Form <b>990</b>
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# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2015 Open to Public

nder section 301(c), 327, or 4547(a)(1) of the internal neverifie Code (except private roundation	э,
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       January 1       2015, and ending       December 31.       1.20       15         B       Check if applicable:       C Name of organization International Center for Advocates Agains Discrimination, Inc.       Dempoyer identification number         Address change       Doing buildings as (CAAD)       Records and advocation international Center for Advocates Agains Discrimination, Inc.       Dempoyer identification number         Address change       Doing buildings as (CAAD)       Records and advocation international Center for Advocates Agains Discrimination, Inc.       Dempoyer identification number         International Center for PL to box if mails in ort delivered to street address)       Records and the international Center for Advocates Agains Discrimination, Inc.       Dempoyer identification number         International Center for PL to continue in the international Center for Advocates Agains Discrimination, Inc.       Center for advocates Advocat			of the Treasury			curity numbers o		-	-		Inspection	C
B       Check it applicable       C Name of organization       International Center for Advocates Against Discrimination, Inc.       D Employer identification number 45-4552704         Address change       Nome change       Nome change       E Telephone number         Initial return       18 Lercy Place       917-971-5713         Faar returnemented       City of two, state or province, country, and 2IP or foreign postal code       G cross receipts \$ 10,22         Amende return       18 Lercy Place.       Hans debegs Singh       Heij Mea gauge neam for statordinese includeed       Ves       No         Initial return       18 Lercy Place.       Holy Ale al advorationales includeed       Ves       No         Initial return       18 Lercy Place.       Holy Ale al advorationales includeed       Ves       No         Initial return       18 Lercy pratec.       Botic() I < (ine et no.)       4947(a)(1) or       527       If Singhy description number >         Verbal return       Sotic()       Sotic()       Initial (ine instructions)       If Singhy description number >       Ves       No         Initial return       Association   Trust   Association   Trust   Association in or most significant activities:       III Singhy description number >       IIII Singhy description number >         Initial return       Initial on promonal bale noreganization in sconnization or disposed of more than				-								
Address change       Doing basiness as (LCRAD. Imails not delivered to street address)       Foom/suite       45-4552704         Name change       Number and steet (or P.O. box /f mails not delivered to street address)       Foom/suite       E Telephone number         Fisal return/eminated       City or town, state or province, country, and 2IP or foreign postal code       G Gross receipts \$       110.222         Application pending       Fisal return/eminated       G Gross receipts \$       110.222         Application pending       Fisal return/eminated       G Gross receipts \$       110.222         Member of indepart address of principal officer:       Hanse DSI/(M) [ M all subordinates induced?] Ves ]       No         I       Tax-exempt status       Soft(c)(S)       Soft(c) ]       4 (insert no.)       14947(W)(1) or ]       Soft (M) is this agong return for ubcordinates induced?]       Yes ]       No         I       Tax-exempt status       Soft(c)(S)       Soft(c) ]       4 (insert no.)       14947(W)(1) or ]       Soft (M) is this agong return for ubcordinates induced?]       Yes ]       No         I       Tax-exempt status       Soft(c)(S)       Soft(c) ]       All (insert no.)       4947(W)(1) or ]       Soft (S)       No       Yes ]       No         I       Tax-exempt status       Soft(c)(S)       Soft(c)(S)       Soft(C)(S)       <						<i></i>						
Name change         Number and street (or P.O. box if mail is not delivered to street address)         Room/suite         E Telephone number           Initial return         18 Lercy Place         917-971-5713         917-971-5713           Application pendip         Film return/terminate         Chanpadua, NY 10514         917-971-5713           Application pendip         Film return/terminate         Chanpadua, NY 10514         917-971-5713           Tax-exempt status:         0501(2)         9 (resert no.)         4947/a(r) or         527           Vebsite:         www.icaad.no.o         Heig Force presemption number >         Heig Force presemption number >           Tax-exempt status:         0501(2)         9 (resert no.)         4947/a(r) or         527           Vebsite:         www.icaad.no.o         Heig Force presemption number >         Normary           Tax-exempt status:         0501(2)         9 (resert no.)         4947/a(r) or         527           A Number of indepretor bet no organization sticsion or most significant activities:         ICAAD IS A NON-PROFIT_ORGANIZATION THAT_COMBATS STRUCTURAL DISCRIMINATION AND PROMOTES HUMAN RIGHTS           NORMS CONSISTENT WITH PUBLIC INTERNATIONAL LAW.         2         Check this box >         If the organization discontinued its operations or disposed of more than 25% of its net assets.           3         Number of individuals employed					on, Inc.	D Employer						
Image: Strate												
Find return/terminate       City or town, state or province, country, and ZIP or foreign postal code       Gross receipts \$ 110,222         Application pending       FName and address of principal officer.       Handle FName and Address officer.       Handle FName and A			°					1100m/suite		•		
□       Amended return       Chappaqua.NY 10514       □       □ Gross receipts \$ 110,222         □       Application pending       F Name and address of principal officer: Hansdeep Singh       High Shis a group return for subordinet? □ Yes       No			t t			and ZIP or foreign pr	ostal code				917-971-5713	
Application pending       FName and address of principal officer:       Hansdeep Singh       High is this agroup return for subordinates?       Vesi       No         I Tax-exempt status:       S01(c)(3)       S01(c)       4 (mset no.)       4947(a)(1) or       527       High is this agroup return for subordinates?       Vesi       No         J Website:       www.lcaad.ngo       High is this agroup return for subordinates?       No       High is this agroup return for subordinates?       No					C Gross roo	ointe <sup>e</sup>	~~					
18 Loroy Place, Chappaqua, NY 10514       H(b) Are all subordinates included? Ves No         No         I Tac-exempt status:												
I       Tax-exempt status:       501(c)(3)       501(c)(1)       4 (msert no.)       4947(a)(1) or       527       If "No." attach a list. (see instructions)         J       Website: F       www.icaad.ngo       Hel Group exemption number F         Korm of organization:       Corporation       Trust       Association       Other F       L Year of formation:       2012       M State of legal domicile:       NY         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       1       Is describe the organization discontinued its operations or disposed of more than 25% of its net assets.         Nomber of voting members of the governing body (Part VI, line 1a).       3       3       3       3         4       Number of individuals employed in calendar year 2015 (Part V, line 2a)       5       5       2         6       Total number of individuals employed in calendar year 2015 (Part V, line 2a)       5       5       2         7       Total number of individuals employed in calendar year 2015 (Part V, line 2a)       5       6       4         9       Program service revenue from Form 990-T, line 34       7b       7a       (Current Year         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       12       2a       12       12       12     <		Applica					1			•		
Website         Www.icaad.ngo         H(c) Group exemption number ▶           1         Briefly describe the organization is mission or most significant activities:         2012         M State of legal domicile: NY           2         Check this box ▶         If the organization is mission or most significant activities:         If the organization is mission or most significant activities:           3         If the organization is mission or most significant activities:         If the organization is 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)         4           4         Number of individuals employed in calendar year 2015 (Part VI, line 1b)         4           5         Total number of volunteers (estimate if necessary)         5           6         4           7a         Total number of volunteers (estimate if necessary)         7a           6         Mestine 12         7a           7a         Total number of volunteers (estimate if necessary)         7b           7b         Current Year         7b           7a         Total number of volunteers (estimate if necessary)         76.901           7a         Total number of volunteers (estimate if necessary)         7b           7a         Total number of volunteers (estimate if necessary)	_					_	40.47(=)(1) ==	<b> </b>	- ` '			0
K       Form of organization::::::::::::::::::::::::::::::::::::	<u>+</u>				501(c) (	) < (insert no.)	_ 4947(a)(1) or	527	-		. ,	
Part I       Summary       L <thl< th="">       L       L       L       <t< th=""><th>۲ ۲</th><th></th><th></th><th></th><th></th><th></th><th>L Voo</th><th>ar of formation</th><th></th><th>· ·</th><th></th><th>_</th></t<></thl<>	۲ ۲						L Voo	ar of formation		· ·		_
1       Briefly describe the organization's mission or most significant activities:         1       ICAAD IS A NON-PROFIT ORGANIZATION THAT COMBATS STRUCTURAL DISCRIMINATION AND PROMOTES HUMAN RIGHTS.         NORMS CONSISTENT WITH PUBLIC INTERNATIONAL LAW.       2         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)	_					Other P	Litea	ar of tormation	<u>. 2012</u>	W State 0		
ICAAD IS A NON-PROFIT ORGANIZATION THAT COMBATS STRUCTURAL DISCRIMINATION AND PROMOTES HUMAN RIGHTS         NORMS CONSISTENT WITH PUBLIC INTERNATIONAL LAW.         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)					on's mission	or most signific	ant activitios:					
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	Ø	'								DDOMOT		
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	õ						TRUCTURALI	DISCRIMIN	ATION AND	PROMOT	ES HUMAN RIGHTS	
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	ŝ	2					orationa ar di	appaad of	moro than	250/ of it		
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b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	viti					-						
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	loti											_4(
Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)	4										_(	
8       Contributions and grants (Part VIII, line 1h)		D				II FOIII 990-1, I	ine 34	· · ·		-	Current Year	_(
9       Program service revenue (Part VIII, line 2g)       10       10       11       12       13       16       16       16       16       16       16		•	Contribut	iono and granto (Port						-		
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       292         12       Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)       76,913       110,224         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)       15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       48,253       82,586         16a       Professional fundraising fees (Part IX, column (A), line 11e)       6,096       17       0ther expenses (Part IX, column (D), line 25)	ne			- · ·						76,901	109,5	928
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       292         12       Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)       76,913       110,224         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)       15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       48,253       82,586         16a       Professional fundraising fees (Part IX, column (A), line 11e)       6,096       17       0ther expenses (Part IX, column (D), line 25)	ver	-	-	•						10		_
12       Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)       76,913       110,224         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)       .       .       .         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       48,253       82,589         16a       Professional fundraising fees (Part IX, column (A), line 11e)       .       .       .         b       Total fundraising expenses (Part IX, column (D), line 25)       .       .       .         17       Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)       .       .       .         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       .       .       .       .         19       Revenue less expenses. Subtract line 18 from line 12       .       .       .       .       .       .         20       Total assets (Part X, line 16)       .	Re			· · ·	( ).		,			12		
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)       15         14       Benefits paid to or for members (Part IX, column (A), line 4)       15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       18,253       82,583         16a       Professional fundraising fees (Part IX, column (A), line 11e)       16       16       16         b       Total fundraising expenses (Part IX, column (D), line 25)       6,096       17       13.465         17       Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)       12.204       13.465         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       72.405       98.020         19       Revenue less expenses. Subtract line 18 from line 12       14.508       12.204         20       Total assets (Part X, line 16)       1.143       2.937         21       Total liabilities (Part X, line 26)       1.143       2.937         22       Net assets or fund balances. Subtract line 21 from line 20       5.671       15.136										70.040		
14       Benefits paid to or for members (Part IX, column (A), line 4)										10,913	110,2	224
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       48,253       82,589         16a       Professional fundraising fees (Part IX, column (A), line 11e)       .       .       .         b       Total fundraising expenses (Part IX, column (D), line 25)       6,096       .       .         17       Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)       .       .       .         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       72,405       98,020         19       Revenue less expenses. Subtract line 18 from line 12       .       .       4,508       12,204         20       Total assets (Part X, line 16)       .       .       .       6,814       18,073         21       Total liabilities (Part X, line 26)       .       .       1,143       2,937         22       Net assets or fund balances. Subtract line 21 from line 20       .       .       5,671       15,136		-										
16a       Professional fundraising fees (Part IX, column (A), line 11e)	~				<b>,</b>	( ). )				49.252	001	50(
17       Other expenses (Part IX, column (A), lines Ha-Hd, HH-24e)       24,152       13,466         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       72,405       98,020         19       Revenue less expenses. Subtract line 18 from line 12       4,508       12,204         10       Total assets (Part X, line 16)       6,814       18,073         20       Total liabilities (Part X, line 26)       1,143       2,937         21       Total liabilities (Part X, line 26)       1,143       2,937         22       Net assets or fund balances. Subtract line 21 from line 20       5,671       15,136	see		-	•		· ·	( ).	· ·		40,200	62,:	105
17       Other expenses (Part IX, column (A), lines Ha-Hd, HH-24e)       24,152       13,466         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       72,405       98,020         19       Revenue less expenses. Subtract line 18 from line 12       4,508       12,204         10       Total assets (Part X, line 16)       6,814       18,073         20       Total liabilities (Part X, line 26)       1,143       2,937         21       Total liabilities (Part X, line 26)       1,143       2,937         22       Net assets or fund balances. Subtract line 21 from line 20       5,671       15,136	pen			0 (	,	( )/	,					
18         Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         72,405         98,020           19         Revenue less expenses. Subtract line 18 from line 12         4,508         12,204           19         Revenue less expenses. Subtract line 18 from line 12         6,814         12,004           10         Total assets (Part X, line 16)         6,814         18,073           20         Total liabilities (Part X, line 26)         1,143         2,937           21         Total liabilities (Part X, line 26)         1,143         2,937           22         Net assets or fund balances. Subtract line 21 from line 20         5,671         15,136	ň									24 152	12 /	160
19         Revenue less expenses. Subtract line 18 from line 12         4,508         12,204           5 8         Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         6,814         18,073           21         Total liabilities (Part X, line 26)         1,143         2,937           22         Net assets or fund balances. Subtract line 21 from line 20         5,671         15,136												
b solution         Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         6,814         18,073           21         Total liabilities (Part X, line 26)         1,143         2,937           22         Net assets or fund balances. Subtract line 21 from line 20         5,671         15,136		-	•									
20         Total assets (Part X, line 16)         6,814         18,073           21         Total liabilities (Part X, line 26)         1,143         2,937           22         Net assets or fund balances. Subtract line 21 from line 20         5,671         15,136	r	-	. 10101100						ginning of Cu			204
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	Pund	22		· · · · · ·				· ·  -				
Signature Diogn		art II						•••		5,071	15,	130

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	•							
	Type or print name and title									
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN				
Use Only	Firm's name	Firm's EIN ►								
	Firm's address ►	Phone no.								
May the IRS discuss this return with the preparer shown above? (see instructions)										
For Paperwo	rk Reduction Act Notice, see the separa	ate instructions.	Cat. No. 11282Y			Form <b>990</b> (2015)				

Form 99	00 (2015) Page <b>2</b>
Part	<b>v</b>
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ICAAD COMBATS STRUCTURAL DISCRIMINATION AND PROMOTES HUMAN RIGHTS NORMS CONSISTENT WITH PUBLIC INTERNATIONAL LAW. BY LEVERAGING PARTNERSHIPS, ICAAD BRINGS TOGETHER PASSIONATE MULTIDISCIPLINARY TEAMS OF LAWYERS, DATA SCIENTISTS, UNIVERSITIES, AND DESIGN STRATEGISTS TO IMPROVE ACCESS TO JUSTICE FOR WOMEN, GIRLS, AND VULNERABLE COMMUNITIES WHILE STRENGHTENING THE CAPACITY OF CIVIL SOCIETY AND GOVERNMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$48,281 including grants of \$4,000 ) (Revenue \$)
	ICAAD CONDUCTED ANALYSIS OF OVER 1,000 CASES ACROSS 9 COUNTRIES IN THE PACIFIC AND PUBLISHED A REPORT ON JUDICIAL BIAS IN SENTENCING PRACTICES OF SEXUAL AND GENDER BASED VIOLENCE CASES IN THE PACIFIC ISLAND REGION. ICAAD CONTINUED ITS RESEARCH WITH DATA SCIENTISTS TO USE SEMANTIC ANALYSIS TO ANALYZE SENTENCES TO MONITOR THE USE OF DOMESTIC VIOLENCE LAWS IN COURTS. ICAAD CONDUCTED TWO TRAININGS FOR JUDGES AND LAWYERS, AND PROVIDED LOCAL NGOS WITH DATA FOR ADVOCACY EFFORTS. FINALLY, ICAAD IS DEVELOPING A MEDICO-LEGAL TRAINING PROGRAM TO ENSURE THAT MEDICAL PROFESSIONALS: PROVIDE PROPER CARE OF SURVIVORS; CORRECTLY DOCUMENT INCIDENTS OF DOMESTIC VIOLENCE OR SEXUAL ASSAULTS; CORRECTLY COLLECT AND PRESERVE EVIDENCE FOR USE IN POTENTIAL PROSECUTION; ARE PREPARED TO TESTIFY IN COURT; AND ARE PROPERLY TRAINED ON THE LAW REGARDING ACCESS TO JUSTICE FOR SURVIVORS OF VIOLENCE.
	IN-KIND CONTRIBUTION OF SERVICES: \$ 890,452
4b	(Code:) (Expenses \$9,000 including grants of \$) (Revenue \$)         ICAAD IS WORKING ON AN INITIATIVE WITH A PREMIERE LAW FIRM IN AUSTRALIA TO ASSESS THE CLIMATE ADAPTATION         FRAMEWORK IN THE PACIFIC ISLAND REGION AND TO ASSIST GOVERNMENTS IN PREPARING ADAPTATION POLICIES AS         WELL AS SUGGESTING REVISIONS TO POLICIES ON THE ISSUE OF CLIMATE REFUGEES.
	IN-KIND CONTRIBUTION OF SERVICES: \$ 74,699
4c	(Code:) (Expenses \$) (Revenue \$)         ICAAD HAS PARTNERED WITH AN INTERNATIONAL LAW FIRM AND A UNIVERSITY IN THE U.K. ON AN APPLIED HUMAN RIGHTS         PROGRAM WHERE GRADUATE AND POST-GRADUATE STUDENTS PARTICIPATE IN IDENTIFYING & PROPOSING POTENTIAL         SOLUTIONS TO REAL-WORLD HUMAN RIGHTS CONCERNS THROUGH A POLICY PAPER THAT CAN BE USED FOR ADVOCACY AT         THE LOCAL, NATIONAL, AND INTERNATIONAL LEVEL. ICAAD IS ALSO WORKING ON A GOVERNANCE INITIATIVE TO BETTER         PROVIDE RESOURCES AND BUILD THE CAPACITY OF LOCAL PARTNER NGOS.
	IN-KIND CONTRIBUTION OF SERVICES: \$ 33,474
4d	Other program services (Describe in Schedule O.) (Expenses \$ 12,142 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 79,423

Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
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		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		
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		
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	112a		
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		
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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		
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	115		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		
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		

Form 99	0 (2015)		I	age 4
Part	V Checklist of Required Schedules (continued)			
00	Did the experimetion ensures are as more been to be littles? If "Vee" complete Caledula II		Yes	No
20 a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
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		
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		
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? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 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," 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? <i>If "Yes," complete Schedule R, Part I</i> .	33		
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		
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		

Page 4

Statements Regarding Other IRS Filings and Tax Compliance           Check If Schedule O contains a response or note to any line in this Part V           Check If Schedule O contains a response or note to any line in this Part V           Ver No           Image: Schedule O contains a response or note to any line in this Part V           Ver No           Description           The number of points V-3G included in line 16. Enter -0- if not applicable           Image: Schedule O contains a response on Form V-3. Transmittal of Wage and Tax [2]           2           The the number of points in Ba 2, dift the organization file all required fedral enginytement tax returns?           Note. If the sum of lines 1 and 2a is greater than 250, you may be required to the file sensor file requiremeted bulkings gross income of 10.00 or more during the easy sen?           B dift the cumot file models year, dift the reganization hale an interest in, or a signature or other aubnitity account?           Sch inder a form 990-T for this year? // 'No' to line 30, provide an explanation in line realignation in the realignatic more automativ account?           B di Yyes, 'Inst filed a Form 990-T for this year? // 'No' to line 30, provide an explanation in the realignation on the automativ account?           B di Yyes, 'Inst filed a form 990-T for this year? // 'No' to line 30, provide an signature or other aubnitity the control of the aubnit t	Form 99	0 (2015)		Pag	je <b>5</b>
Tester the number reported in Box 3 of Form 1096. Enter -0- if not applicable         1         -0-           b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable         10         -0-           D of the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?         10         -0-           2         Enter the number of engolyees reported on Form V-3. Transmittal of Wage and Tax.         2a         -2           3         Did the organization complexes reported to selfies (see instructions)         30         30         Did the organization in a foreign country (such as a bank account), securities account, or other standord vertiles and the organization in the sean interest in or a signature or other standorty ore, a financial account in a foreign country.         26           3         Did the organization aperty to a prohibited tax shelfer transaction or the financial account is engoted to engine tax is a standorty or is a party to a prohibited tax shelfer transaction and prize winners.         5a           3         Did any taxee annual gross receipts that are normally greater than \$100,000, and did the organization include with very solicitation and express statement that such contributions?         5a           4         If "Ves." did the organization include with every solicitation and partly for goods and services statement that such contributions?         5a           5a         Did any taxeble party notify the organization an express statement that such contributions?	Part	V Statements Regarding Other IRS Filings and Tax Compliance			_
1a       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       -0-         b       Enter the number of engines       1b       -0-         c       Dot the organization compty with backup withholding rules for reportable payments to verdors and reportable gaming (gambling) winnings to prize winners?       1c       1c         c       Enter the number of engines       1a lengines       1a       -0-         d       If at least on is reported to imize 2a, differ organization file are oursed feast amployment tax returns?       2b         Note. If the sum of lines 2 a differ organization have ware interest in, or a signature or other authority over, a financial account in a foreign country.       3a         d       At any time during the calandrar year, diff use reganization have ware interest in, or a signature or other authority over, a financial account in a foreign country.       3a         d       At any time during the calandrar year, diff ware organization have ware or other authority over, a financial account in a foreign country.       5a         See instructions for finance of the organization have ware interest in organization have annel and be reganization have annel and be reganization have annel gross receipts that are normally greater than \$100,000, and did the organization have ennot a deductible a contributions?       5a         b       If a maxima and a second the organization have annel gross receipts that are normally greater than \$100,000, and did the organization nicle with eveno tax deductible acontrib		Check if Schedule O contains a response or note to any line in this Part V			
b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		· · ·		Yes N	10
b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   -0-			
reportable gaming (gambling) winnings to prize winners?       1       1         28       Enter the number of employees reported on Form W-3, Transmittal of Wags and Tax.       2       2         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       3a         d)       If "Ves." has it filed a Form 90-17 for this year! II "No" to line 3b, provide an explanation in Schedulo 0       3a         d)       If "ves." has it filed a Form 90-17 for this year! II "No" to line 3b, provide an explanation in Schedulo 0       3a         d)       If "ves." senter the name of the foreign country. If the same and interest in, or a signature or other intancial accountr (FBAR).       5a         5a       Was the organization a party to a prohibited tax shelter transaction?       5a         5a       Dot any taxbile party notify the organization file Form 3886-17?       5a         6a       Dot any taxbile party notify the organization that! was or tax daductible as charitable contributions?       5a         b       If "Yes." (ald the organization neidy the anomaly greater than S100,000, and did the granization neidy the approxibited with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a         f       If "Yes." (ald the organization neidy the donor of t					
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Statements, filed for the calendar year ending with or within the year covered by this return is returned.       2         b If at least one is reported on line 2a, diff the organization file all required for e-file (see instructions)       3         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a         b If "Vse," has it filed 3 constructions in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts fEPAR).         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         5a Was the organization have annual gross receipts that are normally greater than \$100,000, and id the organization file form 8886-7?       5a         6a Does the organization nave annual gross receipts that are normally greater than \$100,000, and id the organization in file orm 8886-7?       5a         6a Does the organization nave annual gross receipts that are normally greater than \$100,000, and id the organization include with every solicitation an express statement that such contributions are granitation receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a         7b Did the organization nealey and the value of the goods or services provided?       7a         7b Did the organization nealey apprentime, directly or indirectly, to apprentime dorna 242, and the apprentime of a services or order 24, and the apprentime dorna 242, and 24, and		reportable gaming (gambling) winnings to prize winners?	1c		
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a         b       If "Yes," has it filed a Form 390-T for this year? If "No" to ime 3b, provide an explanation in Schedule 0       3a         b       If "Yes," has it filed a Form 390-T for this year? If "No" to ime 3b, provide an explanation in Schedule 0       3a         c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions)		Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a         3b       Dif the organization have the set of the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
b       If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.       3b         4a       At any time during the calendar year, did the organization have an interset in, or a signature or other authouity over, a financial account;       3b         4a       At any time during the calendar year, did the organization have an interset in, or a signature or other atthouity over, a financial account;       4a         4a       bit "Yes," enter the name of the foreign country: b       5a         5a       Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year?       5a         5a       Was the organization aparty to a prohibited tax shelfer transaction at any time during the tax year?       5a         5b       5c       5a         6b       Organization flace Time 888-17       5a         6c       organization shat may receive deductible activation an express statement that such contributions or gifts were not tax deductible?       6a         7       Organization shat may receive deductible contributions under section 170(c).       a)       1b dit the organization noiby the donor of the value of the goods or services provided 7       7b         7       Organization shat may receive any during intellex the organization approxement on the value of the goods or services provided 7       7b         7       Did the organization neclive a payment in excess of \$75 made party sa a contribution and part		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account; over, a financial account; a foreign country (such as a bank account, securities account, or other financial account;?)         b If "Yes," enter the name of the foreign country: ▶	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?       4a         b If "Yes," enter the name of the foreign country: ▶       5e         See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Se Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         Did any taxable party notify the organization faile was or is a party to a prohibited tax shelter transaction?       5a         Core and 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 a charitable contributions?       5a         b If "Yes," did the organization include with every solicitation an express statement that such contributions or diffs were not tax deductible a charitable contributions?       6a         c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7b         c If "Yes," indicate the number of Forms 8282 filed during the year?       7d         f If "Yes," anter the namoet of outing divides during the year?       7d         g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f         g If the	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
account?       4a         b       If "Yes," enter the name of the foreign country:       5a         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         Do Did any taxable party notify the organization file Form 8886-T?       5a         Do Does the organization action are any contributions that were not tax deductible as charitable contributions?       5b         D' organization subtat may receive deductible contributions and express statement that such contributions or gifts were not tax deductible?       6a         7       Organization subtat may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         7       Did the organization neclive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7b         0       Did the organization neclive a pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7c         11       "Yes," indicate the number of Forms 8282 filed during the year?       7d       7c         12       Did the organization receive a a pay tremum (and intectly or indirectly, to pay premiums on a personal benefit contract?       7f       7g         14       the organization receive a actribution of q	4a				
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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 organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         c       Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization maintaining door advised funds.       Did the organization flee Form 8899 as required?         h       If the organization maintaining door advised funds.       Did the organization flee Form 8890 as required?         f       Did the sopnsoring organization maintaining door advised funds.       Did the sopnsoring organization make any taxable distributions under section 4966?       9a         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       Did the sopnsoring	-				
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b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         Corganizations that may receive deductible contributions under section 170(c).       6b         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?       7a         f       "Yes," did the organization on thirty the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d         d       f"Yes," indicate the number of Forms 8282 filed during the year       7d         f       Did the organization celve any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t         f       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-0?       7g         f       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions. Included on Part VIII, line 12       10a         1       Section 501(c)(7) organizations. Enter:       10a         a       Inititation fees and capital contributions included on Par	08		0-		
gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         8       7a       7a         7b       7b       7b         7c       7b       7b         7d       7b       7b         7d       7b       7b         7d       7c       7c         7d       7d       7d         7d       7d <t< th=""><th>h</th><th></th><th>6a</th><th></th><th></th></t<>	h		6a		
7       Organizations that may receive deductible contributions under section 170(c).       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?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d         p       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 1088-02       7h         g       If the organization meaived a contribution of ars, boats, airplanes, or other vehicles, did the organization file Form 1088-02       7h         8       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make any taxable distribution sunder section 4966?       9a         10       the sponsoring organization make any taxable distributions under section 4966?       9b         10       section 501(c)(7) organizations. Enter:       10a       10b         11       Gross income from other sources (Do not net amounts due	U		Ch		
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b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?       7f         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g         8       Sponsoring organizations maintaining donor advised funds.       a donor advised fund maintained by 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)(17) organizations. Enter:       10a       11a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       11b         11       Section 501(c)(12) organizations. Enter:       11a       11a       11a         12       Gross income from members or shareholders       11a	u		72		
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c         d       Did the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8990 as required?       7g         h       If the organization make 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.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       the sponsoring organizations. Enter:       10a       10b         11       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11b         12a       It "yes," enter the amount of tax-exempt interest received or accrued during	b		-		
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e       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         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g         g       Sponsoring organizations maintaining donor advised funds.       7n         g       Sponsoring organizations maintaining donor advised funds.       8         g       Sponsoring organizations maintaining donor advised funds.       8         g       Did the sponsoring organization make any taxable distributions under section 4966?       9a         g       Sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a         12b       Section 501(c)(12) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14a       Did the organization is licensed to issue qualified health plans <td< th=""><th>d</th><th></th><th></th><th></th><th></th></td<>	d				
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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.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       11a         b       Gross income from members or shareholders       11a       11a       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13a       Note. See the instructions for additional information the organization must report on Schedule O.       13a         14a       Did the organization is licensed to issue qualified health plans       13b       13a	ĥ				_
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?	8				
a       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: <ul> <li>Initiation fees and capital contributions included on Part VIII, line 12</li> <li>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>10b</li> </ul> 10a         11       Section 501(c)(12) organizations. Enter: <ul> <li>a</li> <li>Gross income from members or shareholders</li> <li>gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>gross income from 1041?</li> <li>11b</li> </ul> 112a           12a         Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?           13         Section 501(c)(29) qualified nonprofit health insurance issuers.           a         Is the organization licensed to issue qualified health plans in more than one state?           a         Is the organization is licensed to issue qualified health plans           b         Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         13a           c         Enter the amount of reserves on hand         13b		sponsoring organization have excess business holdings at any time during the year?	8		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         b       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         a       Is the organization of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a         a       Is the organization receive any payments for indoor tanning services during the tax year?<	9	Sponsoring organizations maintaining donor advised funds.			
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         11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         b       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year         c       Is the organization licensed to issue qualified health plans in more than one state?         c       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         c       Enter the amount of reserves on hand         d       I3b         lide       I3b         lide       I3b         lide health plans       I3b         lide hearth plans       I3b         lide hearth plans       I3b         lide hearth plans       I3b         lide he organization receiv	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a         a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a	b		9b		_
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11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders	_				
a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year .       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a					
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13b       13c       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a					
against amounts due or received from them.)       11.110       1110       1110         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year .       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a					
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year	D.				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year	100		120		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13       13         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a	-		128		
<ul> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>b Note. See the instructions for additional information the organization must report on Schedule O.</li> <li>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</li> <li>c Enter the amount of reserves on hand</li> <li>list</li> <li>list</li></ul>					
Note. See the instructions for additional information the organization must report on Schedule O.       Image: best of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: best of the organization is licensed to issue qualified health plans         c       Enter the amount of reserves on hand       Image: best of the organization receive any payments for indoor tanning services during the tax year?       Image: best of the organization receive any payments for indoor tanning services during the tax year?			13a		
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a	a		100		
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c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a	~				
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a	с				
			14a		

Page **6** 

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
<b>Santi</b>	Check if Schedule O contains a response or note to any line in this Part VI	<u>· ·</u>	<u> </u>	
Secu	on A. Governing body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>		100	
Ia	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 . <b>1b</b> 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		
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		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		
6	Did the organization have members or stockholders?	6		
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></b>	<u> </u>
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_		0-		
a h	The governing body?       .	8a 8b		<u> </u>
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		<u> </u>
5	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode.)	
			Yes	No
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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b></b>	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		
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	<b></b>	<u> </u>
b	Other officers or key employees of the organization	15b		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NEW YORK, OREGON, NEW JERSE	Y. CA		
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.	```		.,
	Own website Another's website 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 int	erest	policy	/, and
	financial statements available to the public during the tax year.		-	

20	State the name, address, and telephone number of the person who possesses the organization's books and records:
	HANSDEEP SINGH, 18 LEROY PLACE, CHAPPAQUA, NY 10514, 917-971-5713

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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			(C)							
(A)	(B)		Position					(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
Name and Thie	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation from	amount of
	week (list any		-		1	· · · ·		from	related	other
	hours for related	ndiv or di	nsti	Officer	éy	figh	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	idu;	utic	<u> </u>	em j	est oye	ler	(W-2/1099-MISC)		organization
	below dotted	ior al tr	nal		Key employee	eon		( ,		and related
	line)	Individual trustee or director	tru		ee	Iper				organizations
		ě	Institutional trustee			Highest compensated employee				
						ed				
(1)										
(1) JASPREET SINGH	40									
DIRECTOR OF POLICY & ADVOCACY								38,750		
(2) HANSDEEP SINGH	40									
DIRECTOR OF LEGAL PROGRAMS								34,667		
(3) SEAN DOUGHERTY	5									
BOARD CHAIR										
(4) LINDA RAFTREE	5									
VICE CHAIR										
(5) BRYAN MILLER	10									
TREASURER										
(6) COURTNEY COGBURN	5									
DIRECTOR										
(7) LESLEY WEXLER	0									
DIRECTOR (LEAVE OF ABSENCE)										
(8)										
(0)										
(9)	+									
(10)										
(10)	+									
(11)										
<u>(1)</u>	+									
(12)	+									
<u><u>y</u></u>	+									
(13)										
<u></u>	+									
(14)										
<u></u>	+									
	1	l						1	1	E 000 (001 E)

Form 990 (2015)

Page 7

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, an	nd H	lighes	t C	ompensated E	mployees (cor	ntinued)
					(C	<b>)</b> )					
	(A)	(B)	(d.aa		Posi				(D)	(E)	(F)
	Name and title	Average					than o is both		Reportable	Reportable	Estimated
		hours per					or/trust		compensation	compensation fro	
		week (list any hours for	or	Ins	ç	Ke	en	Fo	from the	related organizations	other compensation
		related	divio	titu	Officer	у е	ghe	Former	organization	(W-2/1099-MISC	
		organizations	dual	Institutional		npl	st cc	¥	(W-2/1099-MISC)		organization
		below dotted line)	r tru:	alt		Key employee	dud				and related organizations
			Individual trustee or director	trustee		Φ	ens				organizationo
				н ж I			Highest compensated employee				
(15)											
<u>(</u> /											
(16)											
(,											
(17)											
<u></u> ,											
(18)											
(,											
(19)					_						
(13)											
(20)											
(20)											
(21)											
(2 1)											
(22)											
(											
(23)					_						
(20)											
(24)											
(24)											
(25)											
(25)											
1b	Sub-total								70.447		
c	Total from continuation sheets to Part	VII Sactio	 n <b>A</b>	•	•	• •	•		73,417		
d				•	•	• •	•		70.447		
 2	Total (add lines 1b and 1c)						.   	· · · ·	73,417		
2	reportable compensation from the organi			ose	list	eu a	above	) W	no received m	ore than \$100,	000 01
	reportable compensation from the organi	2ation - 0	-								N
3	Did the organization list any former of	ficor diroc	tor o	r tri	ueto	0	kov o	mn	lovoo or high	lost componer	Yes No
J	employee on line 1a? If "Yes," complete S							mp	loyee, or high	lest compensa	· 3
4											
4	For any individual listed on line 1a, is the organization and related organizations										
	individual	greater the	anφı	50,0	000	: //	103	>,	complete Sch	equie 5 101 S	
-				+	 		•••				· 4
5	Did any person listed on line 1a receive of for services rendered to the organization?										
0	¥	11 103, 0	ompi		JUII	euu		51 3	ach person		· 5
	on B. Independent Contractors		a al lua a			<b>-</b>		+ -			100 000 of
1	Complete this table for your five highest of										
	compensation from the organization. Rep	on compe	Isauc		or un	ie C	alenua	ary	rear ending wit	n or within the	organization's tax
	year.						T			I	
	(A) Name and business add	ress							(B) Description of s	ervices	<b>(C)</b> Compensation
									01 01 0		
	Tatal number of indexes 1 1 1 1			<b>.</b> .	-+ ''			11			
2	Total number of independent contracto	rs (includir	ig bu	n no	טד וו	imit	ea to	th	use listed abo	ove) who	

Total hamber of macponacity contractors (moracing bat not innice to	 notou ut	~
received more than \$100,000 of compensation from the organization $\blacktriangleright$	-0-	

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (D) Revenue excluded from tax under sections 512-514 (C) Unrelated (A) Total revenue (B) Related or exempt function revenue business revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 1a b Membership dues . . . . 1b С Fundraising events . . . . 1c **d** Related organizations . . . 1d e Government grants (contributions) 1e All other contributions, gifts, grants, f and similar amounts not included above 1f 109,928 g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a–1f . . . h ► 109.928 Program Service Revenue Business Code 2a b С d е f All other program service revenue . Total. Add lines 2a–2f . . . . . . . g 3 Investment income (including dividends, interest, 4 Income from investment of tax-exempt bond proceeds 5 Royalties . . . . (i) Real (ii) Personal 6a Gross rents . . **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ► . . . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . Gain or (loss) . . С Net gain or (loss) . . . . . . . . . . . . d ► Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . a b Less: direct expenses . . . . b c Net income or (loss) from fundraising events ► 9a Gross income from gaming activities. See Part IV, line 19 . . . . . a b Less: direct expenses . . . . b c Net income or (loss) from gaming activities . . ► 10a Gross sales of inventory, less returns and allowances . . . a b Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . С 294 Miscellaneous Revenue **Business Code** 11a b С All other revenue . . . d е **Total.** Add lines 11a–11d . . . . . ► Total revenue. See instructions. . . 12 ► 110.224

Section Do no	Statement of Functional Expenses           on 501(c)(3) and 501(c)(4) organizations must comp           Check if Schedule O contains a response		l other organization	s must complete colu	
Do no	Check if Schedule O contains a respons		i otner organization:		
		a ar noto to any lin			
	t include amounts reported on lines 6b, 7b,			(C)	
	, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			general expenses	onponece
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	70,480	59,908	7,048	3,524
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)	2,937	2,496	294	147
9	Other employee benefits				
10		9,172	7,796	917	459
11	Fees for services (non-employees):				
a b	Management				
С	Accounting	898	0	898	(
d					
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	2,193	1540	0	653
14	Office expenses	<u>1,126</u> 2,251	<u>192</u> 1702	934	( 549
15	Royalties	2,201	1702	U	548
16					
17	Travel	3,979	3,979		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,070	0,010		
19 20	Conferences, conventions, and meetings .	1,810	1810	0	(
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	138	0	138	(
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	DUES AND SUBSCRIPTIONS	84	0	84	C
b	FILING FEES	472	0	472	(
C	PAYROLL SERVICES	1,716	0	1,716	
d	ONLINE CROWDFUNDING FEES	764	0	0	764
е 25	All other expenses Total functional expenses. Add lines 1 through 24e		70.400	40 504	
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)	98,020	79,423	12,501	<u>    6,096</u>

Ρ	art X				
		Check if Schedule O contains a response or note to any line in this Pa			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	7,174	1	8,069
	2	Savings and temporary cash investments	2	2	10,004
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		_	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,176	16	18,073
	17	Accounts payable and accrued expenses	1,143		2,937
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ties	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
ili		disqualified persons. Complete Part II of Schedule L		00	
Liabilities	00	Secured mortgages and notes payable to unrelated third parties		22 23	
	23 24	Unsecured mongages and notes payable to unrelated third parties		23 24	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1.143	26	2,937
es		Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete lines 27 through 29, and lines 33 and 34.	1,140	-	2,007
JUC	27	Unrestricted net assets		27	
3ale	28	Temporarily restricted net assets		28	
ЧE	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			
s S	30	Capital stock or trust principal, or current funds		30	
sei	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	6.033	32	15,136
Vet	33	Total net assets or fund balances	6,033		15,136
~	34	Total liabilities and net assets/fund balances	7,176		18,073
					Form <b>990</b> (2015

Form 99	90 (2015)				Page <b>12</b>
Part	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			<u>110,224</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			98,020
3	Revenue less expenses. Subtract line 2 from line 1	3			12,204
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			6,033
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			3,101
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			<u>15,136</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	•			 3 No
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," exp Schedule O.	olain	in	Ye	
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 comp reviewed on a separate basis, consolidated basis, or both:			3	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 21	<b>)</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	d on	a		
	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 over of the audit, review, or compilation of its financial statements and selection of an independent accourt				
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olain	in		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f the Single Audit Act and OMB Circular A-133?	orth	in • <b>3</b> a	4	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	•	ie 31	<b>b</b>	

SCHE	DUL	ΕA
(Form 9	90 or	990-EZ)

# **Public Charity Status and Public Support**

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

### ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number							
International Center for Advocates Again Part I Reason for Public Cha			comple	te this p	45-459 art.) See instructio		
<ul> <li>The organization is not a private foundation</li> <li>A church, convention of church</li> <li>A school described in section</li> <li>A hospital or a cooperative hospital or a cooperative hospital research organization</li> </ul>	<ul> <li>2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> <li>3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> </ul>						
hospital's name, city, and stat 5	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in	
<ul> <li>section 170(b)(1)(A)(iv). (Com</li> <li>A federal, state, or local gover</li> <li>An organization that normally described in section 170(b)(1)</li> </ul>	nment or govern receives a subs	tantial part of its sup		• • •		the general public	
<ul> <li>8 A community trust described if</li> <li>9 An organization that normally receipts from activities relate support from gross investme acquired by the organization a</li> </ul>	receives: (1) mo d to its exempt ent income and	re than 331/3% of its functions—subject to unrelated business	support f certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its	
<ul> <li>10 An organization organized and</li> <li>11 An organization organized and one or more publicly supported the box in lines 11a through 11</li> </ul>	operated exclusi d organizations d	vely for the benefit of, escribed in <b>section 5</b>	to perfor <b>09(a)(1)</b> o	m the fun r <b>section</b>	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check	
<ul> <li><b>Type I</b>. A supporting organization(structure)</li> <li>the supported organization(structure)</li> <li>organization. You must contracture)</li> </ul>	s) the power to re	egularly appoint or ele			•		
b Type II. A supporting organic control or management of the organization(s). You must c	e supporting org	anization vested in th					
c Type III functionally integra its supported organization(s)						y integrated with,	
d <b>Type III non-functionally in</b> that is not functionally integr requirement (see instruction	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	-	
<ul> <li>Check this box if the organiz functionally integrated, or Ty</li> </ul>						I, Type III	
<ul><li>f Enter the number of supported</li><li>g Provide the following informatio</li></ul>	-	oorted organization(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the clisted in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
B)							
(C)							
(D)							
(E)							

Total

OMB No. 1545-0047

2015

**Open to Public** Inspection

 and of guilled and the	-
4947(a)(1) no	ne

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.)

Secti	on A. Public Support			<i>,</i> 1	·	/	
-	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		146,396	58,771	76,901	109,928	391,996
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf		0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		0	0	0	0	0
4	Total. Add lines 1 through 3		146,396	58,771	76,901	109,928	<u>391,996</u>
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)						N/A
6	Public support. Subtract line 5 from line 4.						<u>391,996</u>
	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
7	Amounts from line 4		146,396	58,771	76,901	109,928	<u>391,996</u>
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
•			3	3	12	2	20
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10			0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10		200			294	494
12	Gross receipts from related activities, etc	(see instruction	l Ins)			12	392,510
13	<b>First five years.</b> If the Form 990 is for the						0 n 501(c)(3)
	organization, check this box and <b>stop he</b>						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6			1, column (f))		14	%
15	Public support percentage from 2014 Sch					15	%
16a	331/3% support test-2015. If the organized	zation did not	check the box	on line 13, and	l line 14 is 33 <sup>1</sup>	/3% or more, cl	neck this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			. 🕨 🗌
b	331/3% support test-2014. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33 <sup>1</sup> /3%	or more,
	check this box and <b>stop here.</b> The organ	ization qualifie	s as a publicly	supported org	anization .		. 🕨 🗌
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "f						
	organization						. 🕨 🗌
b	10%-facts-and-circumstances test-20	014. If the orga	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m				-	•	
	supported organization						
18	Private foundation. If the organization di						
	instructions						. 🕨 🗌
					Sch	nedule A (Form 990	) or 990-EZ) 2015

Part	Support Schedule for Organiza (Complete only if you checked the If the organization fails to qualify	ne box on line	e 9 of Part I o	r if the organi			der Part II.
Secti	on A. Public Support			ow, please cc	inplete Fait		
-	dar year (or fiscal year beginning in)	<b>(a)</b> 2011	(b) 2012	(c) 2013	( <b>d</b> ) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2011	(b) 2012	(0) 2013	<b>(u)</b> 2014	(e) 2013	
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 7a	<b>Total.</b> Add lines 1 through 5Amounts included on lines 1, 2, and 3received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-		d, third, fourth	-		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8					15	%
16	Public support percentage from 2014 Sch					16	%
Secti	on D. Computation of Investment In		-				
17	Investment income percentage for 2015 (			-			%
18	Investment income percentage from 2014					18	%
19a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> - <b>2015.</b> If the organ						
-	17 is not more than $33^{1}/_{3}$ %, check this box		-			-	
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> — <b>2014.</b> If the organiz line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this I						
20	<b>Private foundation.</b> If the organization di		-				
				,,, .			

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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

1

2

3a

3b

3c

4a

4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2015

Schedu	ule A (Form 990 or 990-EZ) 2015		I	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	Supporting Organizations (continued)       Yes         Has the organization accepted a gift or contribution from any of the following persons?       A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?       11a         A family member of a person described in (a) above?       11b       11c         A 55% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.       11c         On B. Type I Supporting Organizations       Yes         Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

Sche

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior vear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI h the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

### Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 1
- ☐ The organization satisfied the Activities Test. Complete **line 2** below. а
- The organization is the parent of each of its supported organizations. Complete **line 3** below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

#### 2 Activities Test. Answer (a) and (b) below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- а Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No 1

2

	_	Yes	No
tax			
	1		
l Iow			
	2		
	3		

Yes No

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section 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):			
a Average monthly value of securities	1a		
<b>b</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		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> 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		
Section 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	6		
<ul> <li>emergency temporary reduction (see instructions)</li> <li>7 Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>	•	egrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2015

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic			
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
C				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u> </u>	Carryover from 2010 not applied (see instructions)			
	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.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2016</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE O (Form 990 or 990-EZ)			OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service							
Name of the organization		Employer identifica	tion number				
INTERNATIONAL CEN	TER FOR ADVOCATES AGAINST DISCRIMINATION (ICAAD), INC.	45-	4552704				
CONTINUATION OF PA	RT III, SECTION 4						
4d. USING TEXT-MESSAGING, ICAAD PARTNERED WITH TWO LOCAL NON-PROFITS IN INDIA TO DEVELOP A SYSTEM TO TRACK							
MATERNAL HEALTH VIOLATIONS ON BEHALF OF LOW-INCOME TEA GARDEN WORKERS IN ASSAM, INDIA. FOLLOWING THE							
FIRST 9 MONTHS OF DATA COLLECTION, ICAAD AND PARTNERS PUBLISHED AN ADVOCACY REPORT THAT LOCAL ACTIVISTS							
ARE USING TO DEMAND ACCOUNTABILITY AND ACTION FROM THE HEALTH MINISTRY ON VITAL ISSUES FOR PREGNANT MOTHERS.							
Expenses: \$ 3,142							
4e. ATTORNEYS AT IC	AAD ARE REPRESENTING A VICTIM OF TORTURE FROM INDIA IN HIS APPEAL.	SEEKING THE J	URISDICTION OF U.S.				
COURTS IN ENFORCIN	IG THE DIPLOMATIC AGREEMENTS THAT LED TO HIS EXTRADITION AND TORT	URE.					
Expenses: \$ 9,000							
PART VI: SECTION B							
11a.: Describe the proc	cess, if any, used by the organization to review this Form 990:						
The books and records	were verified by the Treasurer, a financial and accounting professional, using or	ur banking and p	ayroll providers'				
data before preparing	the Form 990. The 990 was then prepared and provided to other Board members t	o review, along v	with supporting				
documentation.							
12c.: How did the orga	nization regularly and consistently monitor and enforce compliance with the Con	<u>flict of Interest P</u>	olicy?				
Each Board member signs an annual certification disclosing any conflicts of interest. In addition, each Board member is made aware of							
any business deals done with other organizations, including funding requests and disbursements.							
19. Describe how the organization made its governing documents, conflict of interest policy, and financial statements available to the public.							
ICAAD makes tax filings available on the website and provides transparency as to the members of our Board and Team. Our governing							
documents are made available to the public upon request.							
PART VI, SECTION B, 15.							
COMPENSATION IS VOTED ON IN THE BOARD MEETING, WITH THE EMPLOYEE-DIRECTOR REMOVING THEMSELVES FROM THE MEETING							
AND VOTING PROCESS. SALARY COMPARITABILITY DATA FROM THE NONPROFIT COORDINATING COMMITTEE OF NEW YORK WAS							
REVIEWED BY THE BOARD IN MAKING THEIR APPROVAL DETERMINATION.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) (2015)

edule O (Form 990 or 990-EZ) (2015) Page 2				
Name of the organization	Employer identification number			

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

#### **Purpose of Schedule**

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

#### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## **Specific Instructions**

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Do not use this schedule to provide the latefiling statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. Do not use this schedule. See the Instructions for Form 990, I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, Statement of Program Service Accomplishments.

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. Other program services on line 4d.

2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.

a. "No" response to line 3b.

b. "Yes" or "No" response to line 13a.

c. "No" response to line 14b.

3. Part VI, Governance, Management, and Disclosure.

a. Material differences in voting rights among members of the governing body in line 1a.

b. Delegation of governing board's authority to executive committee in line 1a.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b.

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining compensation in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, Financial Statements and Reporting.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II. Balance Sheets.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.

4. Part V, Other Information.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.