990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2015 calendar year, or tax year beginning 01 January 2015, and ending 31 December , 20 15 D Employer identification number В C Name of organization International Institute of Rural Reconstruction Check if applicable: Address change Doing business as 13-6175722 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 601 W 26th Street #325-1 (908) 347-5585 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated New York, NY 10001-1131 G Gross receipts \$ Amended return Application pending F Name and address of principal officer: Dr. Isaac B. Bekalo H(a) Is this a group return for subordinates? Yes Vo H(b) Are all subordinates included? Yes No address is the same as C above If "No," attach a list. (see instructions)) ◀ (insert no.) ☐ 4947(a)(1) or √ 501(c)(3) Tax-exempt status: http://www.iirr.org H(c) Group exemption number ▶ Website: ▶ Form of organization: ✓ Corporation Trust Association L Year of formation: M State of legal domicile: DE Part I Summary 1 Briefly describe the organization's mission or most significant activities: IIRR's mission is to enable communities and those Activities & Governance who work with them to develop innovative yet practical solutions to poverty through a community-led development approach and widely share these to encourage replication. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) . 4 13 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 8 \$5,426,506 \$4,076,618 9 Program service revenue (Part VIII, line 2g) 775,372 507,938 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,976 13,925 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 481,030 621,910 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,697,884 5,220,391 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 686,783 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,764,663 1,454,885 Professional fundraising fees (Part IX, column (A), line 11e) 16a n 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,353,362 2,811,714 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,118,025 4,953,383 Revenue less expenses. Subtract line 18 from line 12 19 \$579,859 \$267,008 **Beginning of Current Year End of Year** Assets or 20 Total assets (Part X, line 16) \$5,851,458 \$5,176,942 21 Total liabilities (Part X, line 26) . 997,464 366,997 22 Net assets or fund balances. Subtract line 21 from line 20 \$4,853,994 \$4,809,945 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Decleration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date April 30, 2016 Dr. Isaac Bekalo - President Here Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check self-employed Preparer

√ Yes Form 990 (2015)

Firm's EIN ▶

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name

Use Only

| Part | 그는 기계를 하면 살아왔다면 보다는 사람들이 하는 사람이 하는 사람이 하는 사람이 되었다면 하는 것이다. 그렇게 되었다면 그렇게 되었다면 하는 것이다면 하는데 되었다면 되었다면 하는데 되었다면 하는데 되었다면 하는데 되었다면 되었다면 하는데 되었다면 되었다면 하는데 되었다면 되었다면 하는데 되었다면 하는데 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 | | | |
|--------|--|---|---|--|
| | | response or note to any line in this P | art III | |
| 1 | Briefly describe the organization's miss | | | |
| | | and those who work with them to develop | | |
| | | proach and widely share these lessons to | | |
| | | , obtain quality education, attain gender e | quality, mitigate disasters, prote | ct & preserve the |
| | environment, cultivate healthy foods, & a | | The second second second | |
| 2 | | inificant program services during the ye | | |
| | | | 5 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ☐ Yes 🗸 No |
| | If "Yes," describe these new services of | | | |
| 3 | 이 하게 하는 다음이 아들이 살았다. 친구들은 아이들은 마음이 아이들이 이 하지만 하는 그 아이들은 1이 이름이 모든 | ng, or make significant changes in h | [요시 집에 마음이 그리지 않아 [1] 아이에 아니라 아니라 아니라 아니라 아니다 아니라 | n |
| | services? | | | ☐ Yes 🗸 No |
| | If "Yes," describe these changes on So | chedule O. | | |
| 4 | Describe the organization's program s | service accomplishments for each of its | three largest program service | s, as measured by |
| | | (4) organizations are required to repor | | |
| | the total expenses, and revenue, if any | , for each program service reported. | And the last and a second of the | Anna Santa San |
| | 4.7 (4.4) (1.4) (1.4) (1.4) | | | |
| 4a | (Code:) (Expenses \$ | 3,573,243 including grants of \$ | 686,783) (Revenue \$ | 4,076,618) |
| | Learning Community Program: | | | |
| | | and their communities to effect meaningfu | Il change in their lives through r | esearch and |
| | | wledge about participatory human develop | | |
| | | s achieved at the grass-roots, community | | |
| | building of people and their institutions i | s achieved at the grass-roots, community | lever urrough uns program's nei | d-work. |
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| 4b | (Code:) (Expenses \$ | 758,174 including grants of \$ | 0) (Revenue \$ | 496,184) |
| | Applied Learning Program: | | | |
| | | lobal body of knowledge on organizationa | l and program effectiveness and | good governance |
| | | conferences, technical assistance, study p | | |
| | | med, evolving and on-site learning through | | |
| | development practitioners engaged at na | | | 9 |
| | development practitioners engaged at ha | idonal, regional and global levels. | | |
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| | J. 64 12 12 12 12 12 12 12 12 12 12 12 12 12 | | 0.0 | |
| 4c | (Code:) (Expenses \$ | 0 including grants of \$ | 0) (Revenue \$ | 0) |
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| 120.00 | | | | |
| 4d | Chicago and annual and an antique of Character and Charact | a ha a divida (C.) | | |
| | Other program services (Describe in So | | 4 | |
| | (Expenses \$ 0 including | | \$ 0) | |

Checklist of Required Schedules

Part IV

| | | | 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 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | √ | |
| 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 | | 1 |
| 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 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | N. |
| • | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | 5 | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | 1983 |
| | 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 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 7 | | ✓ |
| | complete Schedule D, Part III | 8 | | ✓ |
| 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 | | 1 |
| 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 | ✓ | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| 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 | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | 110 | | Y |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | ✓ |
| a | 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 | | 1 |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | √ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . | 11f | | 1 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII | 12a | 1 | |
| 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 | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | 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 | 441 | ./ | |
| 15 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | ✓ | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | 1 | |
| 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 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 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 | | √ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | | Ψ |
| | If "Yes," complete Schedule G, Part III | 19 | | 1 |

| Part I | V Checklist of Required Schedules (continued) | | | |
|--------------------|---|----------|-----|----------|
| | | 9 | Yes | No |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ✓ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | ✓ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | ✓ |
| 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 | | ✓ |
| 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 | ✓ | |
| 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 | 5 4 | | , |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ✓ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ✓ |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | , |
| 154 | to defease 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 | | ✓ |
| 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 | <u> </u> | | , |
| ■ | | 25a | | ✓ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 00 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | 250 | | |
| 26 | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 20 | | |
| lat iki | 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 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 10000 M | | X2201 |
| | 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 | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | 1 |
| 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 | | ✓ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| 10500 | conservation contributions? If "Yes," complete Schedule M | 30 | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | ✓ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| 22 | complete Schedule N, Part II | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | | , |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 33 | | ✓ |
| 34 | or IV, and Part V, line 1 | 34 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ∨ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 55a | | Υ |
| • | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 555 | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 4.53 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | 1 | |

| Part | 시마다 사람들은 어느 아니는 | | | |
|---------|--|----------|-----|----|
| | Check if Schedule O contains a response or note to any line in this Part V | | 1.0 | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | | Yes | No |
| b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | - | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |
| 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 -0- | | | |
| Ь | 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) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b 4a | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 3b | | |
| 44 | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | 1 | |
| ь | If "Yes," enter the name of the foreign country: Kenya, Ethiopia, Uganda, South Sudan, Philippines, Cambodia | | | |
| | 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 | | 1 |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| C | 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 | | | 1 |
| ь | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OD | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | 1 |
| Ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | 10 |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | -3 |
| | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7f 7g | | ¥ |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 79 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7.11 | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | 1 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | 1 |
| Ь | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | 1 |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | - | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | | |
| 11 a | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | = | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| Ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | - | |
| 162 | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| Ь | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | 1 |
| | If "Ves " has it filed a Farm 700 to report these normants of "No." provide an explanation in School of Co. | 14a | | - |

| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O | | | |
|----------|--|------------|-------------|--------|
| Secti | on A. Governing Body and Management | | | 1 |
| | Parameter transfer of experience and the property of the contract of the contr | | 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. | | | |
| ь | Enter the number of voting members included in line 1a, above, who are independent . 1b 13 | | | |
| 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 | | 1 |
| 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 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | 1 |
| 6 | Did the organization have members or stockholders? | 6 | | 1 |
| 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 | 1 | |
| 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 | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? , , | 8a | 1 | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 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 | | 1 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | | 1 |
| | | | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? 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? | 10a | 1 | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a | 1 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | Ha | √ | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 1 | |
| 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 | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | 1 | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 1 | |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | 1 | |
| b | Other officers or key employees of the organization , , , , , , , , , , , , , , , , , , , | 15b | | 1 |
| 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 | | 1 |
| b | | 16b | | |
| Secti | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► California, Pennsylvania, New York | and N | ew Je | rsey |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 19 | Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year. | erest | policy | ∕, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and rec | ords: | > | |

Alden Secretario / Shirley Moulton / 601 W 26th Street, #325-1 New York, NY 10001-1131

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.

| (A) Name and Title | (B) Average hours per | per officer and a director/truste | | | | | | (D) Reportable compensation | (E) Reportable compensation from | (F) Estimated amount of |
|----------------------------------|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) James F. Kelly | 20+ | | | į | | | | | | |
| Chairman and Treasurer | | 1 | | 1 | | | | \$0 | \$0 | \$0 |
| (2) Isaac B. Bekalo | 40+ | | | | | | | | | |
| President | | 1 | | 1 | | | | 194,441 | 0 | 0 |
| (3) David Bassiouni | 2 | | | 7 | | | | | | |
| Member - Board of Trustees | | 1 | | | | | | 0 | 0 | 0 |
| (4) James C. Diao | 2 | | | | | 1 | | | | |
| Member - Board of Trustees | | 1 | | _ | | | | 0 | 0 | 0 |
| (5) Donald L. Holley | 2 | | | | | | | | | |
| Member - Board of Trustees | | 1 | | | | | | 0 | 0 | 0 |
| (6) Paul Marquardt | 1 | | | | | | | | 1 | |
| Member - Board of Trustees | | 1 | | | | | | 0 | 0 | 0 |
| (7) Victoria Melendez | 2 | | | | | | | | | |
| Member - Board of Trustees | Orac 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 1 | | | | | | 0 | 0 | 0 |
| (8) Lisa Milton | 1 | | | | | | | | | |
| Member - Board of Trustees | | 1 | | | | | | 0 | 0 | 0 |
| (9) Mary Racelis | 2 | | | | | | | | | |
| Member - Board of Trustees | | 1 | | 100 | | | | 0 | 0 | 0 |
| (10) George SyCip | 2 | | | | | | | | | |
| Member - Board of Trustees | | 1 | | | | | | 0 | 0 | .0 |
| (11) Isagani R. Serrano | 1 | | | | | | | | | |
| Member - Board of Trustees | | 1 | | | | | | 0 | 0 | 0 |
| (12) Dane Smith | 2 | | | | | - | | | | |
| Member - Board of Trustees | | 1 | | | | | | 0 | 0 | 0 |
| (13) James Munsell | 2 | | | | | | | | | |
| Member - Board of Trustees | (Witness 10 10 10 10 10 10 10 | 1 | | | | - | | 0 | 0 | 0 |
| (14) Ricardo A. Anzaldua-Montoya | 1 | | | | | | | | | |
| Member - Board of Trustees | | 1 | | 1 | | | | 0 | 0 | 0 |

| | VII Section A. Officers, Directors, Trust (A) Name and title | (B) Average hours per week (list any | (do n box, u office | (C) Position (do not check more that box, unless person is bo officer and a director/tru | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | | Est am | (F) mated ount of | |
|---------|--|--|--------------------------------|--|------------|--------------|--|-------------------------|--|--|---------------|----------------------------|--|---------|
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | | comp fro orga and | ensation m the nization related nization | on d |
| (15) | | | | | | | ă. | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (21) | | | | | | | | • | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c | Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c) | | | 1 | 1 | | | A A A | 194,441 \$194,441 | | 0 | | | (|
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited | | | list | ed | above | e) w | | ore than \$100 | | of | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | ficer, direc | | | | | Pr 100 10 10 10 10 10 10 10 10 10 10 10 10 | | oloyee, or high | THE SHAPE STATE | | 3 | Yes | No ✓ |
| 4 | For any individual listed on line 1a, is the organization and related organizations | sum of rep greater tha | oortal an \$1 | ole (150, | con 000 | npei | nsatio | n a s," | nd other comp complete Sch | ensation fron | n the | | | |
| 5 | individual | r accrue co | mper | nsat | tion | fro | n any | un | related organiz | | | 4 | 1 | |
| Section | on B. Independent Contractors | rii res, c | отър | ete | SCI | leat | ile J I | OI S | ucii persori | | 9 | 5 | <u> </u> | ✓ |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | | | iax |
| | (A) Name and business address | | | | | | | (B) Description of s | ervices | C | (C) ompens | | | |
| Not ap | plicable | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | o th | ose listed abo | ove) who | | | | |

| Part | t VIII | Statement of Reve Check if Schedule C | | roen | once or note to | any line in this | Part VIII | | |
|--|--------|---|--|---------|---------------------|-------------------|--|---|---|
| | | Crieck ii Scrieddie C | Contains a | resp | orise of flote to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts ts | 1a | Federated campaigns | 3 | 1a | \$1,854 | | TOVORIGO | | 012 014 |
| ran | b | Membership dues . | - | 1b | 0 | | | | |
| E G | c | Fundraising events . | - | 1c | 0 | | | | |
| ar A | d | Related organizations | | 1d | 0 | | | | |
| s, C | e | Government grants (cor | - | 1e | 137,721 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, g and similar amounts not inc | ifts, grants, | | | | | | |
| 를 돌 | | | A STATE OF THE STA | 1f | 3,937,043 | | | | |
| nd n | g | Noncash contributions inclu | | 11: \$ | 0 | 4110370000 | | | |
| 0 6 | h | Total. Add lines 1a-1 | t | | Business Code | \$4,076,618 | | | |
| ğ | ÁS. | | 200 8002 | - | A SALISA CARACASA A | 10,000 | 22222 | | |
| Program Service Revenue | 2a | Trainings, Missions, To | ecn. Asst. | | 900099 | 366,282 | 366,282 | 0 | |
| | b | Workshops | | - | 900099 | 129,902 | 129,902 | 0 | |
| | C | Publications sales | | | 900099 | 11,754 | 11,754 | 0 | |
| Š | d | 0 | | | 0 | 0 | 0 | 0 | |
| ащ | е | 0 | | | 0 | 0 | 0 | 0 | |
| g g | 1 | All other program ser | | _ | 0 | 0 | 0 | 0 | |
| | g | Total. Add lines 2a-2 | | | | \$507,938 | - | | |
| | 3 | Investment income | | | | 10000 | | | |
| | | and other similar amo | | | | 13,925 | 13,925 | 0 | |
| | 4 | Income from investmen | t of tax-exem | ipt boi | nd proceeds | 0 | 0 | 0 | |
| | 5 | Royalties | (i) Real | - 1 | ▶ (ii) Personal | 0 | 0 | 0 | |
| | 6a | Gross rents | | 0 | 0 | | | | |
| | b | Less: rental expenses | | 0 | 0 | | | | |
| | c | Rental income or (loss) | - | 0 | 0 | | | | |
| | d | Net rental income or | (1000) | | 1182 | 0 | | | |
| | 7a | Gross amount from sales of | (i) Securitie | es l | (ii) Other | 0 | 0 | 0 | |
| | 7.0 | assets other than inventory | Wassanias | 0 | 0 | | | | |
| | b | Less: cost or other basis | | U | - 0 | | | | |
| | | and sales expenses . | | _ | 0 | | | | |
| | | Gain or (loss) | | 0 | 0 | | | | |
| | d | Net gain or (loss) | | | 0 | 0 | 0 | 0 | |
| une | 8a | Gross income from fu | undraising | | | | | | |
| Other Revenue | | events (not including \$ of contributions reported See Part IV, line 18 | ed on line 1c | | | | | | |
| ŧ | h | Less: direct expenses | | | 0 | - | | | |
| 0 | | Net income or (loss) f | | | - | 0 | | 0 | - |
| | | Gross income from ga | aming activiti | ies. | volto , P | U . | | Ů | , |
| | | See Part IV, line 19 . | | a | 0 | | | | |
| | b | Less: direct expenses | 3 | b | 0 | | | | |
| | C | Net income or (loss) f | rom gaming | activ | ities ► | 0 | 0 | 0 | (|
| | 10a | Gross sales of in returns and allowance | | | | | | | |
| | F6 | | | - | 0 | | | | |
| | | Less: cost of goods s | | | 0 | | | | |
| | С | Net income or (loss) f | | rinve | | 0 | 0 | 0 | |
| | | Miscellaneous F | NA CALCANA C | | Business Code | 4 (4.00 (4.00)) | 0 | -0. | |
| | 11a | Use of Campus Faciliti | | | 900099 | 516,833 | 0 | 0 | |
| | b | Program management | | | 900099 | 99,701 | 0 | 0 | |
| | C | Changes market-value | investments | 3 | 900099 | 5,376 | 0 | 0 | |
| | d | All other revenue . | | - | 0 | 0 | 0 | 0 | |
| | e | Total Add lines 11a- | | | | 621,910 | 111111111 | | |
| | 7.57 | LATAL PAUABLIA CAA | COTPLICATIONS | | | | and the same of th | _ | |

Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | | | |
|----|---|-----------------------|------------------------------------|-------------------------------------|---------------------------------------|
| | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | \$0 | \$0 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 686,783 | 686,783 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 194,441 | 169,164 | 19,444 | 5,833 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 1,145,858 | 988,075 | 97,218 | 60,565 |
| 8 | Pension plan accruals and contributions (include | | | | 2.2 |
| | section 401(k) and 403(b) employer contributions) | 114,586 | 98,808 | 9,722 | 6,057 |
| 9 | Other employee benefits | 0 | 0 | 0 | C |
| 10 | Payroll taxes | 0 | 0 | 0 | (|
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 0 | 0 | 0 | |
| b | Legal | | 0 | 0 | (|
| C | Accounting | 0 | 0 | 0 | |
| d | Lobbying | 0 | 0 | 0 | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | (|
| f | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column | 0 | 0 | 0 | |
| g | (A) amount, list line 11g expenses on Schedule O.) | 252 252 | 204.004 | 20,000 | 40.00 |
| 12 | Advertising and promotion | 259,853 | 204,024 | 38,862 | 16,867 |
| 13 | Office expenses | 53,502 | | | |
| 14 | Information technology | 0 | 45,622 0 | 5,208 | 2,672 |
| 15 | Royalties | 0 | 0 | 0 | |
| 16 | Occupancy | 343,771 | 91,707 | 227,659 | 24,405 |
| 17 | Travel | 146,320 | 117,571 | 25,466 | 3,283 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | (|
| 19 | Conferences, conventions, and meetings | 0 | 0 | 0 | (|
| 20 | Interest | 0 | 0 | 0 | · · |
| 21 | Payments to affiliates | 0 | 0 | 0 | |
| 22 | Depreciation, depletion, and amortization . | 102,592 | 25,777 | 72,823 | 3,992 |
| 23 | Insurance | 0 | 0 | 0 | (|
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Field Program Expenses | 1,891,246 | 1,891,246 | 0 | 0 |
| b | Printing and Publications | 14,430 | 12,640 | 895 | 895 |
| C | 0 | 0 | 0 | 0 | (|
| d | 0 | 0 | 0 | 0 | (|
| е | All other expenses 0 | 0 | 0 | 0 | (|
| 25 | Total functional expenses. Add lines 1 through 24e | \$4,953,383 | \$4,331,417 | \$497,397 | \$124,569 |
| 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 | | | | |
| | following SOP 98-2 (ASC 958-720) | 0 | 0 | 0 | 0 |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this F | Part X | 5_0vc_0 | |
|-----------------------------|-----|---|--------------------------|---------|------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | \$2,011,991 | 131 | \$2,502,082 |
| | 2 | Savings and temporary cash investments | 0 | 2 | 0 |
| | 3 | Pledges and grants receivable, net | 2,474,609 | 3 | 1,349,459 |
| | 4 | Accounts receivable, net | 322,945 | 4 | 242,018 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | 0 |
| <u>s</u> | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | 0 |
| Assets | 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| As | 8 | Inventories for sale or use | 0 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | 20,063 | | 54,217 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \$2,299,55 | | | o ije i v |
| | b | Less: accumulated depreciation 10b 2,009,74 | | 10c | 289,806 |
| | 11 | Investments – publicly traded securities | 750,219 | | 739,360 |
| | 12 | Investments—other securities. See Part IV, line 11 | 0 | 400 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 5,851,458 | | 5,176,942 |
| | 17 | Accounts payable and accrued expenses | 997,464 | | 305,797 |
| | 18 | Grants payable | 0 | 18 | 0 |
| | 19 | Deferred revenue | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 5 | 22 | - 0 |
| ā | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 1000 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | 61,200 |
| | 26 | Total liabilities. Add lines 17 through 25 | 997,464 | 0.0 | 366,997 |
| ses | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ an complete lines 27 through 29, and lines 33 and 34. | | | 300,007 |
| ano | 27 | Unrestricted net assets | 1,209,722 | 27 | 2,324,588 |
| Sal | 28 | Temporarily restricted net assets | 2,926,290 | 2.5 | 1,767,375 |
| P | 29 | Permanently restricted net assets | 717,982 | | 717,982 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | Ó | 30 | 0 |
| 8 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | 31 | 0 |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds . | 0 | 32 | 0 |
| é | 33 | Total net assets or fund balances | 4,853,994 | 33 | 4,809,945 |
| | 34 | Total liabilities and net assets/fund balances | \$5,851,458 | | \$5,176,942 |
| | | | 7 7 7 7 7 7 | | Form 990 (2015) |

Page 12

| Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part III, column (A), line 12). 1 S5,220,2 2 Total expenses (must equal Part III, column (A), line 25). 2 A,953,3 3 Revenue less expenses. Subtract line 2 from line 1 3 267,4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 A,853,5 5 Net unrealized gains (losses) on investments. 5 Condated services and use of facilities. 6 Donated services and use of facilities. 7 Investment expenses. 8 Prior period adjustments. 8 Prior period adjustments. 9 Other changes in net assets or fund balances (explain in Schedule O). 9 (44,0) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: | Par | XI Reconciliation of Net Assets | | | | |
|--|------|---|----------|---------|--------|----------|
| Total expenses (must equal Part IX, column (A), line 25) 2 4,953; Revenue less expenses. Subtract line 2 from line 1 3 267,4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4,853; Net unrealized gains (losses) on investments 5 5 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | V |
| Total expenses (must equal Part IX, column (A), line 25) 2 4,953; Revenue less expenses. Subtract line 2 from line 1 3 267,4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4,853; Net unrealized gains (losses) on investments 5 5 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | Total revenue (must equal Part VIII, column (A), line 12) , . , , , , , , , , , , . , . , | 1 | | \$5,22 | 0,391 |
| A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 2 | | 2 | | 4,95 | 3,383 |
| Solution investments | 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 26 | 7,008 |
| 6 Donated services and use of facilities 6 7 | 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 4,85 | 3,994 |
| 7 Investment expenses 7 8 9 10 10 10 10 10 10 10 | 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization statements audited by an independent accountant? If the organization of institution have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 6 | Donated services and use of facilities | | | | 0 |
| Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis If "Yes" to line 2 a 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describ | 7 | Investment expenses . , , , , . , , . , , . , . , | 7 | | | 0 |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: □ Cash ☑ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. □ Consolidated basis, or both: □ Separate basis □ Consolidated basis ☑ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b | 8 | | 8 | | | 0 |
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