EXTENDED TO NOVEMBER 15, 2016

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Α	For th	e 2015 calendar year, or tax year beginning and and	ending	_			
В	Check if applicat	C Name of organization		D Employer identifi	cation number		
	Addr	PAIGE'S BUTTERFLY RUN, INC.		72			
	Name chan	Doing business as		52-2	154937		
F	Initial return		Room/suite				
F	Final			1- '	635-0099		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 302,584			
	Amer	ded DATDWINGSTILE NV 12027		H(a) Is this a group re			
F	—returr ☐Appili ☐tion			for subordinates			
	Ition pend	ing	,				
_		SAME AS C ABOVE			ncluded? Yes No		
		tempt status: X 501(c)(3)	or 52	⊣ ′	list. (see instructions)		
		te: ► WWW.PBRUN.ORG		H(c) Group exemptio			
$\overline{}$		forganization: X Corporation Trust Association Other	L Year	of formation: 1999 N	M State of legal domicile: NY		
Р	art I	Summary					
ģ	1	Briefly describe the organization's mission or most significant activities: TO F					
Activities & Governance		BENEFIT CURRENT AND FUTURE PEDIATRIC CAN	ICER PA	ATIENTS AND	THEIR		
Ĩ	2	Check this box if the organization discontinued its operations or disposition	osed of mor	e than 25% of its net as	ssets.		
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	3		
ر مع	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3		
S	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0		
į	6	Total number of volunteers (estimate if necessary)			150		
댦	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
⋖		Net unrelated business taxable income from Form 990-T, line 34		The second secon	0.		
	1 ~			Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		135,901.	145,162.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		196.	297.		
æ	1			99,278.	105,271.		
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		235,375.	250,730.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		224,000.	240,000.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.		
Ď	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		40.404		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,020.	10,421.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		233,020.	250,421.		
_	19	Revenue less expenses. Subtract line 18 from line 12		2,355.	309.		
Net Assets or Fund Ralances			B	eginning of Current Year	End of Year		
Sets	20	Total assets (Part X, line 16)		5,929.	9,064.		
SE SE	21	Total liabilities (Part X, line 26)		0.	2,826.		
E E	22	Net assets or fund balances. Subtract line 21 from line 20		5,929.	6,238.		
P	art II	Signature Block					
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedul	es and staten	nents, and to the best of m	y knowledge and belief, it is		
true	. corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.			
	,						
Sig	ın	Signature of officer		Date			
		CHRISTOPHER ARNOLD, PRESIDENT					
He	e	Type or print name and title					
_				Date Check	PTIN		
Da!		Print/Type preparer's name Preparer's signature	26	H			
Pai		THE STREET OF THE	-	self-employ			
	parer	Firm's name DANNIBLE & MCKEE, LLP		/ Firm's EIN	33-0996661_		
Use	Only	Firm's address 221 SOUTH WARREN ST.			F 480 0408		
		SYRACUSE, NY 13202		Phone no. 31	5-472-9127		
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)	,	<u></u>	X Yes No		
5320	001 12-	16-15 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form 990 (2015)		

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Forn	n 990 (2015) PAIGE'S BUTTERFLY RUN, INC.	52-2154937	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:		
	TO RAISE FUNDS WITH INTEGRITY TO BENEFIT CURRENT AND FU	TURE PEDIATR	IC_
	CANCER PATIENTS AND THEIR FAMILIES IN CENTRAL NEW YORK	THROUGH THE	
	SPONSORSHIP OF PEDIATRIC ONCOLOGY RESEARCH AND PATIENT		
		TROGRAMD AI	
	UPSTATE GOLISANO CHILDREN'S HOSPITAL IN SYRACUSE.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	20	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	y Vac	X No
•			LEALING
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 240,000 . including grants of \$ 240,000 .) (Rever	2 9 110	1
	TO FUND PEDIATRIC CANCER RESEARCH AND HELP FAMILIES OF		
	UNDERGOING TREATMENT AT UPSTATE GOLISANO CHILDREN'S HOS	PITAL.	
4b	(Code:) (Expenses \$	iue \$)
			
4c	(Code:) (Expenses \$	ше \$)
			
		_	
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4^	Total program service expenses > 240 000		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for excrow 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 X 9 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 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X 15 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 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 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

Form 990 (2015) PAIGE'S BUTTERFLY RUN, INC.
Part IV Checklist of Required Schedules (continued)

			V	NI-
00-	Did the examination energic and ar mare benefits facilities? If "Ven " complete Schodule H	20a	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			1,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		x
	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	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			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		17
	Part V, line 1	34_		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) crganizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
0~	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/		
30	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015) PAIGE'S BUTTERFLY RUN, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		163	140				
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
Ŭ	(gambling) winnings to prize winners?	1c						
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 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
	la At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	if "Yes," enter the name of the foreign country: ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	= _						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	7a		X				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х				
٨	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70						
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	ш					
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
40	amounts due or received from them.)	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	Note. See the instructions for additional information the organization must report on Schedule O.	isa						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
IJ	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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 0.									
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?	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										
6	Did the organization have members or stockholders?	6		X						
7a	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?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	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		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
•	in Schedule O how this was done	12c	x							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14		x						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.00	•							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	100								
	List the states with which a copy of this Form 990 is required to be filed ▶NY									
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	e .							
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rial							
	statements available to the public during the tax year.	· · · · · · · · · · · ·	- ITAI							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
LU	CHRISTOPHER ARNOLD - 315-635-0099									
	2911 FARCO ROAD RALDWINSVILLE NV 13027									

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

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

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

X Check this box if neither the organization n	or any related	d organization compensat					nsat	ated any current officer, director, or trustee.				
(A)	(B)		(C)					(D)	(E)	(F)		
Name and Title	Average	(do	not c	Pos	itior	1 than	one	Reportable	Reportable	Estimated		
	hours per	box	. unle	es pe	erson	is bot	h an	compensation	compensation	amount of		
	week	_	cer ar	id a c	Irecto	or/trus	100)	from	from related	other		
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MISC)	organization		
	organizations	truste	Institutional trustee		yee	mper		(11 27 1000 111100)		and related		
	below	Idual	igi	=	舃	est co	- is			organizations		
	line)	ig j	Instit	Officer	Key employee	Highest compensated employee	Former					
(1) CHRISTOPHER ARNOLD	5.00											
PRESIDENT		X		X				0.	0.	0.		
(2) ELLEN YEOMANS	1.00											
VICE PRESIDENT		X		X				0.	0.	0.		
(3) RALPH SIMONE	0.50											
SECRETARY		X		X				0.	0.	0.		
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		L										
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rai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	<u>d Hi</u>	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable	,	Es	timate	d
		hours per	box	i, unle	eq sa	rson	is bat	h an	compensation	compensation	n n	an	nount	of
		week	offi	cer ar	nd a d	lirecto	r/trus	tee)	from	from related	t		other	
		(list any	ctor						the	organization	s	com	pensa	tion
		hours for	trustee or director				Eg.		organization	(W-2/1099-MIS	3C)	fr	om the	9
		related	tee o	nstee			ensa		(W-2/1099-MISC)			_	anizati	
		organizations	Ĕ	Institutional trustee		Key employee	Highest compensated employee	İ					d relat	
		below	Individual t	E E	Officer	gma	plest Plest	mer		72		orga	anizatio	ons
		line)	呈	E S	≣	Key	운동	휸						
				ì										
			L					<u> </u>						
(0									<u> </u>					
						1								
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	· · · · · · · · · · · · · · · · · · ·		-	\vdash										
			\vdash		-	\vdash	-	<u> </u>						
			_											
		ļ		<u> </u>				<u>L.</u> .						
	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wh	o re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y en	nplo	yee,	or h	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150			-					-	3		4		X
5	Did any person listed on line 1a receive or a									dual for services				
•	rendered to the organization? If "Yes," com					-			-			5		X
Sec	tion B. Independent Contractors	piete Ochedale	501	<i>Ur</i> 31	JUIT	pers				***************************************				
	Complete this table for your five highest con	mponested inc	lone	ndo	nt o	ontr	acto	re ti	hat received more than	\$100 000 of cor	none	ation f	rom	
1	the organization. Report compensation for										iperia	alloni	TOITI	
		the calendar ye	ear e	enai	ng w	vitri (or w	<u>unini</u>		year.				
	(A) Name and business	address	BT/	\\TT	7				(B) Description of s	ervices	С	Ompe	ر. nsatio	n
	Tano and business		INC	INC	<u> </u>			\dashv		0.51000				
								-	·					
		11,						_						
								T		\exists				
2	Total number of independent contractors (in	ncluding but n	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than				
_	\$100,000 of compensation from the organiz				-	(
-	· · · · · · · · · · · · · · · · · · ·		_			_		_						

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII		\$h	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
irar		Membership dues						
E,G		Fundraising events		145,162.				
iifts ar /		Related organizations						
s, G mila		Government grants (contribut						
Sign		All other contributions, gifts, gran		-				
her		similar amounts not included abo	1 1					
햧	_			12,840.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines Total. Add lines 1a-1f			145,162.	1 = 1		
<u> </u>	. "	Total. Add lines 14-11		Business Code	140,102.			
as l	2 a			Busiliess Code	84	10		
ķ	Z a	-		-				_
Ser	_					1		
E S	C							
Pe	d							
Program Service Revenue	e	All other program service reve	2010					
	f All other program service revenue							
	3	Investment income (including						
	3	other similar amounts)			297.			297.
		Income from investment of ta			2310			2310
	4							
	5	Royalties	(i) Real					
	e -	Cross rents	(i) Heai	(ii) Personal				
	6 a			 				784
	b							
	C	Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	(i) Securities					+
	/ a		(I) Securities	(ii) Other		2.		
	h	assets other than inventory Less: cost or other basis						
	D	and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
Other Revenue	Q a	including \$ 145,1		·				
Ş		contributions reported on line						81.
æ		Part IV, line 18	•	157 125				
her	h	Less: direct expenses		51,854.				
δ		Net income or (loss) from fund			105,271.			105,271.
		Gross income from gaming ac	=		103,11,11		· · ·	100/2/20
	5 0	Part IV, line 19						
ľ	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	10 a	and allowances						
	h	Less: cost of goods sold				,		
		Net income or (loss) from sale:						
ŀ	<u> </u>	Miscellaneous Revenue		Business Code				
ŀ	11 a			Duanicas Code				
	ii a			 				
				 				
	ن	All other revenue						
	u	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			250,730.	0.	0	105,568.
		TARRETTALANTE OF THE HOLD HOLD HOLD HOLD HOLD HOLD HOLD HOLD			200,7001			

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations	0.40 0.00	. 0.40 . 0.00		
	and domestic governments. See Part IV, line 21	240,000.	240,000.		
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		··		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	50.		50.	
b	Legal	3,250.		3,250.	
C		3,230.		3,430.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
40	Advertising and promotion	1,384.		1,384.	
12 13	Office expenses	1,559.		1,559.	
14	Information technology	1,555.		1,333.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,157.		2,157.	
23	Insurance	2,021.		2,021.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b					
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	250,421.	240,000.	10,421.	0.
26	Joint costs. Complete this line only if the organization	200,121			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any l	ine in this Part X			
		9			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,082.	1	1,000.
	2	Savings and temporary cash investments			521.	2	549.
	3	Pledges and grants receivable, net			700.	3	0.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fe					
	•	trustees, key employees, and highest compens					
		Part II of Schedule L		· · · · · ·		5	
	6	Loans and other receivables from other disqual					
	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
w		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net			7		
Asi	8				0.		1,095.
	9	Inventories for sale or use Prepaid expenses and deferred charges			0.	9	1,000.
	_		1 1			9	
	10a	, , , , , ,	100	2 9 4 9			
	١.	basis. Complete Part VI of Schedule D		2,848. 1,783.	1,376.	40-	1,065.
		Less: accumulated depreciation	1,3/0.		1,005.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		1 250	13	E 2EE	
	14	Intangible assets			1,250.	14	5,355.
	15	Other assets. See Part IV, line 11			E 020	15	0.064
	16	Total assets. Add lines 1 through 15 (must equ	_		<u>5,929.</u>	16	9,064.
	17	Accounts payable and accrued expenses			0.	17	2,826.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		-		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	i 17-24). C	Complete Part X of			
		Schedule D		·····		25	2 000
	26				0.	26	2,826.
		Organizations that follow SFAS 117 (ASC 958		here LX and		-	
Š		complete lines 27 through 29, and lines 33 an			F 100		6 020
auc	27	Unrestricted net assets			5,108.		6,238.
Fund Balances	28	Temporarily restricted net assets			821.	28	0.
Б	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958),	check here			95
P		and complete lines 30 through 34.					
iets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	juipment 1	fund	·_	31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			5,929.	33	6,238.
	34	Total liabilities and net assets/fund balances			5,929.	34	9,064.

Form **990** (2015)

	1990 (2015) PAIGE'S BUTTERFLY RUN, INC.	52-21	<u> 154937</u>	Pag	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	250	<u>7, C</u>	30.
2	Total expenses (must equal Part IX, column (A), line 25)	2	250),4	21.
3	Revenue less expenses. Subtract line 2 from line 1	3		3	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,9	29.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	(5,2	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_		_ 0
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				ų.
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or quality explain why in Schedule O and describe any stone taken to undergo such audite		26		

Form **990** (2015)

532012 12-16-15

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.lrs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **Employer identification number** PAIGE'S BUTTERFLY RUN, INC. 52-2154937 Part I 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 PAIGE'S BUTTERFLY RUN, INC. 52-21549 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and		7,			12/	(7)
	membership fees received. (Do not					4	
	include any "unusual grants.")	178,468.	247,631.	130,027.	135,901.	145,162.	837.189.
2	Tax revenues levied for the organ-		,				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				4		
	the organization without charge						
4	Total. Add lines 1 through 3	178,468.	247,631.	130,027.	135,901.	145,162.	837,189.
5				200/02/0	100/001	143/102.	031,103.
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					49	
	amount shown on line 11,		T.—				
	column (f)						
6	Public support. Subtract line 5 from line 4.						837,189.
	ction B. Total Support	- 11					037,103.
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	178,468.	247,631.	130,027.		145,162.	837,189.
	Gross income from interest,	170,400.	247,051.	130,027.	133,701.	140,102.	037,103.
٠	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,779.	630.	352.	196.	297.	3,254.
0	Net income from unrelated business	<u> </u>	0.50	334.	130.	491.	3,434.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						040 442
	Total support. Add lines 7 through 10						840,443.
	Gross receipts from related activities,			d e. al Seek i		12	
13	First five years. If the Form 990 is for	-			•		
Sec	organization, check this box and stop ction C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2015 (I			olumn (fl)		14	99.61 %
	Public support percentage from 2014					15	
	33 1/3% support test - 2015. If the o						
IUa	stop here. The organization qualifies						× and
	33 1/3% support test - 2014. If the o						
u		_		•		•	
47.	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						IU% or
	more, and if the organization meets the				•		, —
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	<u>n did not check a b</u>	oox on line 13, 16a	ı, 16b, 17a, or 17b	<u>, check this box a</u>	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2015 PAIGE'S BUTTERFLY RUN, INC.

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 fail	is to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support		proto i dit iii,			-	
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						· -
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,					1	95
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						_
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons]				350
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						.1
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(a) 2011	(6) 2012	(0) 2010	(4) 2017	(6)2010	(i) rotal
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income	-					
_	(less section 511 taxes) from businesses	1					
	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					,	
12	Other income. Do not include gain						
-	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		direk assend this	d 6	<u> </u>	- F01/a\/3\ arriani-	
14	First five years. If the Form 990 is for	-			=		
Sor	check this box and stop here	c Support Pe	rcentage		······	······································	
	Public support percentage for 2015 (li			olumn (fil)		15	
	Public support percentage for 2015 (I						%
	ction D. Computation of Inves					16	%
				a +0 a a luma (A)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2015. If the	_					. —
	more than 33 1/3%, check this box ar	=	_				
b	33 1/3% support tests - 2014. If the	_					. —
	line 18 is not more than 33 1/3%, che		-				
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	<u>a, or 19b, check th</u>	is box and see in	structions	P

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 Organiza	ations
------------------------------------	--------

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

-		
	Yes	No
	-	
1		
2		
5		
3a		
3b		
3c_		
= 300		
4a		
4b		
40		
4c		
	127	
5a		
5b		
5c		
6		
		140
7		
	- 15	
8		
9a		
9b		
9c		
36		
10a		
 10b	L	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	edule A (Form 990 or 990-EZ) 2015 PAIGE'S BUTTERFLY RUN,			52-2154937 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
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		
Sect	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):		<u> </u>	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	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,			A1
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	8		
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015 PAIGE'S BUTTERFLY RUN, INC. 52-2154937 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: b d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount 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 c Remainder. Subtract lines 4a and 4b from 4. 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). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: 8 а b

Schedule A (Form 990 or 990-EZ) 2015

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

Schedule A	(Form 990 or 990-EZ) 2015	PAIGE'S BUT	TERFLY R	UN,	INC.	52-2154937 Page 8
Part VI	Supplemental Information Part IV. Section A. lines 1.	nation. Provide the 6 2, 3b, 3c, 4b, 4c, 5a, 6 nes 2 and 3; Part IV, S	explanations requ i, 9a, 9b, 9c, 11a, ection E, lines 1c	uired by I , 11b, an c, 2a, 2b,	Part II, line 10; Part II, line id 11c; Part IV, Section B, 3a and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

	PAIGE'S BUTTERFLY RUN, INC.	52-2154937					
Organization type (chec	· · · · · · · · · · · · · · · · · · ·						
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 private foundation						
	501(c)(3) taxable private foundation						
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can c heck boxes for both the General Rule and a Special Ru	ale. See instructions.					
General Nuie							
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)(any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou EZ, line 1. Complete Parts I and II.	, or 16b, and that received from					
year, total contr	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contribution is checked, ente purpose. Do not	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsup \$						
_	n that is not covered by the General Rule and/or the Special Rules does not file Schedule						

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

PAIGE'S BUTTERFLY RUN, INC.

52-2154937

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WALMART, INC. 702 SW 8TH STREET BENTONVILLE, AR 72716	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CST BRANDS (NICE & EASY) 1 VALERO WAY SUITE 200 SAN ANTONIO, TX 78249	\$10,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UNITED PARCEL SERVICE INC. 6975 NORTHERN BOULEVARD EAST SYRACUSE, NY 13057	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	BANK OF AMERICA 1 CLINTON SQUARE SYRACUSE, NY 13202	\$5,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MCCLANE NORTHEAST, INC 2828 MCCLANE DRIVE BALDWINSVILLE, NY 13027	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2	INTEGRATED MARKETING 4682 CROSSROADS PARK DRIVE LIVERPOOL, NY 13088	\$ 5,140.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PAIGE'S BUTTERFLY RUN, INC.

52-2154937

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
$ \left[$			

Vame of organ	ization			Employer identification number				
PAIGE'S Part III	BUTTERFLY RUN, INC. Exclusively religious, charitable, etc., contri	butions to organizations described	in section 501(c)(7).	52-2154937 (8), or (10) that total more than \$1,000 for				
	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	lumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or	ving line entry. For orga	anizations				
(a) No.	Use duplicate copies of Part III if additional (b) Purpose of gift	space is needed. (c) Use of gift	(d)) Description of how gift is held				
Part I								
		(e) Transfer of gift	:					
_	Transferee's name, address, and	1 ZIP + 4	Relationship	of transferor to transferee				
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
-								
_								
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-			Tiolationship	or a direction to a direction				
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
_								
_								
	(e) Transfer of gift							
_	Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee				
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
-	(e) Transfer of gift							
	Transferee's name, address, and		Relationship of transferor to transferee					
-								
-								

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Nam	e of the organization	TNG	Emp	oloyer identification number
Pa	PAIGE'S BUTTERFLY RUN, rt I Organizations Maintaining Donor Advised Fundament		0r A0001	52-2154937
Га		us or Other Similar Funds	or Accou	ITLS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Eun	ds and other accounts
		a) Bottor advised fullds	(D) i dii	us and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3				
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing the			
_	are the organization's property, subject to the organization's exclusiv			Yes No
6	Did the organization inform all grantees, donors, and donor advisors i		-	
	for charitable purposes and not for the benefit of the donor or donor		_	Yes No
Pai	impermissible private benefit? rt II Conservation Easements. Complete if the organization	n answered "Ves" on Form 900 F	art IV line 7	Yes No
1	Purpose(s) of conservation easements held by the organization (chec		art IV, mie 7.	
•	Preservation of land for public use (e.g., recreation or education		riaalh, impan	tant land area
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space	Preservation of a certi	neu mistoric s	structure
•	· ·	anation contribution in the form	· f	tion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form t		
_	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic structure in			
d	Number of conservation easements included in (c) acquired after 8/1		1 1	
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the	organization	during the tax
	year -			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mo			
_	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	or violations, and enforcing cons	ervation ease	ements during the year
_	A second of a second because it is a second to the second	and the second second second second		t I S a than a sec
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	olations, and enforcing conservat	on easemen	ts during the year
8	Does each conservation easement reported on line 2(d) above satisfy	Abo	-1/41/m)/3	
0	•			Yes No
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easer			
9	include, if applicable, the text of the footnote to the organization's final	·		
	conservation easements.	anciai statements that describes t	ne organizaci	on's accounting for
Pai	t III Organizations Maintaining Collections of Art, H	listorical Treasures, or Ot	her Simila	ar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	•		
	If the organization elected, as permitted under SFAS 116 (ASC 958), I		ent and bala	nce sheet works of art.
	historical treasures, or other similar assets held for public exhibition, e	·		
	the text of the footnote to its financial statements that describes thes		oo o, pabilo	5011166, p. 61166, iii / 61171111,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t		and halance	sheet works of art_historical
-	treasures, or other similar assets held for public exhibition, education,			
	relating to these items:	or research in furtherance of pub	iic sei ricc, p	Totale the lonewing amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ ₫	
) }
0		r other similar assets for financial		
2	If the organization received or held works of art, historical treasures, of		gairi, provide	,
_	the following amounts required to be reported under SFAS 116 (ASC	-	. .	
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X	•••••	> \$	

		BUTTERFLY						<u>52-21</u>			1ge 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Othe	<u>r Simil</u>	<u>ar Asse</u>	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	ıt are a siç	gnificant	use of its	collection	item	s
	(check all that apply):										
а	Public exhibition	C	: <u> </u>	Loan or exc	hange progra	ams					
b	Scholarly research	en .		Other							
C	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of								-		7
	to be sold to raise funds rather than to be ma							<u>,</u>	Yes		<u>No</u>
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod		-					_	7		7
	on Form 990, Part X?							L	Yes		J No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amount		
C	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo		•				ty?	L	Yes	\vdash	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i				1			baal	/) Faur		haal.
		(a) Current year	(b) ⊢	rior year	(c) Two year	rs dack (d) inree y	ears dack	(e) Four	years	раск
1a	Beginning of year balance		ļ				-		-		
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships								<u> </u>		
е	Other expenditures for facilities				ĺ						
	and programs	_									
f	Administrative expenses								_		
g	End of year balance				N bold as						
2		-	e (iine ii %	g, column (a	i)) neid as:						
a	Board designated or quasi-endowment ▶ Permanent endowment ▶										
b	Temporarily restricted endowment										
C	The percentages on lines 2a, 2b, and 2c sho										
32	Are there endowment funds not in the posse		ation the	at are held a	nd administa	red for th	e organiz	ation			
Ja	by:	SSION OF the organiz	ation the	at allo fiold a	na danimisto	100 101 111	o organiz	ation	Γ	Yes	No
	(i) unrelated organizations										
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the	•									
	t VI Land, Buildings, and Equipm		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	Complete if the organization answered		D, Part IV	/, line 11a. S	See Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value	
		basis (investr			(other)		reciation				_
1a	Land										
b	Buildings										
_	Leasehold improvements										
	Equipment	I			2,848.		1,7	33.		1,0	65.
	Other	I									
	Add lines 1a through 1e (Column (d) must ex		X colun	nn (R) line 1	001				-	. 0	65.

Schedule D (Form 990) 2015

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 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

(5) (6) (7) (8) (9)

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number PAIGE'S BUTTERFLY RUN, INC. 52-2154937 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No _ Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity to (or retained by) have custody or control of or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2015

		of fundraising event contributions and gr	ross income on Form 990)-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PAIGE'S		NONE	1 ' '
			BUTTERFLY RU	1		(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
ğ					,	
Revenue	1	Gross receipts	302,287.			302,287.
ш						
	2	Less: Contributions	145,162.			145,162.
						4 44-
	3	Gross income (line 1 minus line 2)	157,125.			157,125.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				51,854.
	10	Direct expense summary. Add lines 4 through			>	51,854.
	11	Net income summary. Subtract line 10 from li				105,271.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	•
		\$15,000 on Form 990-EZ, line 6a.			· -	
e e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re						
	1	Gross revenue				
	_	Cook prizes				
ses	2	Cash prizes				
ben	3	Noncash prizes				
Direct Expenses	•	11010001 p1.200				
irec	4	Rent/facility costs				
						67
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
					<u> </u>	
9	Ent	er the state(s) in which the organization condu	cts gaming activities:	3,0		
		he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				<u> </u>
		re any of the organization's gaming licenses re		rminated during the tax	year?	L Yes L No
b	lf "\	Yes," explain:				
	_					

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 PAIGE'S BUTTERFLY RUN, INC. 52-2	154	<u> 1</u> 937	Page 3						
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No						
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed									
	to administer charitable gaming?		Yes	☐ No						
13	Indicate the percentage of gaming activity conducted in:									
8	The organization's facility	13a		%						
	An outside facility			%						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:									
	Name									
	Address ►									
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗀	Yes	☐ No						
Ł	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount									
	of gaming revenue retained by the third party > \$									
c	e If "Yes," enter name and address of the third party:									
	Name									
	Address ►									
16	Gaming manager information:									
	Name									
	Gaming manager compensation > \$									
	Description of services provided									
	Description of services provided		-							
	Director/officer Employee Independent contractor									
17	Mandatory distributions:									
	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?		Yes	☐ No						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the									
	organization's own exempt activities during the tax year > \$									
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lin	nes 9,	9b, 10	b, 15b,						
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).									
54										
			_							
	±8									
										

Schedule G	(Form 990 or 990-EZ)	PAIGE'S	BUTTERFLY RUN	, INC.	<u>52-2154937</u>	Page 4
Part IV	Supplemental Infor	mation (continu	BUTTERFLY RUN ue d)			
		(
	. —				·	
-						
					*	
			8			
-			101			
						
			· · · · · ·			
		*				
				** ** **		
			-			
					w.	
		•••				
	_					
						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2015

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2015)

PAIGE'S B		RUN, INC.					<u>52-2154937</u>
Part I General Information on Grants a							
 Does the organization maintain records t 							
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro					95		
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than \$					(6) Marks and a f		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR UPSTATE MEDICAL					l		84
UNIVERSITY - 750 E. ADAMS STREET -							PAIGE'S CANCER RESEARCH
SYRACUSE, NY 13210	16-1068101		100,000.	0.			FUND
							3475
FOUNDATION FOR UPSTATE MEDICAL							
UNIVERSITY - 750 E. ADAMS STREET -							PAIGE'S FAMILY & SURVIVOR
SYRACUSE, NY 13210	16-1068101		102,500	0.			ASSISTANCE FUNDS
FOUNDATION FOR UPSTATE MEDICAL							
UNIVERSITY - 750 E. ADAMS STREET -							PAIGE YEOMANS ARNOLD
SYRACUSE, NY 13210	16-1068101		18,500.	0.			MEMORIAL ENDOWMENT FUND
FOUNDATION FOR UPSTATE MEDICAL							
UNIVERSITY - 750 E. ADAMS STREET -							· .
SYRACUSE NY 13210	16-1068101		19,000.	0.			PAIGE'S FAMILY FUN FUND
		_					
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in t	he line 1 table				
3 Enter total number of other organizations	s listed in the line	1 table		************		***************************************	

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

Schedule	e (Form 990) (2015)	FLY RUN,	INC.			52-2154937	Page 2
Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed	ls. Complete if the	e organization answ	vered "Yes" on Form 9	990, Part IV, line 22.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	n assistance
Part IV	Supplemental Information. Provide the information re	quired in Part I, lir	ne 2, Part III, columi	n (b), and any other a	dditional information.		
					8		
				_			
	4						

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization PAIGE'S BUTTERFLY RUN, INC.	Employer identification number 52-2154937
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
FAMILIES IN CENTRAL NEW YORK THROUGH THE SPONSORSHIP OF	PEDIATRIC
ONCOLOGY RESEARCH AND PATIENT PROGRAMS AT UPSTATE GOLISA	NO CHILDREN'S
HOSPITAL IN SYRACUSE.	
FORM 990, PART VI, SECTION A, LINE 2:	
CHRIS ARNOLD, PRESIDENT AND ELLEN YEOMANS, VICE PRESIDENT	r are husband and
WIFE.	
FORM 990, PART VI, SECTION B, LINE 11:	
A COPY OF FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS	PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES SELF-DISCLOSURE OF ANY CONFLIC	IS OF INTEREST.
CONFLICTS OF INTEREST ARE REVIEWED AND DISCUSSED AMONG BO	DARD MEMBERS.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL THE REQUIRED DOCUMENTS ARE AVAILABLE FOR PUBLIC INSP	ECTION UPON
REQUEST.	
FORM 990, PART XII, LINE 2C	
DUE TO THE SIZE OF THE ORGANIZATION, THERE IS NO SEPERAT	E COMMITTEE
THAT OVERSEES THE AUDIT. THIS IS THE RESPONSIBILITY OF T	HE BOARD. THE
ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION	PROCESS DURING
THE TAX YEAR.	

Form 8868 (Rev. 1-2014)			3.		Page 2	
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this	box		<u> </u>	
Note. Only complete Part II if you have already been granted at	n automatic	3-month extension on a previously fi				
If you are filing for an Automatic 3-Month Extension, comp				<u> </u>		
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no c	opies needed).		
		Enter filer's	<u>identifyi</u>	ng number, see ins	structions	
Type or Name of exempt organization or other filer, see inst	ructions.		Employe	r identification num	ber (EIN) or	
print						
File by the due date for Alumbus street and some as suits as 16 a B C harm				52-21549		
filing your I Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)						
return. See 2911 FARGO ROAD City town or port of fee a state and ZID and a Fare						
oity, town or post office, state, and ZIP code. For a	foreign add	lress, see instructions.				
BALDWINSVILLE, NY 13027						
Estable Determined for the color of the color	eu					
Enter the Return code for the return that this application is for (file a separa	te application for each return)			0 1	
A1:	T					
Application Is For	Return	Application			Return	
Form 990 or Form 990-EZ	Code	Is For			Code	
Form 990-BL	01	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already grante			ously file	ed Form 8868		
CHRISTOPHER AF		Made & Manual extended on a provi	odory inc			
• The books are in the care of ▶ 2911 FARGO ROZ		ALDWINSVILLE, NY 13	3027			
Telephone No. ► 315-635-0099		Fax No.				
If the organization does not have an office or place of busine	ss in the Un	ited States, check this box				
• If this is for a Group Return, enter the organization's four digi					check this	
box ▶ . If it is for part of the group, check this box ▶						
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2016.				
5 For calendar year 2015, or other tax year beginning		, and ending	J			
6 If the tax year entered in line 5 is for less than 12 months,	check reaso	on: Initial return	🗌 Final ı	return		
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS REQUIRED T			N NE	CESSARY TO)	
FILE A COMPLETE AND ACCURATE	RETURN	V				
8a If this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069, e	enter the tentative tax, less any			^	
nonrefundable credits. See instructions.			8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 606	-					
tax payments made. Include any prior year overpayment a	allowed as a	credit and any amount paid	-		^	
previously with Form 8868.		Alaba Carra Marana India	8b	\$	0.	
Balance due. Subtract line 8b from line 8a. Include your p	•	i trus form, it required, by using	0-	_	0.	
EFTPS (Electronic Federal Tax Payment System). See inst		t be completed for Part II o	8c	\$	<u> </u>	
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	ding accompa	-	_	f my knowledge and b	elief,	
		NEMITI .	D-2 -	_		
Signature Title	PRESIL	NEW T.	Date	Form 9969 /D	1 001/1	

Form **8868** (Rev. 1-2014)

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2015

Open to Public Inspection

1	Gener	al le	nfo	rms	tion
и.	Gener	20 I I	шо		mon

1.General Informat	ion								
For Fiscal Year Beginnin	g (mm/dd/yy	yy) 01/01,	/2015 and Ending	(mm/dd/yyyy) 12/31/	/2015				
Check if Applicable:		rganization:			Employer Identification Number (EIN):				
Address Change	PAIGE	'S BUTTER	RFLY RUN, INC	•	52-2154937				
Name Change	Mailing Add				NY Registration Number:				
Initial Filing	2911	FARGO ROA	4D		06-63-99				
Final Filing	City / State				Telephone:				
Amended Filing	BALDW	<u>INSVI</u> LLE,	<u>, NY 13027</u>		315 635-0099				
Reg ID Pending	Website:				Email:				
		BRUN.ORG			CHRIS@PBRUN.ORG				
Check your organization' registration category:	s 7A c	only EPTL	only X DUAL (7A	& EPTL) EXEMPT	Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com				
2. Certification									
	ication requi	rements. Impropo	er certification is a violation	n of law that may be subject	et to penalties.				
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. CHRISTOPHER ARNOLD									
President or Authorized	Officer:			PRESIDENT					
		Signature		Print Nan	ne and Title -Date				
Chief Financial Officer of	r Treasurer:								
		Signature		Print Nam	ne and Title Date				
2 Annual Departies	- Evenneti								
3. Annual Reporting									
1		-			tegory (7A or EPTL only filers) or both				
1					fied Char500. No fee, schedules, or				
1			n an exemption or are a L	OAL tiler that claims only o	ne exemption, you must file applicable				
schedules and attachmer	nts and pay a	applicable tees.							
exceed \$2	5,000 <u>and</u> th	ne organization di	d not engage a professio		government agencies, etc, did not d raising counsel (FRC) to solicit see instructions).				
Oh EDTI	:::	iaa. Oi	:	> d db					
	fiscal year.	ion: Gross receipt	ts ala not exceed \$25,000	and the market value of a	ssets did not exceed \$25,000 at any time				
damig are	noour your.								
4. Schedules and A	ttachmen	ıts							
See the following page									
for a checklist of	Yes D	X No 4a Did v	our organization use a pr	ofessional fund raiser fund	raising counsel or commercial co-venturer				
schedules and				e? If yes, complete Schedu					
attachments to		ioi iana i	raising activity in 141 Ctat	5: Il yes, complete coneda	ic ra.				
complete your filing.	Yes Z	No 4h Did t	he organization receive g	overnment grants? If yes, o	omplete Schedule 4h				
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.									
5. Fee									
See the checklist on the	7A filin	g fee:	EPTL filing fee:	Total fee:					
next page to calculate you	I	_			Make a single-check or money order				
fee(s). Indicate fee(s) you					payable to:				
are submitting here:	\$	25.	\$ <u>25.</u>	\$ <u>50.</u>	"Department of Law"				

CHAR500

120 Broadway

New York, NY 10271

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- · Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- · Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Co Our organization was eligible for and filed an IRS 990-N e-postcard. We have i	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public X Review Report if you received total revenue and support greater than \$250,000 Audit Report if you received total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	00 and up to \$500,000. port is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
	DUAL filers are registered under both 7A and EPTL.
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com
Send Your Filing	Where do I find my organization's NET WORTUS
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS From 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21
Chamiles Dureau Registration Section	- IBS Form 990 PF, calculate the difference between

- IRS Form 990 PF, calculate the difference between

Total Liabilities (Part II, line 23(b)).

Total Assets at Fair Market Value (Part II, line 16(c)) and

EXTENDED TO NOVEMBER 15, 2016

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

OMB No. 1545-0047

A	For th	e 2015 calendar year, or tax year beginning	and	ending	_							
В	Check if applicab	C Name of organization			D Employer identifi	cation number						
Г	Addre	PAIGE'S BUTTERFLY RUN,	TNC.									
	Name chang				52-2	154937						
_	Initial return		Number and street (or P.O. box if mail is not delivered to street address) Room/su									
F	Final	2011 FARCO ROAD	101001000		E Telephone numbe	635-0099						
	termii ated		ZIP or foreign postal code		G Gross receipts \$	302,584.						
Г	Amen	ded DAT DISTRICTSTITE AND 120'	- ·		H(a) Is this a group re							
	Appli				for subordinates							
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in							
ī	Гах-ех		(insert no.) 4947(a)(1)	or 527	1 ' '	list. (see instructions)						
		te: NWW . PBRUN . ORG			H(c) Group exemption							
			ociation Other	L Year		M State of legal domicile: NY						
	art I	Summary										
-	1	Briefly describe the organization's mission or most	significant activities: TO R	AISE F	UNDS WITH I	NTEGRITY TO						
Activities & Governance		BENEFIT CURRENT AND FUTURE	PEDIATRIC CAN	CER PA	TIENTS AND	THEIR						
rna	2	Check this box if the organization discon	tinued its operations or dispo	sed of more	than 25% of its net as	ssets.						
OVe	3	Number of voting members of the governing body (Part VI, line 1a)		3	3						
Ġ	4	Number of independent voting members of the gov				3						
S	5	Total number of individuals employed in calendar ye				. 0						
Ϋ́	6	Total number of volunteers (estimate if necessary)				150						
Ċ	7 a	Total unrelated business revenue from Part VIII, colo	umn (C), line 12		7a	0.						
_		Net unrelated business taxable income from Form 9				0.						
					Prior Year	Current Year						
Revenue	8	Contributions and grants (Part VIII, line 1h)			<u>135,901.</u>	145,162.						
	9	Program service revenue (Part VIII, line 2g)	,,.,		0.	0.						
	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		196.	297.						
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		99,278.	105,271.							
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		235,375.	250,730.						
	13	Grants and similar amounts paid (Part IX, column (A	s and similar amounts paid (Part IX, column (A), lines 1-3)									
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		0.	0.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)		0.	0.						
χb	b	Total fundraising expenses (Part IX, column (D), line	25)	<u>0.</u>	•							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,			9,020.	10,421.						
	18	Total expenses. Add lines 13-17 (must equal Part IX			233,020.	250,421.						
	19	Revenue less expenses. Subtract line 18 from line 1	2		2,355.	309.						
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year						
Sset	20	Total assets (Part X, line 16)			5,929.	9,064.						
ad A	21				0.	2,826.						
캳	22	Net assets or fund balances. Subtract line 21 from I	ine 20		5,929.	6,238.						
	art II	Signature Block	 									
		Ities of perjury, I declare that I have examined this return, i			•	y knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.							
_		Signature of officer	····		! Date	· · · · · · · · · · · · · · · · · · ·						
Sig		, ,	CIDDI		Date							
Her	е	CHRISTOPHER ARNOLD, PRE Type or print name and title	SIDENT	· · · · · · · · · · · · · · · · · · ·								
		<u> </u>	Donas and a standard	Тг	Date Check	PTIN						
De!:	,	21 1 1	Preparer's signature	۱٬	if							
Paid		KARL JACOB, CPA	TID		self-employ							
	arer	Firm's name DANNIBLE & MCKEE,			Firm's EIN	33-0996661						
use	Only	Firm's address 221 SOUTH WARREN			Dh 21	E 470 0107						
N/-	, 4la = 11	SYRACUSE, NY 1320			[Prione no. 3 1	5-472-9127 X Yes No						

PAIGE'S BUTTERFLY RUN, INC. 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	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 98-197 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		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		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		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? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		•	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	a alb		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
ď	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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? 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 (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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_		X

			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	_	L
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	<u> </u>
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
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			3,7
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	0.4		
اء	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
208	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
ь.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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			
		25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		_4_
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/	-	<u> </u>
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Trades at a series and residence as acceptance as a series as a se			

Form 990 (2015) PAIGE'S BUTTERFLY RUN, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1058. Enter 0 if not applicable be better the number of Forms W2G included in line 1s. Enter 0 if not applicable 1st better the number of Forms W2G included in line 1s. Enter 0 if not applicable 1st better the number of Forms W2G included in line 1s. Enter 0 if not applicable 1st better the number of employees reported on Form W3, Transmitted of Wage and Tax Statements, line (granbling) within line 1st better the number of employees reported on Form W3, Transmitted of Wage and Tax Statements, line of the teachedrary para ending with or within the year covered by this return 2ge 0 bit at least one is reported on line 2g, did the organization file all required federal employment tax returns? 2b bit of the organization and as a largest return a 2g, you may be required to e-file (see Instructions) 3b bit of the organization in sea data gis greater than 250, you may be required to e-file (see Instructions) 3b bit of the organization have unrelated business gross income of \$1,000 or more during the year? 3b bit if Yes, if set it filed a form 980 To the thin year? 4s bit if Yes, if set it filed a form 980 To the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4s bit if Yes, if set it filed a form 980 To the inyer of Foreign Bank and Financial Accounts (FBAF). 5c Was the organization apray to a prohibited tax shelter transaction at any time during the tax year? 5d bid any taxoble party neity the organization file Form 8885 T? 5d bid any taxoble party neity the organization file Form 8885 T? 5d bid bid organization bank were not tax deductible as charitable contributions? 6d bid transmitted that a contribution and party for poods and services provided to the payor? 7d bid the organization had were not tax deductible as charitable contributions? 7d bid the organization set, and the property of the which it was required to file the	1 011	Check if Schedule O contains a response or note to any line in this Part V			
face from the number of Forms W20 (Encluded in Inte 1.a. Enter of H and explicable 10				Van	No
Enter the number of Forms W2G included in line 1a. Enter 6- if not applicable 19 0 Dit the organization comply with backup withholding ulse for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, liked for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is quaster than 250, you may be required to 6-file fee the instructions? But the organization have unrelated business gross accord of \$1,000 or more during the year? But if Yes, "and it titled a Form \$900 for for line year? "No." to time 50, provided an explanation in Schedule O But if Yes, "enter the name of the foreign country; lew 2 as bank account, securities account, or a signature or other authority over, a financial account in a foreign country; such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filling requirements for Fine CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). But if Yes, "enter the name of the foreign country; lew 2 as bank account, securities account, or other financial accounts (FBAR). But any taxel be party notify the organization that It was or is a party to a prohibited tax shelter transaction at any time during the tax year? But if Yes, "enter the name of the foreign country; lew 2 as a bank account, securities account, or other financial accounts (FBAR). But if Yes, "enter the name of the foreign country; lew 3 as a bank account, securities account, or other financial accounts (FBAR). But if yes in time is or 5b, did the organization file Form 88867? But if yes, "indicates a party to it prohibited tax shelter transaction? But if yes indicates a party of the granization file Form 88867? Foreign transmission securities and promission file Form 88867? But if Yes, "indicate the crumber of proms 8282 filed outing the year of the prome securities of the organization	12	Enter the number reported in Box 3 of Form 1096. Enter 0, if not applicable	1	168	NO
c Did the organization comply with backup withholding rules for reportable gamming (gambling) withings to pizze winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note, if the aum of lines 1s and 2 sis greater than 250, you may be required federal employment tax returns? Note, if the aum of lines 1s and 2 sis greater than 250, you may be required federal employment tax returns? Note, if the aum of lines 1s and 2 sis greater than 250, you may be required federal employment tax returns? 3a					
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filed for the calendar year ending with or within the year covered by this return Section S	22		10		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 950 T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b If "Yes," and the organization aparty to a prohibited tax sheeter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheeter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheeter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheeter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheeter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 88861? 6c If "Yes," to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes," did the organization netwer a payment in excess of \$75 made party as a contribution of party for goods and services provided to the payor? 7d If If Yes," did the organization netwer apprent in excess of \$75 made party as a contribution of party for which it was required to file Form 82892. 7d If Yes, "Indicate the number of Forms 8282 filed during the year. 7d If If Yes, "Indicate the number of	20				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Bill "Yes," has it filed a Form 990-T for this year? If "No," to Ime 30, provide an explanation in Schedule O 3 Bill "Yes," the air tilled a Form 990-T for this year? If "No," to Ime 30, provide an explanation in Schedule O 3 Bill "Yes," the air tilled a Form 990-T for this year? If "No," to Ime 30, provide an explanation in Schedule O 3 Bill "Yes," enter the name of the foreign country. Impairs a barnk account, securities accountly over, a financial accountly over, a financial account in a foreign country. Impairs a barnk account, securities accounts, or other financial accounts (FBAR). 5 Bill "Yes," enter the name of the foreign country. Impairs a barnk account and any time during the tax year? 5 Bill Bill Time 5 Bill Bill Bill Bill Bill Bill Bill Bi	h	, , , , , , , , , , , , , , , , , , , ,	1 !		
38 X Was the organization have unrelated business gross income of \$1,000 or more during the year? 38 X 18 18 18 18 18 18 18 1	~		2.10		
b if "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an Interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). As it "Yes," either the name of the foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6c Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8882 filed during the year of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8882 filed during the year. 7d If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received any funds, directly or indirectly, on a personal benefit contract? 7d If the organization received any funds, directly or indirectly, on a personal benefit contract? 7d If the organization received any funds, directly or ind	За		3a		x
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Form 990 (2015) PAIGE'S BUTTERFLY RUN, INC. 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 1a 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 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 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? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 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? 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 members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? **b** Each committee with authority to act on behalf of the governing body? X 8h 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? 15a a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b 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 X taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY 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. X Upon request Other (explain in Schedule O) Another's website X Own website 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. State the name, address, and telephone number of the person who possesses the organization's books and records:

2911

CHRISTOPHER ARNOLD - 315-635-0099

FARGO ROAD, BALDWINSVILLE, NY

13027

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

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

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

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

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

X Check this box if neither the organization n	or any related	orga	aniza	ation	1 COI	mpe	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_	T			<u> </u>	1	from the	from related organizations	other compensation
	hours for	direct	ŀ			-		organization	(W-2/1099-MISC)	from the
	related	10 ag	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	trus	nai tr		oyee	E .				and related
	below	Individual trustee or director	Institutional trustee	l les	Key employee	Highest compensated employee	曹			organizations
	line)	Ē	= S	Officer	ŝ	돌	호			
(1) CHRISTOPHER ARNOLD	5.00					l				_
PRESIDENT	1 00	X	_	X		_	<u> </u>	0.	0.	0.
(2) ELLEN YEOMANS	1.00			 						•
VICE PRESIDENT		X	<u> </u>	X	ļ			0.	0.	0.
(3) RALPH SIMONE	0.50				ŀ		ĺ			
SECRETARY	-	X		X	_		_	0.	0.	0.
<u> </u>		_		_	_					
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		- 1								

rai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	<u>, an</u>	d Hi	ighe	st C	Compensated Employe	es (continued)		_		
	(A)	(B)	1			C)			(D)	(E)			(F)	
	Name and title	Average	(de		Pos				Reportable	Reportable	е	E	stimate	ed
		hours per	kod	, unle	es pe	erson	than is bo	th an	compensation	compensati	on	aı	mount	of
		week	offi	cer ar	nd a d	lirecto	or/trus	stee)	from	from relate	d		other	
		(list any	actor				l		the	organizatio	ns	con	npensa	tion
		hours for	trustee or director	۱,			iei Ed		organization	(W-2/1099-MI	ISC)	f	rom th	е
	<u> </u>	related	ste o	nste		ĺ	eusa		(W-2/1099-MISC)			org	ganizat	ion
		organizations	草	Institutional trustee		Кву етріоуве	Highest compensated employee					1	id relat	
		below	Individual t	itutio	ig.	瞳	hest Boye	Former				org	anizati	ons
		line)	프	IIISI	Officer	Ā	울등	휸	. W					
											_			
			1											
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			-	-	├—	┢	-	-						
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						Т	 							
45	0.1. 1-1-1			<u> </u>					0		0.			0
	Sub-total								0.			_		0.
	Total from continuation sheets to Part VI								0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	ole			
	compensation from the organization													
													Yes	No
3	Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or h	highest compensated e	mployee on			İ	
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													
-	and related organizations greater than \$150	•							•			4		X
5	Did any person listed on line 1a receive or a									dual for services		-		
ĭ						-			•		•	_		х
	rendered to the organization? If "Yes," com	piete Schedule	JI	or st	icn j	pers	ion .					5		
	tion B. Independent Contractors									*			90 AVEN T-1	
1	Complete this table for your five highest con	•	-								npens	ation	rom	
	the organization. Report compensation for t	the calendar ye	ear e	endi	ng w	vith (or w	ithin	the organization's tax	/ear				
	(A)								(B)		_		C)	
	Name and business	address	NC	NE	£			4	Description of s	ervices	C	compe	nsatio	n
											ĺ			
								\neg						
							_	-+						
								+						
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	ation >				0)							

		Check if Schedule O contains a response or note to any	line in this Part VIII			<u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ 1a 1b 1c 145,162 1e 1f 17,840				
<u>8</u>	h	Total. Add lines 1a-1f	145,162.			
Program Service Revenue	2 a b c		ie			
6 _	е					
۵.		All other program service revenue				<u> </u>
\rightarrow	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	297.			297.
	5	Royalties				
	6 a b c	Gross rents				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses			,	
ne	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not				
Other Reven		including \$ 145,162. of contributions reported on line 1c). See Part IV, line 18 a 157,125 Less: direct expenses b 51,854	•			105 271
		Net income or (loss) from fundraising events	105,271.			105,271.
	9 a	Gross income from gaming activities. See				
	С	Part IV, line 19a Less: direct expensesb Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances a Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	7			
ľ		Miscellaneous Revenue Business Cod	e			
ı	11 a					
	b					
	c					
	d	All other revenue				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions.	250,730.	0.	0.	105,568.

Seci	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	240,000.	240,000.		
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			-	
10	Payroll taxes				
11	Fees for services (non-employees):				
a	•	F.0	-	F0	
b	Legal	50.		50.	
C	Accounting	3,250.		3,250.	
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,384.		1,384.	
13	Office expenses	1,559.		1,559.	
14	Information technology				.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	· · · · · · · · · · · · · · · · · · ·			
20	Interest				
21	Payments to affiliates	0 157		0 157	
22	Depreciation, depletion, and amortization	2,157.		2,157.	
23	Other expenses. Itemize expenses not covered	2,021.		2,021.	_
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				`
a					· <u>-</u>
b					
C					
d					
е	All other expenses	252 424	040.000	10 101	
25	Total functional expenses. Add lines 1 through 24e	250,421.	240,000.	10,421.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,082.	1	1,000.
	2	Savings and temporary cash investments			521.	2	549.
	3	Pledges and grants receivable, net		1	700.	3	_0.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	-	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect					
(A)		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			0.	8	1,095.
	9	Prepaid expenses and deferred charges				9	
	10a		i i				
	Ioa	basis. Complete Part VI of Schedule D	100	2,848.			
	h	Less: accumulated depreciation			1,376.	10c	1,065.
	11	Investments - publicly traded securities			1/5/01	11	270001
	12	Investments - other securities. See Part IV, line 1		···	12		
	13	Investments - other securities, see Part IV, line			13		
	14	_			1,250.	14	5,355.
	15	Intangible assets Other assets. See Part IV, line 11			1,250.	15	3,333
	16	Total assets. Add lines 1 through 15 (must equ			5,929.	16	9,064.
	17	Accounts payable and accrued expenses		1	0.	17	2,826.
	18	Grants payable		18	2,020.		
	19	Deferred revenue			 .	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
10	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee		· ·			
iii		Complete Part II of Schedule L				22	
==	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		· .		24	
	25	Other liabilities (including federal income tax, pa				£-T	
	25	parties, and other liabilities not included on lines	•				
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	2,826.
	20	Organizations that follow SFAS 117 (ASC 958				20	270201
(D		complete lines 27 through 29, and lines 33 an		ok liere p 221 alla			
ĕ	27	Unrestricted net assets			5,108.	27	6,238.
lan	28	Temporarily restricted net assets	821.	28	0.		
B	29			29			
P L	29			2) shock here		23	
Ē		Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.	JU 901	o), offect field			
S)	20			*1		30	
set	30	Capital stock or trust principal, or current funds				31	
As	31	Paid-in or capital surplus, or land, building, or eq		F1		32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			5,929.	33	6,238.
_	33	Total net assets or fund balances		 	5,929. 5,929.	34	9,064.
	34	Total liabilities and net assets/fund balances			3,343.	34	5,004.

Form **990** (2015)

	1990 (2015) PAIGE'S BUTTERFLY RUN, INC.	<u> 52-2154</u>	<u> 1937</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			.,	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25	0,7	30.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25	0,4	21.
3	Revenue less expenses. Subtract line 2 from line 1	3		3	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,9	29.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		6,2	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

532012 12-16-15 Form **990** (2015)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.lrs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Tall	ie oi i	ne organization							identification numbe	r
_	PAIGE'S BUTTERFLY RUN, INC. 52-2154937									
	rt I	Reason for Public						3.		
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 11,	check only	one box.)				
1	Ш	A church, convention of ch	urches, or associati	ion of churches describe	d in sectio	on 170(b)(1)(A)(i).			
2	Ш	A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)				
3		A hospital or a cooperative	hospital service org	ganization described in s	ection 170	D(b)(1)(A)(i	ii).			
4		A medical research organiz	zation operated in co	onjunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental u	nit describ	ped in	
		section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6		A federal, state, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A)	(v).			
7	X	An organization that norma	ally receives a substa	antial part of its support	from a gov	ernmental	unit or from the	ne general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b))(1)(A)(vi). (Complete Par	t II.)					
9		An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from	l
		activities related to its exer	npt functions - subje	ect to certain exceptions	, and (2) ne	o more tha	n 33 1/3% of	its support	t from gross investmen	t
		income and unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)							
10		An organization organized	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).			
11		An organization organized	and operated exclus	sively for the benefit of, t	o perform	the functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	i09(a)(3). C	Check the box in	
		lines 11a through 11d that	describes the type	of supporting organization	n and con	nplete lines	s 11e, 11f, and	l 11g.		
а		Type I. A supporting orga	anization operated,	supervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving	
		the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting	
		organization. You must o	complete Part IV, S	ections A and B.						
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizatio	n(s), by ha	ving	
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
C		Type III functionally inte	egrated. A supportin	ng organization operated	in connec	tion with,	and functional	ly integrate	ạd with,	
		its supported organizatio	n(s) (see instruction:	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d	L_	Type III non-functionally	y integrated. A supp	oorting organization oper	rated in co	nnection v	vith its suppor	ted organi	zation(s)	
		that is not functionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and	l an attent	iveness	
		requirement (see instruct	ions). You must co i	mplete Part IV, Sections	s A and D	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.				_
f	Ente	r the number of supported o	organizations							_
g		ide the following information			Be 13					_
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization in your	(v) Amount of	- 1	(vi) Amount of	
		organization		above (see instructions))	governing	document?	support instruction	-	other support (see instructions)	
					Yes	No				_
										_
									_	_
										_
							,			_
										_
		l l	i e	i e						

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	178,468.	247,631.	130,027.	135,901.	145,162.	837,189.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	178,468.	247,631.	130,027.	135,901.	145,162.	837,189.
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)						027 100
	Public support. Subtract line 5 from line 4.						837,189.
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	178,468.	247,631.	130,027.	135,901.	145,162.	837,189.
	Gross income from interest,	1/0/200.	247,001.	130,027.	133,701.	140,102.	057,105.
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,779.	630.	352.	196.	297.	3,254.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						840,443.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stop	here					>
	ction C. Computation of Publ						00.61
	Public support percentage for 2015 (I				[14	99.61 %
	Public support percentage from 2014					15	99.43 %
16a	ia 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
D	33 1/3% support test - 2014. If the orange and stop here. The organization quality						
170							
1/a	10% -facts-and-circumstances test and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	_	
h	10% -facts-and-circumstances test						
IJ	more, and if the organization meets th	=					
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		_	-	-		. —
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2015 PAIGE'S BUTTERFLY RUN, INC.

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.)

Se	ction A. Public Support	clow, please comp	piete Fait II.)				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,				1		
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	-					
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
9	furnished by a governmental unit to	İ					
	the organization without charge						
_	•						
	Total. Add lines 1 through 5						
18	Amounts included on lines 1, 2, and						
	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		<u> </u>		1		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						_
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organiz	ation.
	check this box and stop here	•			-		
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2015 (li	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2014		-			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2						%
	33 1/3% support tests - 2015. If the						
ıya							
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che					-	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	<u>a, or 19b, check th</u>	nis box and see in:	structions	

Part IV Su

Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	11		
	2		
ł	<u>3a</u>	-	
ł	3b		
	3c		
	4a		
ı	74		
	4b		
Ì	40		
	4c		
ŀ	<u>5a</u>		
-	5b		
-	5c		
	6		
	7		
-	8		
 	9a		
-	9b		
	9c		
	30		
	10a	_	

	dule A (Form 990 or 990-EZ) 2015 PAIGE'S BUTTERFLY RUN,			52-2154937 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	h/-integrate	ad Type III supporting org	anization (eee

Schedule A (Form 990 or 990-EZ) 2015

instructions).

e Excess from 2015

Schedule A	(Form 990 or 990-E	Z) 2015 PAIGE'S	BUTTERFLY	RUN,	INC.	52-2154937 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Section 1;	Information. Providines 1, 2, 3b, 3c, 4b, 4 tion D, lines 2 and 3: Pa	de the explanations of the control o	required by 11a, 11b, a s 1c. 2a. 2	y Part II, line 10; Pa and 11c; Part IV, Se b. 3a and 3b: Part \	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, f, line 1; Part V, Section B, line 1e; Part V, for any additional information.
			<u> </u>			-
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

PAIGE'S BUTTERFLY RUN, INC. 52-2154937								
Organization type (chec	ck one):							
Filers of: Section:								
Form 990 or 990-EZ	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 private foundation							
	501(c)(3) taxable private foundation							
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See instructions.						
General Rule								
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib							
Special Rules								
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the a -EZ, line 1. Complete Parts I and II.	16a, or 16b, and that received from						
year, total cont	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contributi is checked, ent purpose. Do no	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Name of organization

Employer identification number

PAIGE'S BUTTERFLY RUN, INC.

52-2154937

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	*
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	WALMART, INC. 702 SW 8TH STREET BENTONVILLE, AR 72716	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CST BRANDS (NICE & EASY) 1 VALERO WAY SUITE 200 SAN ANTONIO, TX 78249	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UNITED PARCEL SERVICE INC. 6975 NORTHERN BOULEVARD EAST SYRACUSE, NY 13057	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	BANK OF AMERICA 1 CLINTON SQUARE SYRACUSE, NY 13202	\$\$,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MCCLANE NORTHEAST, INC 2828 MCCLANE DRIVE BALDWINSVILLE, NY 13027	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	INTEGRATED MARKETING 4682 CROSSROADS PARK DRIVE LIVERPOOL, NY 13088	\$\$, 5,140.	Person X Payroll

Name of organization

Employer identification number

PAIGE'S BUTTERFLY RUN, INC.

52-2154937

Part II	Noncash Property (see instructions). Use duplicate copies of F	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
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1			 990, 990-EZ, or 990-PF) (:

Name of organization

Employer identification number

	S BUTTERFLY RUN, INC.		52-2154937				
t III	the year from any one contributor. Complete c	olumns (a) through (a) and the following	ection 501(c)(7), (8), or (10) that total more than \$1,000				
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.)				
	Use duplicate copies of Part III if additiona	al space is needed.					
lo. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ -							
		(e) Transfer of gift					
_	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
-							
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ -							
-		(e) Transfer of gift					
	Transferee's name, address, an		Relationship of transferor to transferee				
-							
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
rt 1	(S) Full pose of gift	(0) 030 01 gm	(a) Description of now give to note				
_ L-							
	(e) Transfer of gift						
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
No							
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ -							
- - -		(e) Transfer of gift					
	Transferee's name, address, an		Relationship of transferor to transferee				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	PAIGE'S BUTTERFLY		<u>52-2154937</u>
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		vised funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donors		
•	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	· 	9,1 (2177) 1110 77
	Preservation of land for public use (e.g., recreation or		istorically important land area
	Protection of natural habitat	· —	ertified historic structure
	Preservation of open space	Freservation of a c	ertified historic structure
9	Complete lines 2a through 2d if the organization held a qual	lified concentation contribution in the fo	m of a concentration occument on the last
2		illied conservation contribution in the for	Held at the End of the Tax Year
-	day of the tax year.		
a	Total number of conservation easements		
D	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired listed in the National Register		1 1
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		_ of
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
	•		-
7	Amount of expenses incurred in monitoring, inspecting, han-	dling of violations, and enforcing conser	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describe	es the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	•	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue sta	ternent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthe	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (As		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of	public service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finan	cial gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

		BUTTERFLY								Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, His	storical Tr	reasures,	or Othe	r Simila	ır Asse	ts (contine	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, ched	ck any of the	following the	at are a si	gnificant u	ise of its	collection	items
	(check all that apply):			85						
а	Public exhibition	C	ı		hange progr					
b	Scholarly research	6	• 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how t	they further t	he organizat	ion's exen	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of								_	
_	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if th	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		-					_	_	
	on Form 990, Part X?								」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								<u> </u>	Amount	
C	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance								 _	
	Did the organization include an amount on F						ty?		」Yes	No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete				1				7 > Farms	
		(a) Current year	(b) i	Prior year	(c) Two yea	ITS DACK (d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance		01							
2	Provide the estimated percentage of the cur	-	•	ig, column (a	a)) neid as:					
a	Board designated or quasi-endowment		%							
-	Permanent endowment	%								
С	The person on lines on the and on the									
_	The percentages on lines 2a, 2b, and 2c sho		. 41 41-	_		1 & 41-				
за	Are there endowment funds not in the posse	ession of the organiza	ation th	at are neid a	ina aamiiniste	erea for th	e organiza	ation	Γ,	- N-
	by:									Yes No
	(i) unrelated organizations									
_	(ii) related organizations									
									3b	
Dar	t VI Land, Buildings, and Equipm		willeur	iunus.						
I GI	Complete if the organization answere		Dort I	\/ line 11a S	Saa Form 991) Dort V I	lino 10			
							cumulated		(d) Dools	
	Description of property	(a) Cost or o basis (investre			or other (other)	1-7	reciation	1	(d) Book	value
	Lond	· · · · · · · · · · · · · · · · · · ·		ובוכנוס	(outor)	чер				
	Land									
b	Buildings									
	Leasehold improvements				2,848.		1,78	13	1	,065.
	Equipment				4,040.		1,/0			,005.
	Other		V colu	nn /D\ line 1	1001				1	,065.
ı otal	, nuu iiitee ta tiiitugit te, [Colullili (a) liilust e	quai i Ullii 330, Fdf[A, GUIUI	iii (ت), iiile T	UU-/					<u>, , , , , , , , , , , , , , , , , , , </u>

Schedule D (Form 990) 2015

<u>1. </u>	(a) Description of hability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		

(8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

(7)

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization		. ~					ntification number				
	BUTTERFLY RUN, IN Complete if the organization answer		'es" o	n Form 990. Part IV. I	ine 1	52-2154 7. Form 990-E2					
required to complete this par	t.										
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover sising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	atees	Yes					
(i) Name and address of individual or entity (fundraiser)	(iii) Did		or control of ITOITI act		or control of If Offi activity		or control of ITOITI activit		(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
		Yes	No								
	===										
353											
			i								
Total											
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit of	contrib	utions	or has been notified	it is	exempt from re	egistration				
	· <u>-</u>										
			(5)								

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events PAIGE'S NONE (add col. (a) through BUTTERFLY RU col. (c)) (event type) (event type) (total number) 302,287. Gross receipts 302,287. 145,162. 145,162. 2 Less: Contributions 157,125. 157,125. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 51,854. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2015 PAIGE'S BUTTERFLY RUN, INC. 52-2	154	<u>937</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	7	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	7	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	3			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	: If "Yes," enter name and address of the third party:			
	Name &			
	Name	_		
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Department of applicacy provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	r	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9, 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
2				
				
				_
_				

Schedule G	i (Form 990 or 990-EZ)	PAIGE'S	BUTTERFLY	RUN, II	NC.	52- <u>21</u>	54937 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental infor	mation (continu	ued)				
		,					
					_		
							<u>_</u>
	··						
				4			
				-			
			<u></u>				
	Max 11						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2015

Open to Public Inspection

Schedule I (Form 990) (2015)

Name of the organization PAIGE 'S B	ע.זקקקייייוו	RIIN TNC					Employer identification number 52-2154937
Part I General Information on Grants a		MOIN, THE					<u> </u>
Does the organization maintain records to criteria used to award the grants or assistance. Describe in Part IV the organization's process.	stance?						
2 Describe in Part IV the organization's pro	- · · -					Vac	LIVE DA FOR DAY
recipient that received more than \$	_			-	anization answered "	res" on Form 990, Par	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR UPSTATE MEDICAL UNIVERSITY - 750 E. ADAMS STREET - SYRACUSE, NY 13210	16-1068101		100,000,	0.			PAIGE'S CANCER RESEARCH
FOUNDATION FOR UPSTATE MEDICAL UNIVERSITY - 750 E. ADAMS STREET - SYRACUSE, NY 13210	16-1068101		102,500.	0.			PAIGE'S FAMILY & SURVIVOR ASSISTANCE FUNDS
FOUNDATION FOR UPSTATE MEDICAL UNIVERSITY - 750 E. ADAMS STREET - SYRACUSE, NY 13210	16-1068101		18,500.	0.			PAIGE YEOMANS ARNOLD MEMORIAL ENDOWMENT FUND
FOUNDATION FOR UPSTATE MEDICAL UNIVERSITY - 750 E. ADAMS STREET - SYRACUSE, NY 13210	16-1068101		19,000.	0.			PAIGE'S FAMILY FUN FUND
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	_	_	he line 1 table		<u> </u>	1	>

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

Schedule I (Form 990) (2015) PAIGE'S BUTTE	RFLY RUN,	INC.			52-2154937	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is need	luals. Complete if the led.	organization answ	vered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cas	h assistance
Part IV Supplemental Information. Provide the information	required in Part I, lin	ie 2, Part III, columr	n (b), and any other a	dditional information.		
		· · · · · · · · · · · · · · · · · · ·				
			<u> </u>			

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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

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.

52-2154937 PAIGE'S BUTTERFLY RUN, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FAMILIES IN CENTRAL NEW YORK THROUGH THE SPONSORSHIP OF PEDIATRIC ONCOLOGY RESEARCH AND PATIENT PROGRAMS AT UPSTATE GOLISANO CHILDREN'S HOSPITAL IN SYRACUSE. FORM 990, PART VI, SECTION A, LINE 2: CHRIS ARNOLD, PRESIDENT AND ELLEN YEOMANS, VICE PRESIDENT ARE HUSBAND AND WIFE. FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REOUIRES SELF-DISCLOSURE OF ANY CONFLICTS OF INTEREST. CONFLICTS OF INTEREST ARE REVIEWED AND DISCUSSED AMONG BOARD MEMBERS. FORM 990, PART VI, SECTION C, LINE 19: ALL THE REQUIRED DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990, PART XII, LINE 2C DUE TO THE SIZE OF THE ORGANIZATION, THERE IS NO SEPERATE COMMITTEE THAT OVERSEES THE AUDIT. THIS IS THE RESPONSIBILITY OF THE BOARD. THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

Form	3868 (Rev. 1-2014)					Page 2		
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	box		. ▼ X		
Note.	Only complete Part II if you have already been granted an	automatic	3-month extension on a previously fi	led Form	8868.			
• If y	ou are filing for an Automatic 3-Month Extension, comple							
Par	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies neede	<u>1)</u>		
			Enter filer's	identifyir	ng number, see	instructions		
Туре	or Name of exempt organization or other filer, see instru	ictions.		Employer	identification n	umber (EIN) or		
print								
File by t					52-215 4	937		
due date	I Number, street, and rount of stitle no. It a F.O. DOX, see instructions.							
return. S	⇔ <mark>2911 FARGO ROAD</mark>					<u> </u>		
instructi	ons. City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.					
	BALDWINSVILLE, NY 13027							
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applic	eation	Return	Application			Return		
Is For		Code	Is For			Code		
Form:	990 or Form 990-E Z	01			<u> </u>			
Form:	990-BL	02	Form 1041-A			08		
Form -	1720 (individual)	03	Form 4720 (other than individual)			09		
Form :	990-PF	04	Form 5227			10		
Form:	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form:	990-T (trust other than above)	06	Form 8870	<u>.</u>		12		
<u>STOP</u>	Do not complete Part II if you were not already granted		natic 3-month extension on a previ	iously file	d Form 8868.			
	CHRISTOPHER ARI							
	books are in the care of $ ightharpoons$ 2911 FARGO ROA	D - B2		<u> 3027 </u>				
Tel	ephone No. ► <u>315-635-0099</u>		Fax No					
	ne organization does not have an office or place of busines							
• If the	nis is for a Group Return, enter the organization's four digit							
box 🕨				all memb	ers the extension	n is for.		
	request an additional 3-month extension of time until1							
	For calendar year 2015 , or other tax year beginning $_$					·		
6	If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	eturn			
	Change in accounting period							
	State in detail why you need the extension							
	ADDITIONAL TIME IS REQUIRED TO			ON NE	CESSARY	TO		
	FILE A COMPLETE AND ACCURATE I	RETURI	N					
	The state of the s							
8a	lf this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, (enter the tentative tax, less any			•		
	nonrefundable credits. See instructions.	_		8a	\$	0.		
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	-						
	tax payments made. Include any prior year overpayment all	lowed as a	credit and any amount paid			•		
	previously with Form 8868.			8b	\$	0.		
	B alance due. Subtract line 8b from line 8a. Include your pa	-	h this form, if required, by using		_	•		
	EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.		
	<u> </u>		t be completed for Part II o	_				
Under	penalties of perjury, I declare that I have examined this form, includ e, correct, and complete, and that I am authorized to prepare this fo	ing accomp	anying schedules and statements, and to	the best o	t my knowledge a	nd beliet,		
					_			
Signati	ıre ▶ Title ▶ I	PRESII	DENT	Date				

Form 8868 (Rev. 1-2014)



Fighting, Pediatric Cancer, Funding, Hope.

PAIGE'S BUTTERFLY RUN, INC. FINANCIAL STATEMENTS

DECEMBER 31, 2015



Independent Accountant's Review Report

September 13, 2016

To the Board of Directors of Paige's Butterfly Run, Inc.

We have reviewed the accompanying financial statements of Paige's Butterfly Run, Inc., which comprise the statement of financial position as of December 31, 2015, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

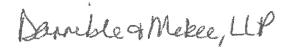


Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Other Matter

We previously reviewed Paige's Butterfly Run, Inc.'s December 31, 2014, financial statements and in our report dated March 30, 2015, stated that based on our procedures, we were not aware of any material modifications that should be made to the December 31, 2014, financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America. We are not aware of any material modifications that should be made to the summarized comparative information presented herein as of and for the year ended December 31, 2014, for it to be consistent with the reviewed financial statements from which it has been derived.



STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2015

WITH COMPARATIVE INFORMATION FOR 2014

<u>Assets</u>		2015	 2014
Cash and cash equivalents (Note 1)	\$	1,549	\$ 2,603
Contributions receivable (Note 1)		-	700
Inventory (Note 1)		1,095	-
Equipment, net of depreciation (Note 1)		1,065	1,376
Other assets, net of amortization (Note 1)	VI	5,355	 1,250
Total assets	\$	9,064	\$ 5,929
Liabilities and Net Assets			
Accounts payable	\$	2,826	\$
Net assets (Note 1):			
Unrestricted		6,238	5,108
Temporarily Restricted			 821
Total net assets		6,238	 5,929
Total liabilities and net assets	\$	9,064	\$ 5,929

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED DECEMBER 31, 2015

WITH COMPARATIVE INFORMATION FOR 2014

	U	Inrestricted		porarily stricted	20	015 Total	20	14 Total
Revenue:								
Contributions	\$	145,162	\$	_	\$	145,162	\$	135,901
Fundraising		157,125		-		157,125		143,176
Interest income		297		-		297		196
Net assets released from restrictions:								
Satisfaction of donor restrictions	_	821	-	(821)	_			
Total revenue	_	303,405		(821)	_	302,584		279,273
Expenses:								
Program services		241,214		-		241,214		224,000
Support services:								
Management and general		10,601		-		10,601		9,020
Fundraising		50,460				50,460		43,898
Total expenses	_	302,275				302,275		276,918
Change in net assets		1,130		(821)		309		2,355
Net assets, beginning of year	_	5,108		821	_	5,929		3,574
Net assets, end of year	<u>\$</u>	6,238	\$	<u>-</u>	<u>\$</u>	6,238	\$	5,929

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED DECEMBER 31, 2015

WITH COMPARATIVE INFORMATION FOR 2014

	 2015		2014
Increase (decrease) in cash and cash equivalents			
Cash flows from operating activities:			
Cash received from donors	\$ 302,987	\$	278,377
Cash paid for donations	(241,214)		(224,000)
Cash paid to suppliers	(57,174)		(52,236)
Interest received	297		196
Net cash provided by operating activities	 4,896	_	2,337
Cash flows used for investing activities:			
Purchase of equipment	-		(1,558)
Purchase of other assets	 (5,950)		
Net increase (decrease) in cash and cash equivalents	(1,054)		779
Cash and cash equivalents, beginning of year	 2,603		1,824
Cash and cash equivalents, end of year	\$ 1,549	\$	2,603
Reconciliation of change in net assets to net cash provided by operating activities			
Change in net assets	\$ 309	\$	2,355
Adjustments to reconcile change in net assets to net cash provided by operating activities:			,
Depreciation	311		182
Amortization	866		500
Loss on disposal of other asset	979		-
(Increase) decrease in contributions receivable	700		(700)
Increase in inventory	(1,095)		-
Increase in accounts payable	 2,826		
Net cash provided by operating activities	\$ 4,896	<u>\$</u>	2,337

See accompanying notes and independent accountant's review report.



PAIGE'S BUTTERFLY RUN, INC. NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of significant accounting policies

Nature of activities - Paige's Butterfly Run, Inc. (the "Organization") was formed in 1999 as a non-profit corporation under Section 501(c)(3) of the Internal Revenue Code (IRC). The Organization's mission is to raise funds with integrity to benefit current and future pediatric cancer patients and their families in Central New York through the sponsorship of pediatric oncology research and patient programs at Upstate Golisano Children's Hospital (the "Hospital") in Syracuse. The Organization operates an annual run/walk and receives individual and corporate donations. All net proceeds fund pediatric oncology research and patient programs at the Hospital.

Basis of accounting - The financial statements have been prepared on the accrual basis of accounting, which recognizes income when earned and expenses when incurred.

<u>Basis of presentation</u> - The accompanying financial statements have been prepared in accordance with the Financial Accounting Standards Board (FASB) authoritative guidance on financial statements of not-for-profit organizations. Under this guidance, the Organization is required to report information regarding its assets, liabilities, revenues and expenses according to the three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

<u>Unrestricted net assets</u> - Unrestricted net assets consist of the net assets of the Organization that are neither temporarily restricted nor permanently restricted by donor-imposed stipulations. These amounts are available for the support of operations.

Temporarily restricted net assets - Temporarily restricted net assets consist of the net assets of the Organization whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled by actions of the Organization pursuant to those stipulations. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statement of activities as net assets released from restrictions. Temporarily restricted net assets at December 31, 2014, consisted of a donation for \$821 to be used for the June 2015 event which was released in 2015. The Organization had no temporarily restricted net assets as of December 31, 2015.

<u>Permanently restricted net assets</u> - Permanently restricted net assets consist of the net assets of the Organization that include a donor-imposed restriction that stipulates that resources be maintained permanently but permit the Organization to use up or expend part or all of the earnings derived from the donated assets. The Organization had no permanently restricted net assets at December 31, 2015 or 2014.

<u>Revenue recognition</u> - Contributions are recognized as revenue in the year an unconditional promise is received and are recorded at their fair value.

<u>Cash and cash equivalents</u> - The Organization considers all highly liquid investments, with a maturity of three months or less when purchased, to be cash equivalents.

<u>Contributions receivable</u> - Contributions receivable are stated at the amount the Organization expects to collect from outstanding balances. No provision has been made for uncollectible accounts as management considers all accounts to be collectible.

<u>Inventory</u> - Inventory consists of Organization branded clothing and merchandise and are stated at the lower of cost or net realizable value. Cost is determined on the First-In, First-Out (FIFO) method.

Equipment - Equipment is recorded at cost or, for donated assets, at the estimated fair market value at the date of acquisition. Depreciation is computed on the straight-line method over the assets' estimated useful lives. Maintenance and repairs are charged to expense as incurred; major renewals and betterments are capitalized. When items are sold or retired, the related cost and accumulated depreciation are removed from the accounts, and any gain or loss is included in the change in net assets.

Equipment consists of the following:

		December 31,				
	2015			2014		
Equipment Less - Accumulated depreciation	\$	2,848 (1,783)	\$	2,848 (1,472)		
	\$	1,065	\$	1,376		

Depreciation expense of \$311 and \$182 for the years ended December 31, 2015 and 2014, respectively, has been included in the change in net assets.

Other assets - Other assets subject to amortization include the cost of a website. During 2015, the Organization designed and built a new website. The old website had amortization expense of \$271 for the year ended December 31, 2015, prior to being disposed of and \$500 for the year ended December 31, 2014, and have been included in the statement of activities. There was a loss on the disposal of \$979 for the year ended December 31, 2015. The new website costs are being amortized on a straight-line basis over five years through 2020 with amortization expense of \$595 for the year ended December 31, 2015, has been included in the statement of activities. Amortization expense in years 2016 through 2019 will be \$1,190 each year and \$595 in 2020.

Other assets consist of the following:

		December 31,			
		2015		2014	
Website design Less - Accumulated amortization	\$	5,950 (595)	\$	2,500 (1,250)	
	<u>\$</u>	5,355	\$	1,250	

<u>Financial instruments and credit risks</u> - The Organization maintains cash balances at one financial institution. Cash balances in excess of the amount insured by the Federal Deposit Insurance Corporation (FDIC) are subject to credit risk.

<u>Income taxes</u> - Pursuant to FASB guidance related to not-for-profit entities, the Organization is exempt from federal income tax under Section 501(c)(3) of the IRC and has been determined not to be a private foundation under Section 509(a) of the IRC.

The Organization has reviewed its operations for uncertain tax positions and believes there are no significant exposures. The Organization will include interest on income tax liabilities in interest expense and penalties in operations if such amounts arise. The Organization is no longer subject to Federal or state examinations by tax authorities for the closed tax years before 2012.

<u>Expense allocation</u> - The costs of program and support services have been summarized on a functional basis in the statement of activities. The costs are functionalized on a direct basis where possible. Indirect costs are allocated based on an estimate of the time spent by the Organization's management and staff in each functional area.

<u>Program services</u> - Net proceeds of the Organization's events are utilized to fund pediatric cancer research and to help families of patients undergoing treatment at the Hospital.

Management and general - Management and general expenses include the functions necessary to oversee the Organization's daily operations and activities and manage the Organization's financial and budgetary functions.

<u>Fundraising</u> - Fundraising expenses include the functions necessary to run the Organization's major fundraiser which consists of a run/walk.

<u>Donated services</u> - A number of volunteers have donated their time to develop the Organization's programs. No amounts have been recognized in the financial statements for these services since they do not meet the criteria for recognition under FASB authoritative guidance on accounting for contributions received and contributions made.

<u>Use of estimates</u> - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

<u>Subsequent events</u> - Management has evaluated subsequent events through September 13, 2016, the date which the financial statements were available for issue.