIII, LINES 0. 0. PART VIII, LINE  (A) (B) PROGRAM MANAGEME TOTAL SERVICES GENER  9,132. 9, 132. 9, 132. \$ 0. \$ 9,  TOTAL \$ 9,132. \$ 0. \$ 9,  TOTAL \$ 9,132. \$ 16,751. 4,696. 9,400. 9,400. 6,149. 4,696. 9,400. 6,149. 4,428. 1,6  TOTAL \$ 36,996. \$ 35,275. \$ 1,6  2013 2014 2015 TOTAL  2013 2014 2015 TOTAL  365,986 400,000 650,000 1,415,986

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### 2015 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT FULFILL

#### **FULFILLMENT FUND LAS VEGAS**

6-2083219

)/17																04:00
NO	DESCRIPTION	DATE <u>ACQUIRED</u> .	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	_METH		LIFE	_RATE_	CURRENT DEPR.
ORM 990.	)/990-PF _															
MACHIN	NERY AND EQUIPMENT															•
1 OFF	FICE FURNITURE	7/17/13	4,126	6						4,126	816	S/L	НҮ	7	.14290	
2 LEN	10VO THINKPAD	6/10/14	1,19							1,191	268	S/L	HY	5	.20000	
3 LEN	10V0 THINKPAD	6/17/14	2,382	2						2,382	536	S/L	HY	5	.20000	
4 LEVO	OVO THINKPAD	6/21/14	1,129	)						1,129	254	S/L	HY	5	.20000	
5: LEN	IOVO THINKPAD	6/23/14	1,04	3						1,046	235	S/L	HY	5	.20000	
6 LEN	IOVO THINKPAD	6/17/14	1,112	2						1,112	250	\$/L	HY	5	.20000	
7 LEN	IOVO LAPTOP	4/28/15	79							791	20	S/L	MQ	5	.20000	
8 DELI	L XPS 13 LAPTOP	7/10/15	874	ļ					÷	874		S/L	HY	5	.10000	
9 DELI	L XPS 13 LAPTOP	7/10/15	874	ļ						874		S/L	HY	5	.10000	
10 LEN	10VO THINKPAD LAPTOP	10/29/15	98	)						980		S/L	HY	5	.10000	
11 DIGI	ITAL BADGING EQUIPMENT	12/20/15	3,90	9					-	3,909		S/L	HY	5	.10000	
12 SUR	RFACE PRO LAPTOP	2/09/16	1,63	3					-	1,633		S/L	HY	5	.10000	
13 SUR	RFACE PRO LAPTOP	6/22/16	1,14	} -				_		1,146		S/L	HY	5	.10000	
TOT	TAL MACHINERY AND EQUIPME		21,193	3	0	C	1	0 0	0	21,193	2,379			•		
ТОТ	TAL DEPRECIATION		21,19	- <u>3</u>	0	(	)	0	0	21,193	2,379					
GRA	AND TOTAL DEPRECIATION		21,19	3	0	(	)	<u> </u>	)0	21,193	2,379			•		

# WALLACE NEUMANN & VERVILLE, LLP 8930 SPANISH RIDGE AVE LAS VEGAS, NV 89148-1302 (702) 387-0999

FULFILLMENT FUND LAS VEGAS 3100 E Patrick Lane Las Vegas, NV 89120

Dear Client:

Your 2015 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Bradley K. Wallace

6/30/16

# **2015 Federal Book Depreciation Schedule**

Page 1

**Client FULFILL** 

# **FULFILLMENT FUND LAS VEGAS**

46-2083219

9/17															04:58P
No.	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	<u>Life</u>	Rate	Current Depr.
Form	990/990-PF														
Mad	chinery and Equipment														
1	OFFICE FURNITURE	7/17/13	4	,126						4,126	816	S/L HY	7	.14290	5
2	LENOVO THINKPAD	6/10/14	1	,191						1,191	268	S/L HY	5	.20000	2
3	LENOVO THINKPAD	6/17/14	2	,382						2,382	536	S/L HY	5	.20000	4
4	LEVOVO THINKPAD	6/21/14	1	,129						1,129	254	S/L HY	5	.20000	2
5	LENOVO THINKPAD	6/23/14	1	,046						1,046	235	S/L HY	5	.20000	2
6	LENOVO THINKPAD	6/17/14	1	,112						1,112	250	S/L HY	5	.20000	2
7	LENOVO LAPTOP	4/28/15		791						791	20	S/L MQ	5	.20000	1
8	DELL XPS 13 LAPTOP	7/10/15		874						874		S/L HY	5	.10000	
9	DELL XPS 13 LAPTOP	7/10/15		874						874		S/L HY	5	.10000	;
10	LENOVO THINKPAD LAPTOP	10/29/15		980						980		S/L HY	5	.10000	9
11	DIGITAL BADGING EQUIPMENT	12/20/15	3	,909						3,909		S/L HY	5	.10000	39
12	SURFACE PRO LAPTOP	2/09/16	1	,633						1,633		S/L HY	5	.10000	20
13	SURFACE PRO LAPTOP	6/22/16	1	,146						1,146		S/L HY	5	.10000	14
	Total Machinery and Equipment		21	,193	0	0	ı	0 (	0 0	21,193	2,379				3,12
	Total Depreciation		21	<u>,193</u>	0	0		0 (	00	21,193	2,379				3,1
	Grand Total Depreciation		21	<u>,193</u>	0	0		0 (	0 0	21,193	2,379				3,1

# Form **8879-EO**

# IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning  $\underline{7/01}$  , 2015, and ending  $\underline{6/30}$  , 20  $\underline{2016}$ 

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is atwww.irs.gov/form8879eo.

2015

Name of exempt organization	Employer identification number
FULFILLMENT FUND LAS VEGAS	46-2083219
Name and title of officer  LINDY SCHUMACHER  CEO	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable as check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being the leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered the applicable line below. Do not complete more than 1 line in Part I.	filed with this form was blank, then
1 a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), I	ine 12) <b>1b</b> 725, 439.
2 a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b
3 a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b
4 a Form 990-PF check here b Tax based on investment income (Form 990-PF, Pa	rt VI, line 5) <b>4 b</b>
5 a Form 8868 check here ►	5 b
Part II   Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have electronic return and accompanying schedules and statements and to the best of my knowledge and I further declare that the amount in Part I above is the amount shown on the copy of the organization intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization tensor I acknowledgement of receipt or reason for rejection of the transmission, (b) the reast refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designate funds withdrawal (direct debit) entry to the financial institution account indicated in the tax prepara organization's federal taxes owed on this return, and the financial institution to debit the entry to the contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to authorize the financial institutions involved in the processing of the electronic payment of taxes to answer inquiries and resolve issues related to the payment. I have selected a personal identification organization's electronic return and, if applicable, the organization's consent to electronic funds with the processing of the electronic	In the payment (settlement) date. I also receive confidential information number (PIN) as my signature for the payment of the payment of the payment (settlement) date. I also receive confidential information necessary to number (PIN) as my signature for the
Officer's PIN: check one box only    X   authorize   WALLACE   NEUMANN & VERVILLE,   LLP   to enter my	PIN 61269 as my signature  Enter five numbers, but do not enter all zeros
on the organization's tax year 2015 electronically filed return. If I have indicated within this retu a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the return's disclosure consent screen.	rn that a copy of the return is being filed with he aforementioned ERO to enter my PIN on
As an officer of the organization, I will enter my PIN as my signature on the organization's tax indicated within this return that a copy of the return is being filed with a state agency(ies) regul program, I will enter my PIN on the return's disclosure consent screen.	year 2015 electronically filed return. If I have ating charities as part of the IRS Fed/State
Officer's signature ▶ Date ▶	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	
I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically fi above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> Authorized IRS <i>e-file</i> Providers for Business Returns.	led return for the organization indicated , Modernized e-File (MeF) Information for
ERO's signature ► <u>Bradley K. Wallace</u> Date ►	
ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested T	o Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

(Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return ► File a separate application for each return.

► Information about Form 8868 and its instructions is atwww.irs.gov/form8868.

OMB No. 1545-1709

-	re filing for an Automatic 3-Month Extension, com				· · · · X
-	re filing for an Additional (Not Automatic) 3-Month	,	. , , ,	•	
Electronic f corporation request an e Associated	<b>Inplete Part II unless</b> you have already been granted <b>filing</b> ( <i>e-file</i> ). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in FWith Certain Personal Benefit Contracts, which multing of this form, visit www.irs.gov/efile and click of	if you need automatic) ( Part I or Par st be sent t	a 3-month automatic extension of time to 3-month extension of time. You can elect t II with the exception of Form 8870, Info o the IRS in paper format (see instruction	o file (6 months for a ronically file Form 8 rmation Return for T	868 to ransfers
Part I	Automatic 3-Month Extension of Time.	nly subm	it original (no copies needed).		
A corporation	on required to file Form 990-T and requesting an ac	utomatic 6-r	nonth extension - check this box and co	mplete Part I only	▶ □
All other co income tax	rporations (including 1120-C filers), partnerships, F returns.	REMICs, and	•	n extension of time fying number, see in	
	Name of exempt organization or other filer, see instructions.			Employer identification n	umber (EIN) or
Type or print	FULFILLMENT FUND LAS VEGAS			46-2083219	
File by the due date for	Number, street, and room or suite number. If a P.O. box, see in	structions.		Social security number (\$	3SN)
filing your return. See	3100 E PATRICK LANE City, town or post office, state, and ZIP code. For a foreign add	ress see instru	ctions		
instructions.		1033, 300 1113110	CHOIS.		
	LAS VEGAS, NV 89120				
Enter the R	eturn code for the return that this application is for	(file a sepa	rate application for each return)		01
Application Is For	1	Return Code	Application Is For		Return Code
	r Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B		02	Form 1041-A		08
Form 4720		03	Form 4720 (other than individual)		09
Form 990-P		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870		11
FOIII 990-1	(trust other triair above)	00	F01111 8870		12
Telepho  If the or  If this is check the exterior  I require until  The exterior  The	xtension is for the organization's return for:  calendar year 20 or  tax year beginning7/01, 2015	Fax No ness in the digit Group I neck this bo ion required nization ret	United States, check this box	this is for the whole mes and EINs of all I	group,
Cr	tax year entered in line 1 is for less than 12 month nange in accounting period  application is for Forms 990-BL, 990-PF, 990-T, 43			nal return	
nonre <b>b</b> If this	fundable credits. See instructions	069, enter a	any refundable credits and estimated	3a \$	0.
c Balan	ayments made. Include any prior year overpayment ice due. Subtract line 3b from line 3a. Include your	payment wi	th this form, if required, by using	3 b \$	0.
	S (Electronic Federal Tax Payment System). See in you are going to make an electronic funds withdraw			3 c  \$ 3-EO and Form 8879	-EO for

payment instructions.

Form <b>886</b>	<b>8</b> (Rev 1-2014)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Mont	h Extension,	complete only Part II and check th	is box	► Х
Note. Only	y complete Part II if you have already been granted	d an automati	ic 3-month extension on a previous	sly filed Form 8868.	
• If you a	are filing for an Automatic 3-Month Extension, cor	nplete only P	Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month Ex	tension of	Time. Only file the original (	no copies needed).	
			<u> </u>	s identifying number, see	instructions
-	Name of exempt organization or other filer, see instructions.			Employer identification number	
Type or PHI ETI I MENIE PLIND I AC MECAC					
print	FULFILLMENT FUND LAS VEGAS  Number, street, and room or suite number. If a P.O. box, see in	nstructions.		46-2083219 Social security number (SSN)	
File by the					
due date for filing your	WALLACE NEUMANN & VERVILLE, LI	LP			
return. See instructions.	8930 SPANISH RIDGE AVE City, town or post office, state, and ZIP code. For a foreign add	ress see instruct	ions		
inoti dottorioi		ress, see manuel			
	LAS VEGAS, NV 89148-1302				
		46.1			
Enter the	Return code for the return that this application is for	or (file a sepa	arate application for each return).		01
Application	on	Return	Application		Return
Is For		Code	Is For		Code
	or Form 990-EZ	01			
Form 990-		02	Form 1041-A		08
Form 4720	O (individual)	03	Form 4720 (other than individual	)	09
Form 990		04	Form 5227		10
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	-T (trust other than above)	06	Form 8870		12
STODI Do	not complete Part II if you were not already grant	od an autom	atic 2 month extension on a provi	auch filed Form 9969	
<ul><li>If the</li><li>If this</li><li>whole grown</li></ul>	books are in the care of ► <u>Wallace Neumann</u> none No. ► <u>702-387-0999</u> organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box ►	Fax No. ► siness in the digit Group	702-382-7910 United States, check this box Exemption Number (GEN)	 	s is for the
4 I red	quest an additional 3-month extension of time until	5/15	, 20 17.		
<b>5</b> For	calendar year , or other tax year beginni	$\frac{7}{01}$	, 20 $15$ , and ending	6/30 , 20	16.
6 If the	quest an additional 3-month extension of time until calendar year, or other tax year beginni e tax year entered in line 5 is for less than 12 mon	ths, check re	ason:   Initial return	Final return	
	Change in accounting period	,			
	e in detail why you need the extension <u>Tax</u>	namer re	enectfully requests a	dditional time t	-0
(T.)	ther information necessary to f	ilo a co	emploto and accurate t	av roturn	
<u>ya</u>	cher intormacton hecessary to r	. <u>116 a CC</u>	<u>mpiere and accurace t</u>	ax recurn.	
Ra If thi	is application is for Forms 990-BL, 990-PF, 990-T,	1720 or 606	9 optor the tentative tax less any		
noni	refundable credits. See instructions	4720, 01 000		8a \$	
tax ı	is application is for Forms 990-PF, 990-T, 4720, or payments made. Include any prior year overpayme riously with Form 8868	nt allowed as	s a credit and any amount paid		
c Bala EFT	nce due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System). See	ur payment w instructions	rith this form, if required, by using	8c \$	
	Signature and Verifi	cation mu	st be completed for Part II	only.	
Under penaltic	es of perjury, I declare that I have examined this form, including accomposite, and that I am authorized to prepare this form.		•	-	
Signature •	Title •	► CEO		Date ►	
BAA	Title -	CLO		Form <b>8868</b> (	Rev 1-2014)

# Form **990**

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

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.

7/01

, 2015, and ending

OMB No. 1545-0047 2015

Open to Public Inspection

, 2016

В	Check if	applicable:	С				D Employ	er identifi	cation numbe	r
	Add	lress change	FULFILLMENT FUND	LAS VEGAS			46-	20832	219	
	Nan	ne change	3100 E PATRICK L	LANE		•	E Telepho	ne numbe	er	
	Initi	al return	LAS VEGAS, NV 89	9120			702	-263-	2360	
		return/terminated				•	702	200	2000	-
		ended return					<b>G</b> Gross r	eceints \$	2 82	27,545.
	$\vdash$	lication pending	<b>F</b> Name and address of principa	al officer		H(a) Is this a	a group return			(es X No
	Ahh	incation pending	Traine and address of principa	ar cinedi.		` '			Щ'	res 21 No
_	Tay o	kempt status	X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) or	527	H(b) Are all If 'No,'	attach a list.	(see instr	uctions)	ъ <u>П</u>
<u>'</u>					327					
			rw.fulfillmentlasy   X   Corporation   Trust	1 1			exemption n			N T T 7
K		of organization:		Association Other ► L	Year of format	ti <mark>on: 201:</mark>	3 IVI S	state of le	gal dom <mark>icile:</mark>	NV
Pa	rt I	Summar Briefly descri	<b>y</b> ho the ergonization's missis	on or most significant activities.	16:11		1.7	7.7		<u> </u>
	1 E	3rieny descri	be the organization's mission	on or most significant activities: Fi	<u>11111m</u>	<u>ient Fu</u>	<u>nd Las</u>	<u>Vega</u>	<u>as was </u>	<u>formed</u>
g				y for students growing						
뎔				<u>urced_communities. Ful</u> relationship with seve						
le.				n discontinued its operations or dispo						
õ				ning body (Part VI, line 1a)				3	.J.	7
•ಶ				s of the governing body (Part VI, line				4		$\frac{\prime}{7}$
Activities & Governance				calendar year 2015 (Part V, line 2a).				5		15
≅			<u>.</u>	necessary)				6		0
Ac				Part VIII, column (C), line 12				7a		0.
	b l	Net unrelated	l business taxable income f	from Form 990-T, line 34				7b		0.
							rior Year		Current	
Ð				1h)			,559,4	57.	7	79,051.
Ĭ		-	·	2g)						
Revenue				A), lines 3, 4, and 7d)			245,2		-[	54,992.
<b>—</b>				nes 5, 6d, 8c, 9c, 10c, and 11e)				54.		1,380.
				(must equal Part VIII, column (A), lin			,805,3	53.	12	25,439.
			· · ·	X, column (A), lines 1-3)						
				(, column (A), line 4)						
တ္				e benefits (Part IX, column (A), lines s			462,669.		72	23 <b>,</b> 083.
nse	16 a F	Professional	fundraising fees (Part IX, co	column (A), line 11e)						
Expenses	b T	Γotal fundrais	sing expenses (Part IX, colu	umn (D), line 25) ► 12	20,997.					
ΔÛ	17 (	Other expens	es (Part IX, column (A), lin	nes 11a-11d, 11f-24e)			550,6	28.	69	95,293.
	18	Total expense	es. Add lines 13-17 (must e	equal Part IX, column (A), line 25)		. 1	,013,2			18,376.
	<b>19</b> F	Revenue less	expenses. Subtract line 18	8 from line 12			792,0			92,937.
ō 8			·			_	ng of Curren		End of	
sets	20	Γotal assets (	(Part X, line 16)				,741,5		7.94	49,000.
Net Ass Fund Ba	21	Total liabilitie	s (Part X, line 26)				107,4			32,831.
₽₽	22	Net assets or	fund balances. Subtract lin	ne 21 from line 20		. 8	3,634,0			56,169.
Pa	rt II	Signatur					,,004,0		,,,	70,103.
_				including accompanying schedules and statements	and to the hes	et of my knowle	edge and heli	of it is true	a correct and	
comp	olete. Dec	claration of prepa	arer (other than officer) is based on	including accompanying schedules and statements, all information of which preparer has any knowle	dge.	st of filly known	cage and ben	JI, IL 13 LI U	o, correct, and	
Siç	ın	Signatu	ire of officer			Da	ite			
He	re	T.TNI	DY SCHUMACHER			CEO				
	-		print name and title.			CLO				
		Print/Type p	preparer's name	Preparer's signature	Date		Check	if F	TIN	
Pa	id	Bradle	ev K. Wallace	Bradley K. Wallace			self-employ	_	<mark>013</mark> 391	13
	iu epare			ANN & VERVILLE, LLP	1		5p.oy	ı ı	<u> </u>	
	e Onl		the state of the s	•			Firm's EIN	26-	<mark>391</mark> 6060	1
	, - · · ·	, illins audie	LAS VEGAS, N				Phone no.	(702		
May	the IF	S discuss th		shown above? (see instructions)			i fioric fio.	(702	X Yes	No

Par	t III	Statement of Program		•					3.7
	العنامة ال	Check if Schedule O contains		to any line in this Part II	<u>   </u>				X
	-	/ describe the organization's m	ISSION:						
	<u>see</u>	Schedule 0							
2	Did th	e organization undertake any s	significant program s	services during the year v	which were not listed	d on the prior			
	Form	990 or 990-EZ?					Ye	s X	No
	If 'Yes	s,' describe these new services	on Schedule O.						
3		e organization cease conductir		ant changes in how it con	nducts, any program	services?	. Ye	es X	No
		s,' describe these changes on S							
4	Descr	ibe the organization's program on 501(c)(3) and 501(c)(4) orga	service accomplish	ments for each of its thre	ee largest program s	ervices, as mea	asured by the total e	expense	S.
	and re	evenue, if any, for each program	m service reported.	ou to roport the uniounit	or grants and anotal		tilo total c	жропоос	,
4 a	(Code	:) (Expenses \$_	1,004,561.	including grants of \$_		) (Revenue	\$		)
		<mark>vided stu</mark> dents with	College Tou	rs, Educational	<u>assistance</u>	and overa	<u>ll col</u>	lege	
	read	diness							
		. — — — — — — — — — — — — — — — — — — —							
								. — — — -	
4 b	(Code	: ) (Expenses \$		including grants of \$		) (Revenue	\$		)
							-		
4.0	(Codo	· \ \(\((\mathbb{E}\)\)\(\mathbb{E}\)\(\math		including grants of \$		) (Payanua	¢		``
4 C	(Code	:) (Expenses \$_		including grants of \$_		_) (Revenue	٧		
		. — — — — — — — — — — — — — — — — — — —							
		. — — — — — — — — — — — — — — — — — — —		. — — — — — — — .					
								. — — — –	
		·							
								<del>_</del> _	
4 d		program services. (Describe in			. <del>.</del>	<b>A</b>			
	(Expe		including gran		) (Revenue	; Ş		)	
4 e	rotal	program service expenses -	1,004	,561.					

# Form 990 (2015) FULFILLMENT FUND LAS VEGAS 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
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		X
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		Χ
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? 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 endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X	
ı	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
(	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	11 c		X
(	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	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
1	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	11 f	X	
12 8	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	X	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
l	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
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		X
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		Χ

Form 990 (2015) FULFILLMENT FUND LAS VEGAS

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	X	
24 a	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
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 <mark>a</mark>	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
ŀ	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		Х
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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> '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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		X
	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	olf '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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Form	990 (	2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance
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	Check if Schedule O contains a response or note to any line in this Part V				. П
	,			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 19			
b	Enter the number of F <mark>orms W-2G in</mark> cluded in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		16	71	
	ments, filed for the calendar year ending with or within the year covered by this return	2a 15	0	V	
t	olf at least one is reported on line 2a, did the organization file all required federal employment		2 b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction of the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction).	•			V
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other final to the financial account in a foreign country (such as a bank account, securities account, or other final to the financial account.)	r other authority over, a ancial account)?	4 a		X
r	olf 'Yes,' enter the name of the foreign country:	annial Associate (FDAD)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fina		-		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y		5 a 5 b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?				Λ
			5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions?	d did the organization	6 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible?	tributions or gifts were	6 b		
	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and par services provided to the payor?		7 a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?	ch it was required to file	7 c		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year			_	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	enefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef		7 f		X
ç	If the organization received a contribution of qualified intellectual property, did the organization as required?	n file Form 8899	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o		7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund mainta				
	organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	n?	9 b		
	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
	Section 501(c)(12) organizations. Enter:	44			
	Gross income from members or shareholders	11 a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	i	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		12		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule	O.			
	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.	13b			
	Enter the amount of reserves on hand	13 c	4.		V
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
<u>λ</u> λ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So	cnedule U	14b	000	2015)

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

V
ΛI

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1 a 7			
	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.			
	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		V	
	officer, director, trustee, or key employee? See Schedule 0	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		X
4	Did the organization make any significant changes to its governing documents	_		
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		X
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
ŀ	<b>3</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 <mark>a</mark>	X	
t	Each committee with authority to act on behalf of the governing body?	8 b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O.</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue	Code	.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
k	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Χ	
(	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.	12 c		Χ
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ā	The organization's CEO, Executive Director, or top management official	15 a		X
ŀ	other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
ŀ	f '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?	16 b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <a href="Mone">None</a>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the public inspection. Indicate how you made these available. Check all that apply.	only) a	vailab	le
	Own website Another's website Y Upon request Other (explain in Schedule O)			
19	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.  See Schedule 0	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records: •			
	Wallace Neumann & Verville LLP 8930 SPANISH RIDGE AVE LAS VEGAS NV 89148	/02-	387-	0999

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

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

	_	

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

- 1 a 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.

Check this box if neither the organization nor any re	elated orga	aniza	ation	con	npei	nsate	d a	ny current officer,	director, or trustee.	
				(C)	)					
(A) Name and Title	(B) Average hours per	is	both dire	an o ector/	fficer truste	eck more s perso and a ee)		(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) GARY GITNICK, MD Director	$-\frac{1}{0}$	Х						0.	0.	0.
(2) ERIC ESRALIAN, MD Director	<u>1_</u> 0	Х						0.	0.	0.
(3) LINDY SCHUMACHER CEO	$-\frac{40}{0}$	X						151,157.	0.	5,227.
(4) TINA QUIGLY Director	<u>1</u> 0	Х						0.	0.	0.
	<u>1</u>	Х						0.	0.	0.
	<u>1</u> 0			Χ				0.	0.	0.
	<u>1</u> 0			Χ				0.	0.	0.
		-								
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, 111	usiees,	ney		npi	Oye	es,	an	a nignest coi	npensaleu Emp	Dioyees (conti	nuea)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box,	unle: er an	heck ss pe	sition more erson directo	than of the state	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of othe compensation from the organization and related organizations	1
(15)											
(16)											
(17)											
(18)											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
<u></u>											
1 b Sub-total							<b></b>	151,157.	0.	5,22	27.
c Total from continuation sheets to Part VII, Sectio	n A						•	0.	0.		0.
d Total (add lines 1b and 1c)							•	151,157.	0.	5,22	27.
2 Total number of individuals (including but not limit	ted to tho	se lis	ted	abo	ve) v	who r	rece	eived more than \$	100,000 of reportab	e compensatio	n
from the organization 1											
3 Did the organization list any <b>former</b> officer, directed on line 1a? <i>If 'Yes,' complete Schedule J for such</i>										Yes 3	No X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual.	<sup>*</sup> than \$15	0,000	)? <i>I</i> :	f 'Ye	es' c	ompl	lete	Schedule J for	om	4 X	
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens	ation e <i>Sch</i>	froi hedu	m ai ile J	ny u <i>I for</i>	nrela <i>such</i>	ited	organization or ir	ıdividual		X
Section B. Independent Contractors										<u> </u>	
1 Complete this table for your five highest compens compensation from the organization. Report comp	ated indep	oende for th	ent d	cont alen	ract dar	ors th vear	nat i enc	received more tha ling with or within	n \$100,000 of the organization's t	ax vear.	
(A)  Name and business address						(B) Description of		(C) Compensation			
2 Total number of independent contractors (includin \$100,000 of compensation from the organization	-	limite	ed to	o the	ose	isted	l ab	ove) who received	more than		

	Check if Schedule O contains a response or note to any I	ine in this Part VIII.			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a				
ar our	<b>b</b> Membership dues				
S, C	c Fundraising events				
≅ ∰	d Related organizations 1 d				
SL III	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1f 779,051.				
E O	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f.	779,051.			
Program Service Revenue	Business Code				
<b>ĕ</b>	2a				
ě	b				
Š.	C				
Š	d				
an	e				
ğ	f All other program service revenue				
<u>a</u>	g Total. Add lines 2a-2f ▶				
	Investment income (including dividends, interest and other similar amounts)	207 520	207 520		
	4 Income from investment of tax-exempt bond proceeds >	207,529.	207,529.		
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents				
	<b>b</b> Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7 a Gross amount from sales of assets other than inventory 1,839,585.				
	<b>b</b> Less: cost or other basis				
	and sales expenses 2,102,106.				
	<b>c</b> Gain or (loss) –262,521.				
	d Net gain or (loss)	-262,521.	-262,521.		
ø	8 a Gross income from fundraising events				
Other Revenue	(not including \$				
š	of contributions reported on line 1c).				
ď	See Part IV, line 18 a				
<u>e</u>	<b>b</b> Less: direct expenses				
ರ	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	<b>b</b> Less: direct expenses				
	c Net income or (loss) from gaming activities ▶				
	10 a Gross sales of inventory, less returns and allowances a				
	<b>b</b> Less: cost of goods sold				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a Credit Card Rebate Income	1,380.	1,380.		
	b				
	С				
	d All other revenue				
	e Total. Add lines 11a-11d	1,380.			
	12 Total revenue. See instructions	725,439.	-53,612.	0.	0.

# 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).

Doi	Check if Schedule O contains a re	(A) Total expenses	(B)	(C)	(D)
6b,	7b, 8b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	150,417.	87,221.	33,092.	30,104.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	485,337.	329,849.	89,658.	65,830.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,804.		21,804.	
9	Other employee benefits				
10	Payroll taxes	65,525.	41,281.	14,416.	9,828.
11	Fees for services (non-employees):				
	Management				
	Legal	200.		200.	
	: Accounting	40,967.		40,967.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	60.001		50.001	
	Investment management fees	60,001.		60,001.	
	(A) amount, list line 11g expenses on Schedule 0.)	9,132.		9,132.	
13	Office expenses	43,205.	34,608.	5,220.	3,377.
14	Information technology	45,205.	34,000.	5,220.	3,311.
15	Royalties				
16	Occupancy.				
17	Travel	46,312.	33,345.	7,873.	5,094.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	10/312.	337313.	7,073.	3,031.
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,127.	2,251.	532.	344.
23 24	Insurance. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	52,221.	37,599.	8,878.	5,744.
a	College Tour Expenses	177,125.	177,125.		
	Educational Program Expenses	163,708.	163,708.		
C	Educational Courses and Supply	32,732.	32,732.		
C		29,567.	29,567.		
e	All other expenses	36,996.	35,275.	1,045.	676.
25	Total functional expenses. Add lines 1 through 24e	1,418,376.	1,004,561.	292,818.	120,997.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any line i	n this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			620,077.	1	328,113.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			724,452.	3	490,167.
	4	Accounts receivable, net			<u> </u>	4	<u>.</u>
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated en Part II of Schedule L	nplovees.	Complete		5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete	and contributing		6		
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10a	21,193.			
		Less: accumulated depreciation		5,506.	9,398.	10 c	15,687.
	11	Investments – publicly traded securities			7,381,642.	11	7,115,033.
	12	Investments – other securities. See Part IV, line 11			7,501,042.	12	7,113,033.
	13	Investments – program-related. See Part IV, line 11.		<u></u>		13	_
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.	_	5,993.	15		
	16	Total assets. Add lines 1 through 15 (must equal line 3		<u> </u>	8,741,562.	16	7 0/0 000
-	17	Accounts payable and accrued expenses		68,913.	17	7,949,000. 131,062.	
	18	Grants payable		00,713.	18	131,002.	
	19	Deferred revenue				19	_
	20	Tax-exempt bond liabilities				20	
Ø	21	Escrow or custodial account liability. Complete Part IV		_		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, directo disqualifi	rs, trustees, ed persons.		22	
	23	Secured mortgages and notes payable to unrelated thi		<u> </u>		23	
	23 24	Unsecured notes and loans payable to unrelated third	•	<u> </u>		24	
	25 25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp	•		38,583.	25	51,769.
	26	Total liabilities. Add lines 17 through 25			107,496.	26	182,831.
S		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	here >	and complete			
ĕ	27	Unrestricted net assets		ľ	7,857,247.	27	7,090,261.
<u>a</u>	28	Temporarily restricted net assets		<u></u>	776,819.	28	675,908.
m	29	Permanently restricted net assets		<u> </u> _	110,013.	29	073,300.
P	23	Organizations that do not follow SFAS 117 (ASC 958)				23	
I		and complete lines 30 through 34.	, check in				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		ľ		30	
ets	31	Paid-in or capital surplus, or land, building, or equipm				31	
SSI		Retained earnings, endowment, accumulated income,				32	
t A	32 33	Total net assets or fund balances			0 624 066		7 700 100
ž				<u> </u>	8,634,066.	33	7,766,169.
	34	Total liabilities and net assets/fund balances			8,741,562.	34	7,949,000.

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Pai	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		72	25,4	139.
2	Total expenses (must equal Part IX, column (A), line 25).	2	]	.,4	18,3	376.
3	Revenue less expenses. Subtract line 2 from line 1.	3		-69	92,9	937.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	3,63	34,0	066.
5	Net unrealized gains (losses) on investments	5		-1	74,9	960.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O).	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-	7 7	S 6 1	L69.
Pai	rt XII Financial Statements and Reporting	10		, / (	30,1	109.
ı aı						
	Check if Schedule O contains a response or note to any line in this Part XII.					
	A 15 H 1 H 5 000 DO 1 DOH				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		II			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
ŀ	b Were the organization's financial statements audited by an independent accountant?			2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit		2 c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ngle		3 a		X
ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
	or addits, explain with in Schedule O and describe any steps taken to undergo such dudits			วม		

**BAA** Form **990** (2015)

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

FUL	FULFILLMENT FUND LAS VEGAS 46-2083219								
Par	t I Reason for Public Char	rity Status (All orga	anizations must cor	nplete	this p	art.) See instructior	ns.		
The o	organization is not a private found	ation because it is: (F	or lines 1 through 11, cl	neck onl	y one b	ox.)			
1	A church, convention of church	ches, or association o	f churches described in	section	170(b)	(1)(A)(i).			
2	A school described in <b>section</b>	<b>n 170(b)(1)(A)(ii).</b> (Atta	ach Schedule E (Form 9	90 or 99	0-EZ).)				
3	A hospital or a cooperative h	ospital service organiz	zation described in sect	ion 1 <b>70</b> (	(b)(1)(A)	(iii).			
4	A medical research organizat	tion operated in conjui	nction with a hospital de	escribed	in <b>sect</b>	ion 170(b)(1)(A)(iii). Ent	er the hospital's		
	name, city, and state:								
5	An organization operated for 170(b)(1)(A)(iv). (Complete F	the benefit of a collecter (II.)	ge or university owned o	r operat	ed by a	governmental unit desc	ribed in <b>section</b>		
6	A federal, state, or local gove	ernment or governmer	ntal unit described in se	ction 17	'0(b)(1)(	A)(v).			
7	An organization that normally in section 170(b)(1)(A)(vi). ((	Complete Part II.)		-	ernment	al unit or <mark>from the gene</mark>	eral public described		
8	A community trust described	in section 170(b)(1)(A	A)(vi). (Complete Part II.	)					
9	An organization that normally from activities related to its e investment income and unrel June 30, 1975. See section 5	xempt functions – su ated business taxable	bject to certain exception income (less section 5)	ns, and	(2) no r	nore than 33-1/3% of its	s support from gross		
10	An organization organized ar	•	•	-					
11	An organization organized ar or more publicly supported or lines 11a through 11d that de	rganizations described	l in section 509(a)(1) or	section	509(a)(	<b>2).</b> See <b>section 509(a)(</b> 3	the purposes of one  3). Check the box in		
а	organization(s) the power to complete Part IV, Sections A	regularly appoint or el	ised, or controlled by its lect a majority of the dir	s suppor ectors o	ted orga r trustee	anization(s), typically by es of the supporting orga	giving the supported anization. <b>You must</b>		
b	Type II. A supporting organiz management of the supportin must complete Part IV, Secti	ng organization vested	ontrolled in connection was the same persons the	ith its s at contr	upported ol or ma	d organization(s), by ha anage the supported org	ving control or panization(s). <b>You</b>		
С	Type III functionally integrate organization(s) (see instruction	<b>ed.</b> A supporting orgar ons). <b>You must comp</b>	nization operated in con lete Part IV, Sections A	nection , <b>D, and</b>	with, an <b>E.</b>	d functionally integrated	d with, its supported		
d	Type III non-functionally integrated. The of instructions). You must comp	organization generally	must satisfy a distribution	connec on requi	tion with rement	n its supported organiza and an attentiveness re	tion(s) that is not quirement (see		
е	Check this box if the organization integrated, or Type III non-ful	ation received a writte nctionally integrated s	n determination from th upporting organization.	e IRS th	at it is a	a Type I, Type II, Type I	II functionally		
f	Enter the number of supported of	organizations							
g	Provide the following information	n about the supported	organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	organizat	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No	•			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				1		
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		7,400,000.	868,985.	1,565,000.	779,051.	10,613,036.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	<b>Total.</b> Add lines 1 through 3	0.	7,400,000.	868,985.	1,565,000.	779,051.	10,613,036.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,007,178.
6	<b>Public support.</b> Subtract line 5 from line 4.						8,605,858.
Sec	tion B. Total Support				1		
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
7	Amounts from line 4	0.	7,400,000.	868,985.	1,565,000.	779,051.	10,613,036.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						10,613,036.
12	Gross receipts from related activi	ties, etc. (see ins	tructions)			12	0.
13	First five years. If the Form 990 i organization, check this box and	s for the organiza <mark>stop here</mark>	tion's first, second	I, third, fourth, or	fifth tax year as a	section 501(c)(3)	<b>&gt;</b> X
	tion C. Computation of Pu						
	Public support percentage for 20	-	•				%
	Public support percentage from 2						%
16 a	<b>33-1/3% support test</b> – <b>2015.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the be licly supported org	ox on line 13, and ganization	d line 14 is 33-1/39	% or more, check	this box▶
b	<b>33-1/3% support test</b> – <b>2014.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pub	d not check a box licly supported org	on line 13 or 16a ganization	, and line 15 is 33	-1/3% or more, ch	neck this box
17 a	<b>10%-facts-and-circumstances te</b> or more, and if the organization r the organization meets the 'facts	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here	. Explain in Part \	/I how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar I-circumstances' to	nd-circumstances' est. The organizat	test, check this b ion qualifies as a	ox and stop here publicly supported	.Explain in Part \ d organization	/I how the ►
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, 17a, (	or 17b, check this	box and see instr	uctions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support										
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 201!	5	(f) Total			
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')										
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.										
3	Gross receipts from activities that are not an unrelated trade or business under section 513.										
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
	governmental unit to the organization without charge										
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
c	Add lines 7a and 7b										
8	<b>Public support.</b> (Subtract line 7c from line 6.)										
Sec	tion B. Total Support						•				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 201	5	(f) Total			
	Amounts from line 6	(4) ==	(4) = 1 =	(9) == 1 0	(4)==++	(3)=311		(-)			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses										
_	acquired after June 30, 1975 Add lines 10a and 10b										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).										
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)										
	First five years. If the Form 990 is organization, check this box and	stop here									
	tion C. Computation of Pu						-				
	Public support percentage for 20	-	• •				15	%			
	Public support percentage from 2						16	%			
Sec	tion D. Computation of Inv										
17	Investment income percentage for	or <b>2015</b> (line 10c,	column (f) divided	by line 13, colum	nn (f))		17	%			
18	Investment income percentage from	om <b>2014</b> Schedule	e A, Part III, line 1	7			18	%			
19 a	<b>33-1/3% support tests</b> – <b>2015.</b> If is not more than 33-1/3%, check										
b	<b>33-1/3% support tests</b> – <b>2014.</b> If the line 18 is not more than 33-1/3%	the organization d , check this box a	id not check a box nd <b>stop here.</b> The	on line 14 or lin organization qual	e 19a, and line 16 lifies as a publicly	is more that supported o	n 33-1/3% rganizatio	is, and □			
20	line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

# Part IV Supporting Organizations

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

# **Section A. All Supporting Organizations**

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

Pa	art IV	Supporting Organizations (continued)			
				Yes	No
11		he organization accepted a gift or contribution from any of the following persons?			
	gover	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
	<b>b</b> A fam	nily member of a person described in (a) above?	11b		
	<b>c</b> A 35%	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ction E	3. Type I Supporting Organizations			
				Yes	No
1	or ele <b>Part \</b> If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1		
2	Did the that of the benefit	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Se		C. Type II Supporting Organizations			
		Alexander 2 2 2 december 2		Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D	D. All Type III Supporting Organizations			
				Yes	No
1	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how				
	the oi	rganizatión maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	3		
٥,		s regard	3		
SE	CUOIL	. Type in Functionally-integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons):		
	а П	he organization satisfied the Activities Test. Complete line 2 below.			
	ь □т	the organization is the parent of each of its supported organizations. Complete line 3 below.			
	=	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truotio	nc)	
	с 🔲 Т	the organization supported a governmental entity. Describe in Fart vi now you supported a government entity (see ins	ucuc	115).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo <b>orgar</b> respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
	subst	antially all of its activities	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	<b>a</b> Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations	3	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust of other Type III non-functionally integrated supporting organizations must complete S	on Nove Section	ember 20, 1970. <b>See i</b> s A through E.	nstructions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
8	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets.	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year.	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integree (see instructions).	rated T	ype III supporting orga	nization
BAA			Cobodulo A /F	orm 990 or 990 E7) 201

Par	t V   Type III Non-Functionally Integrated 509(a)(3) Supp	orting Organizatio	ns(continuea)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpos in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup			
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in <b>Part VI</b> ). See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organizin <b>Part VI</b> ). See instructions.	zation is responsive (p	rovide details	
9	Distributable amount for 2015 from Section C, line 6.			
	Line 8 amount divided by Line 9 amount			
	on E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			
DAA			Cabadula A /Far	000 av 000 EZ) 201E

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Schedule **A** (Form 990 or 990-EZ) 2015

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

# Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

# **Schedule of Contributors**

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

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

OMB No. 1545-0047

2015

Employer identification number

FULFILLMENT FUND LAS VEGAS		46-2083219
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated	l as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as	a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the	General Rule or a Special Rule.	
<b>Note.</b> Only a section 501(c)(7), (8), or (10) o	rganization can check boxes for both the General Rule ar	d a Special Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990, property) from any one contributor. Com	EZ, or 990-PF that received, during the year, contribution plete Parts I and II. See instructions for determining a con	s totaling \$5,000 or more (in money or ntributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A	501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (vi), that checked Schedule A (Form 990 or 990-EZ), Pa the year, total contributions of the greater of (1) \$5,000 990-EZ, line 1. Complete Parts I and II.	rt II. line 13, 16a, or 16b, and that
For an organization described in section during the year, total contributions of mo purposes, or for the prevention of cruelty	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece re than \$1,000 <i>exclusively</i> for religious, charitable, scient to children or animals. Complete Parts I, II, and III.	ived from any one contributor, ific, literary, or educational
during the year, contributions <i>exclusively</i> \$1,000. If this box is checked, enter here charitable, etc., purpose. Do not complet	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive for religious, charitable, etc., purposes, but no such conthe total contributions that were received during the year e any of the parts unless the <b>General Rule</b> applies to this table, etc., contributions totaling \$5,000 or more during the	tributions totaled more than for an <i>exclusively</i> religious, s organization because
990-PF), but it must answer 'No' on Part IV,	by the General Rule and/or the Special Rules does not fil line 2, of its Form 990; or check the box on line H of its F the filing requirements of Schedule B (Form 990, 990-EZ	form 990-EZ or on its Form 990-PF,

BAA 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)

1 of Part I

FULFILLMENT FUND LAS VEGAS

Page 1 of
Employer identification number

46-2083219

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
--------	--------------	---------------------	---------------	------------------	---------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE WINDSONG TRUST  838 MANHATTAN BEACH BLVD  MANHATTAN BEACH, CA 90266	\$ <u>_650,000.</u>	Person X Payroll Noncash  (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BENNETT FAMILY FOUNDATION  6650 VIA AUSTI PKWY, #150  LAS VEGAS, NV 89119	\$ <u>15,714.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BANK OF AMERICA  100 N Tryon Street  Charlotte, NC 28255	\$ <mark>_22,000.</mark>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution
		contributions	Type of contribution
4	The Maddux Foundation  10120 W Flamingo Rd, Suite 272  Las Vegas, NV 89147	\$ 50,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
	10120 W Flamingo Rd, Suite 272	contributions	Person X Payroll Noncash  (Complete Part II for
(a) Number	10120 W Flamingo Rd, Suite 272  Las Vegas, NV 89147  (b)	\$50,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	10120 W Flamingo Rd, Suite 272  Las Vegas, NV 89147  Name, address, and ZIP + 4  ARNOLD & RACHEL SMITH FAMILY FOUND  735 N 19TH AVENUE	\$50,000.  (c) Total contributions	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
(a) Number	10120 W Flamingo Rd, Suite 272  Las Vegas, NV 89147  Name, address, and ZIP + 4  ARNOLD & RACHEL SMITH FAMILY FOUND  735 N 19TH AVENUE  PHOENIX, AZ 85009-3832  (b)	\$50,000.  (c) Total contributions  \$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization

Employer identification number

FULFILLMENT FUND LAS VEGAS 46-2083219

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

1 to

1 of Part III

Name of organization
FULFILLMENT FUND LAS VEGAS

Employer identification number 46-2083219

	or (10) that total more than \$1,000 for the following line entry. For organizations co contributions of \$1,000 or less for the year. (	mpleting Part III, enter the total	of exclusivel	y religious, charitable, etc.,
(a) No. from	Use duplicate copies of Part III if additional s  (b)  Purpose of gift	space is needed. (c) Use of gift		(d)  Description of how gift is held
Part I	N/A			, , , , , , , , , , , , , , , , , , ,
		(e)		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	Rela	ationship 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, addres	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
	Transferee's name, addres	Relationship of transferor to transferee		
		·		

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	FULFILLMENT FUND LAS VEGAS			46-2083219	
Par	t   Organizations Maintaining Dono	r Advised Funds or Ot	her Similar Fun	ds or Accounts.	
•	Complete if the organization answ	vered 'Yes' on Form 99	90, Part IV, line	6.	
		(a) Donor advised	funds	(b) Funds and other acc	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dono are the organization's property, subject to the o	r advisors in writing that the rganization's exclusive legal	assets held in donor control?	advised funds	No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit cimpermissible private benefit?	of the donor or donor advisor.	or for any other pur	pose conferring	□No
Par					
Fai	Complete if the organization answ	wered 'Yes' on Form 90	00 Part IV line	7	
1	Purpose(s) of conservation easements held by			, .	
·	Preservation of land for public use (e.g., red			a historically important land ar	ea
	Protection of natural habitat			a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation	n contribution in the	form of a conservation easem	ent on the
				Held at the End of the	ne Tax Year
á	Total number of conservation easements			. 2a	
ŀ	Total acreage restricted by conservation easem	ents		. 2b	
(	Number of conservation easements on a certifie	ed historic structure included	in (a)	. 2c	
(	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, an	nd not on a historic	. 2d	
3	Number of conservation easements modified, tr tax year ►	ansferred, released, extingui	shed, or terminated	by the organization during the	
4	Number of states where property subject to con	servation easement is locate	d ►		
5	Does the organization have a written policy rega				
	and enforcement of the conservation easements				No
6	Staff and volunteer hours devoted to monitoring	,			9
7	Amount of expenses incurred in monitoring, ins ▶\$	pecting, handling of violation	s, and enforcing cor	nservation easements during th	ie year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.				
Par		i <b>ons of Art, Historical T</b> wered 'Yes' on Form 99	reasures, or Othe 90, Part IV, line	er Similar Assets. 8.	
1 8	If the organization elected, as permitted under sart, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, ed	ucation, or research	statement and balance sheet in furtherance of public service	works of e, provide,
ŀ	If the organization elected, as permitted under shistorical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, educat	ion, or research in fu	urtherance of public service, pr	ks of art, ovide the
	(i) Revenue included on Form 990, Part VIII, li				
	(ii) Assets included in Form 990, Part X				<u> </u>
	If the organization received or held works of art amounts required to be reported under SFAS 1	16 (ASC 958) relating to thes	e items:		wing
	Revenue included on Form 990, Part VIII, line 1			·	
ŀ	Assets included in Form 990, Part X			▶\$	

Part III Organizations Maintaining Collect	ctions of Art, Historic	cal Treasures, or Ot	her Similar Assets	continue	:d)			
3 Using the organization's acquisition, accession items (check all that apply):	n, and other records, che	ck any of the following t	hat are a significant use	of its coll	ection	l		
a Public exhibition	<b>d</b> Loan	or exchange programs						
b Scholarly research	e Other							
c Preservation for future generations								
4 Provide a description of the organization's coll Part XIII.	ections and explain how	they further the organiz	ation's exempt purpose	in				
5 During the year, did the organization solicit or to be sold to raise funds rather than to be mai	ntained as part of the or	ganization's collection?		Yes		No		
Escrow and Custodial Arrangement   Escrow and Cus			d 'Yes' on Form 990,	Part IV,				
a Is the organization an agent, trustee, custodia on Form 990, Part X?     b If 'Yes,' explain the arrangement in Part XIII a			assets not included	Yes		No		
				Amount				
c Beginning balance								
<b>d</b> Additions during the year								
e Distributions during the year								
f Ending balance								
2 a Did the organization include an amount on For			-			No		
<b>b</b> If 'Yes,' explain the arrangement in Part XIII. (	Check here if the explana	ation has been provided	on Part XIII			]		
Part V Endowment Funds. Complete if t	he organization ans	wered 'Yes' on Forr	n 990, Part IV, line	10.				
(a) Current	t year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four	r years	back		
1 a Beginning of year balance								
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships				+				
e Other expenditures for facilities and programs								
f Administrative expenses								
<b>q</b> End of year balance				†				
2 Provide the estimated percentage of the current	nt vear end balance (line	: 1a. column (a)) held as	S:					
a Board designated or guasi-endowment ►	8	3,						
<b>b</b> Permanent endowment ►	<u> </u>							
c Temporarily restricted endowment ►	%							
The percentages on lines 2a, 2b, and 2c should								
The percentages on lines 2a, 2b, and 2c should	iu equai 100%.							
3a Are there endowment funds not in the possess	sion of the organization t	hat are held and admini	stered for the	Г	,T			
organization by:					'es	No		
(i) unrelated organizations				3a(i)				
(ii) related organizations				` '				
<b>b</b> If 'Yes' on line 3a(ii), are the related organizat	·			3b				
4 Describe in Part XIII the intended uses of the		nt funds.						
Part VI Land, Buildings, and Equipmen								
Complete if the organization ans	wered 'Yes' on Form	n 990, Part IV, line	11a. See Form 990	, Part X,	line	10.		
Description of property	(a) Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Boo	ok valı	ue		
<b>1 a</b> Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment		21,193.	5,506.		15.	687.		
<b>e</b> Other			2,000.			<u> </u>		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).   15,687.								

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Schedule **D** (Form 990) 2015

Part VII Investments — Other Securities.	N/ 1 = 000	N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(I) Total (Column (b) must equal Form 000 Part V column (P) line 12.)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)  Part VIII Investments — Program Related.		N/A	
Complete if the organization answered	'Yes' on Form 990,	Part IV, line 11c. See Form 990	), Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets. Complete if the organization answered 'Y	N/A 'As' on Form 990 Pa	art IV line 11d See Form 990 Pa	rt X line 15
	scription	11(1), iiiie 114. Oce 1 (iiii 330, 1 4	(b) Book value
(1)			() = 00
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B	) line 15.)		
Part X Other Liabilities.	,		
Complete if the organization answered 'Yes' on Form	990, Part IV, line 11e or 1	1f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Accrued Payroll	10,43		
(3) Accrued PTO	41,33	0.	
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	51,76	9.	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	725,439.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.). 2d		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	. 3	725,439.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.). 4b		
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	725,439.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn.	
	1	1,418,376.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1	1,418,376.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	1,418,376.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	1,418,376.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  2 a	1	1,418,376.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b	1	1,418,376.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of	. 1	1,418,376.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  2 d	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.	. 1	1,418,376. 1,418,376.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.).  c Add lines 4a and 4b.	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a  b Other (Describe in Part XIII.).  4 b	. 1	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X - FIN 48 Footnote

Fulfillment Fund Las Vegas is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code and is generally exempt from income taxes on related income pursuant to the appropriate section of the Internal Revenue Code. In the preparation of tax returns, tax positions are taken based on interpretation of federal, state and local income tax laws. In accordance with the accounting standards, management periodically reviews and evaluates the status of uncertain tax positions and makes estimates of amounts, including interest and penalties,

Schedule **D** (Form 990) 2015

# **Part XIII** | Supplemental Information (continued)

# Part X - FIN 48 Footnote (continued)

ultimately due or owed. No amounts have been identified, or recorded as uncertain tax positions. Federal, state, and local tax returns generally remain open for examination by the various taxing authorities for a period of three to six years.

**BAA** TEEA3305L 06/03/15 Schedule **D** (Form 990) 2015

### **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.

Department of the Treasury Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is atwww.irs.gov/form990. Employer identification number

OMB No. 1545-0047

**Open to Public** Inspection

46-2083219

<u>FULFILLMENT FUND LAS VE</u>GAS Part I **Questions Regarding Compensation** Yes No 1 a 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. 1 b 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 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 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?..... Χ **4** a 4 b Χ 4 c Χ If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: a The organization?..... Χ 5 a **b** Any related organization?..... 5 h X

section 53.4958-6(c)?..... BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**b** Any related organization?.....

to the initial contract exception described in Regulations section 53.4958-4(a)(3)? 

If 'Yes' to line 5a or 5b, describe in Part III.

a The organization?.....

If 'Yes' on line 6a or 6b, describe in Part III.

contingent on the net earnings of:

Schedule J (Form 990) 2015

6 a

6 b

7

X

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

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.....

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

# 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-MISC compensation			(O) D I:	(D) N	(E) T     (	<b>(E)</b> 0
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
LINDY SCHUMACHER	(i)	151,157.	0.	0.	0.	5,227.	156,384.	0.
1 CEO	(ii)	<u></u>	$\frac{1}{0}$	<u>0.</u>	$\frac{1}{0}$	0.	0.	0.
. 610	(i)	0.	0.	0.	0.	0.	0.	0.
2	(ii)		<del> </del>		<del> </del>		<del> </del>	
	(i)							
3	(ii)		<del> </del>		<del> </del>		<del> </del> -	
-	(i)							
4	(ii)		<del> </del>		†		†	
	(i)							
5	(ii)				†		<del> </del>	
	(i)							
6	(ii)		T		T		T	
	(i)							
7	(ii)							
	(i)						L	
8	(ii)							
	(i)		<b> </b>		<b>_</b>		L	
9	(ii)							
	(i)		<b> </b>		<b> </b>		<b>_</b>	
10	(ii)							
	(i)				<b> </b>		<b></b>	
11	(ii)							
10	(i)		<b></b>		<b></b>		<b></b>	
12	(ii)							
12	(i)		<del></del>		+		<del></del>	
13	(ii)							
14	(i)		<del> </del>		<b>+</b>		<del></del>	
14	(ii)							
15	(i)		<del> </del>		<del> </del>		<del></del>	
13	(ii) (i)							
16	(i) (ii)		<del> </del>		<del> </del>		<del> </del> -	
10	(11)							

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TEEA4102L 10/26/15

Schedule J (Form 990) 2015

# 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.

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

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FULFILLMENT FUND LAS VEGAS

Employer identification number

46-2083219

## Form 990, Part III, Line 1 - Organization Mission

Fulfillment Fund Las Vegas was formed to make college a reality for students growing up in economically and educationally under-resourced communities. Fulfillment Fund Las Vegas is committed to a long-term relationship with several schools; to developing a partnership with the Clark County School District that will ultimately lead to Fulfillment Fund Las Vegas having a district-wide presence and district-wide impact; to ensuring that all students we work with are aware of post-secondary opportunities and those who are interested in pursuing higher education are "ready by exit" to take advantage of these opportunities; and to partnering with the University of Nevada Las Vegas ("UNLV") and other important educational institutions in Nevada and other states who share our commitment to promoting college access and success. By helping to support college access we plan to broaden our reach in our partner high schools, serve more students and create school-wide impact. We will build on our in-classroom curriculum, one-on-one counseling, financial aid awareness, and experiential learning opportunities with programs and experiences to positively support college aspirations of students in the broader Las Vegas community. We will provide college scholarships, textbook stipends, and post-secondary support services that include internship training and internships for our Las Vegas students.

#### Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Dr. Gary Gitnick and Dr. Eric Esralian are both employed by UCLA School of Medicine.
Dr. Gitnick is Dr. Esralian's supervisor.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

NO REVIEW WAS OR WILL BE CONDUCTED.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

# **Notes Addendum**