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DLN: 93493211004466

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A F	or the	e 2015	calendar vear	, or tax year beginni	ng 01-01-2015 , and e	nding 12-31-2	015			
	eck if a		C Name of o	organization				D Empl	oyer ider	ntification number
	dress c	• •	Scholarship	America Inc				04-2	- 296967	7
Гиа	me cha	anae	Doing busi	nece ac				—	230307	
	tıal retu	-	Doing busi	ness as						
Fır		uiii	Number ar	nd street (or PO box if	mail is not delivered to street	address) Room/	'suite	E Teleph	one num	ber
	urn/ter	rmınate	d 7900 Inter	national Dr No 500				(952	830-7	396
— An	nended	return			untry, and ZIP or foreign posta	al code				
— _{Ар}	plicatio	n pend	Mınneapol ng	ıs, MN 55425				G Gross	receipts \$	251,090,678
			F Nam	ne and address of pr	incipal officer		H(a) I	s this a grou	a ratura	for
			Robert	Ballard	·			subordinates?		TYes ▼No
				nternational Dr No 5 polis, MN 55425	00		H(b) A	re all subord	ınates	□Yes □No
			Milliea	polis, MN 33423				ncluded?		, , , , ,
Ta	ıx-exer	mpt sta	tus 🔽 501(c)((3) 501(c) () 4 ((insert no)	or 527		-		(see instructions)
1 14	l abait.		www.scholarsh		, , , , , , , , , , , , , , , , , , , ,	·		Group exemp	tion nur	nber ►
		_		on Trust Associati	on Cother 🕨		L Year	of formation 1	961 M	State of legal domicile MA
Pa	rt I	S	ımmary							
					n or most significant act		CUBBORT			
01	-	OMC	BILIZE AMER	RICA THROUGH SC	HOLARSHIPS AND EDU	JCATIONAL	SUPPORT			
Ě										
Ĕ	-									
Governance	2	Chec	this box 🛏	ıf the organızatıon d	scontinued its operation	is or disposed	d of more the	an 25% of its	net ass	sets
	3	Numb	er of voting me	amhers of the govern	ning body (Part VI, line 1	a)			з	13
20 ଜୁନ	1				of the governing body (P				4	13
Ħ H	1		-			-	•		5	224
Activities &	1	 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 							6	14,000
∢	1								7a	0
					om Form 990-T, line 34				7b	0
								Prior Year		Current Year
	8	Со	ntributions and	d grants (Part VIII,	ine 1h)			156,910	,250	170,535,270
喜	9 Progra		gram service	revenue (Part VIII,	line 2g)			14,142	,679	12,276,380
Revenue	10	Ιnν	estment incon	ne (Part VIII, colum	ın (A), lınes 3, 4, and 7 d)		11,852	,748	1,111,801
ф	11	Οt	ner revenue (P	art VIII, column (A)), lines 5, 6d, 8c, 9c, 10d	c, and 11e)		-40	,374	-163,699
	12			dd lines 8 through 1	1 (must equal Part VIII,	column (A), l	ine	182,865	,303	183,759,752
	13	12 Cr:		r amounts haid (Bar	t IX, column (A), lines 1	2 \		167,523	0.26	181,575,490
	14			, ,	, , , , , , , , , , , , , , , , , , , ,			167,523	0 2 0	181,575,490
	15			es, other compensation, employee benefits (Part IX, column (A), line 4)					+	
\$	13		10)					10,679,979		9,762,23
Ť	16a	a Professional fundraising fees (Part IX, column (A), line 11e)							0	75,096
Expenses	b	Tot	Total fundraising expenses (Part IX, column (D), line 25) 1,413,210							
	17	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						7,607	,902	6,208,690
	18			enses Add lines 13–17 (must equal Part IX, column (A), line 25)			185,810	197,621,508		
	19	Revenue less expenses Subtract line 18 from line 12							,604	-13,861,756
8 8 8 8 8 8							Beginn	ing of Current	Year	End of Year
Set Pass	20	Τn	al assets (Par	t X, line 16)			. —	172,150	,262	137,105,652
Net Assets or Fund Balances	21			art X, line 26)				53,218		37,375,604
2 <u>5</u>	22				t line 21 from line 20 .			118,931		99,730,048
Pa	rt II		gnature Blo		-					· · · · · · · · · · · · · · · · · · ·
Unde	rpen	altıes	of perjury, I de	eclare that I have ex	camined this return, inclu					
			nd belief, it is t ⁄knowledge	rue, correct, and co	mplete Declaration of pr	reparer (other	than office	r) is based or	n all info	rmation of which
	•••	1.								
		I B	*****	-				2016-06-24		
Sign		 	ignature of office	r				Date		
Her	e		ICHARD GREENE							
		<u> </u>	Print/Type prei		Preparer's signature		Date		PTIN	
Pai	A		Lawrence H Mo		Lawrence H Mohr CPA		Date	Check if self-employed	L DOG 447	603
		a r	Firm's name	► Baker Tilly Virchow K	rause LLP		<u> </u>	Firm's EIN 🗀 3	39-08599:	10
	pare			► 225 S 6th St 2300				Phone no (61	2) 876-45	500
USE	On 🤅	пу	1					Ī		

Minneapolis, MN 55402
May the IRS discuss this return with the preparer shown above? (see instructions)

. ▼Yes □No

Form	990 (2015)	Page 2
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	চ
1	Briefly describe the organization's mission	
THR SCH MILI MUL	DLARSHIP AMERICA IS A NATIONAL EDUCATION SERVICE ORGANIZATION OUR MISSION IS TO MOBILIZE AMERICA OUGH SCHOLARSHIPS AND EDUCATIONAL SUPPORT TO MAKE POSTSECONDARY SUCCESS POSSIBLE FOR ALL STUDE DLARSHIP AMERICA HAS DISTRIBUTED MORE THAN \$3 3 BILLION IN SCHOLARSHIP ASSISTANCE TO MORE THAN 2 0 ION STUDENTS SINCE 1958 SCHOLARSHIP AMERICA'S PROGRAMS HELP FUND BOTH ENTRY-LEVEL AND RENEWABLE II-YEAR SCHOLARSHIPS, AS WELL AS EMERGENCY FINANCIAL GRANTS PROGRAMS INCLUDE DOLLARS FOR SCHOLAR MKEEPERS, THE DREAM AWARD SCHOLARSHIP PROGRAM, AND SCHOLARSHIP MANAGEMENT SERVICES	NTS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 190,378,826 including grants of \$ 181,575,490) (Revenue \$ 11,825,457)	
	SCHOLARSHIP MANAGEMENT SERVICES IS THE LEADING EDUCATION ASSISTANCE SERVICE PROVIDER IN THE COUNTRY, HELPING CORPORATIONS, FOUND AND INDIVIDUALS DESIGN AND ADMINISTER SCHOLARSHIP AND RELATED EDUCATIONAL ASSISTANCE PROGRAMS	DATIONS
4b	(Code) (Expenses \$ 928,328 including grants of \$) (Revenue \$ 450,923)	
	Dollars for Scholars is a national network of over 500 community-based, volunteer-driven affiliated organizations that raise funds and provide scholarships educational support to local students in communities across the country	and
	(Code) (Expenses \$ 553,652 including grants of \$) (Revenue \$)	
	DREAMKEEPERS IS A COLLEGE-BASED EMERGENCY GRANT PROGRAM DESIGNED TO HELP STUDENTS WITH AN UNFORESEEN FINANCIAL EMERGENCY STAY COLLEGE	' IN
	See Additional Data	

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ►

405,511 including grants of \$

192,266,317

4d

(Expenses \$

	990 (2015)			Page
Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	NO
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Νo
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		No
	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	Yes	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
	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		Νo
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			.⊏
	enest in content of content of a copenies of most to any mic in time				Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	362			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	veno •	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	224			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3a 3b		No
	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?	gnatu	re or other authority	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CA, UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	c and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax sh	nelter transaction?	5b		Νo
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 \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contributive services provided to the payor?			7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services pr			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	ty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year \dots	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nal b	enefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the orequired?		zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?		the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sınes	s holdings at any time			
0-	Did the sponsoring organization make any taxable distributions under section 4966	•		8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9a 9b		
10	Section 501(c)(7) organizations. Enter	iccu p		36		
а	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					
а	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)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state 9 N additional information the organization must report on Schedule O	ote. S	See the instructions for	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				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax	•		14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ii	n Schedule O	14b		

orm 990	(2015)						Page 6
Part V	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ii	nstruct	ions.			
Section	on A. Governing Body and Management						
						Yes	No
1a Ent	er the number of voting members of the governing body at the end of the tax	1a			13		
boo	here are material differences in voting rights among members of the governing ly, or if the governing body delegated broad authority to an executive committee similar committee, explain in Schedule O						
h Ent	er the number of voting members included in line 1 a above, who are						

b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?	siness •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	atıon's assets? .	5		Νo
6	Did the organization have members or stockholders?			6		Νo
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?					
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			, 7 b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body? \cdot . \cdot .			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal I	Reven	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization			10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of it	ts gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this \mathbf{f}	Form 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	-		12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i> • • •	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization \ldots . \ldots . \ldots			15b	Yes	
	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 taxable entity during the year?	orsım • •	ılar arrangement wıth a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

 $\verb"AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,IN","$ IA, KS, KY, ME, MD, MA, MI, MN, MS, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) 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 interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶RICHARD S GREENE CFO 7900 INTERNATIONAL DR SUITE 500 MINNEAPOLIS, MN 55425 (952) 830-7396

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, or 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	chelic Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MICHAEL RYAN Chair of the Board	5 00	х		х		_		0	0	0
(2) Mim Schreck Past Chair of the board	3 00	х		х				0	0	0
(3) Timothy Christensen Secretary	5 00	х		х				0	0	0
(4) Michael Ryder Treasurer	5 00	х		х				0	0	0
(5) Phyllis McGrath Trustee	5 00	х						0	0	0
(6) William Young Trustee	3 00	х						0	0	0
(7) Judith Allen Trustee	5 00	х						0	0	0
(8) Roxanne Spillett Trustee	5 00	х						0	0	0
(9) Seema Shah Trustee	3 00	х						0	0	0
(10) Douglas Mello Trustee	3 00	х						0	0	0
(11) Jay Morris Trustee	3 00	х						0	0	0
(12) Tına Lee Trustee	3 00	х						0	0	0
(13) J Barry Griswell Vice Chair of the board	5 00	х						0	0	0
(14) Richard Greene Chief Financial Officer	40 00			х				183,788	0	23,976
	•	•						•		Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

hours per week (list any hours for related organizations) hours per week (list any hours and a director/trustee) hours per wore than one box, unless compensation from related any hours and a director/trustee) hours per wore than one box, unless compensation from related organization organizations hours per wore than one box, unless compensation from related organization organizations hours per wore than one box, unless from the from related organization organizati	(F) Estimated ount of other mpensation from the rganization nd related
Organizations Delow dotted line Organizations Orga	nd related
X 277,465 0	ganizations
X 76,485 0	24,890
X	3,753
Senior VP Mktg and Public Policy X 159,823 0	24,003
(10) May Economy	1,953
172,058 0	9,085
(20) Jennifer Menke 40 00 X 147,481 0 VP Human Resources	17,052
(21) Mike Nylund	22,506
1b Sub-Total	127,218
d Total (add lines 1b and 1c)	12/,210

\$100,000 of reportable compensation from the organization > 8

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		No
4	Yes	
5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Avanade Inc	Software Development	987,879
818 Stewart Street STE 400 Seattle, WA 98101		
Hill & Company Communications	Marketing Communications	356,041
1290 B Street STE 201 Hayward, CA 94541		
oracle america inc	Software Provider	209,402
PO Box 203448 Dallas, TX 75320		
Daz Systems Inc	Software integrator	202,135
880 Apollo Street STE 201 El Segundo, CA 90245		
ACT	Subcontractor Fees	119,074
PO Box 4072 Iowa City, IA 52243		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 9

Part V	/##	Statement o						<u> </u>
			ule O contains a respoi	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु इ	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ies 1b					
ا يِّي ق	c	Fundraising eve	ents 1c	346,835				
ar /	d	Related organiz	zations 1d					
S, E	e	Government grant	s (contributions) 1e					
ig is	f	All other contribution	ons, gifts, grants, and 1f	170,188,435				
the part		similar amounts no	ot included above ons included in lines					
Contributic and Other	g	1a-1f \$	ons included in lines	232,129				
ತ್	h	Total. Add lines	s 1 a - 1 f	· · · · •	170,535,270			
e e				Business Code				
Ken.	2a	MANAGEMENT FEE	:S	900099	11,825,457	11,825,457		
<u>æ</u>	Ь	DOLLARS FOR SCH	IOLARS	900099	450,923	450,923		
MCe	С							
Ì,	d							
Program Serwde Revenue	e f	ΔII other progra	am service revenue					
ĭogi	'							
<u> </u>	g		s 2a-2f		12,276,380			
	3		ome (including dividen ar amounts)		2,694,818			2,694,818
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties		•				
	6a	Gross rents	(ı) Real	(II) Personal				
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
	74	from sales of assets other than inventory	65,561,949					
	ь	Less cost or other basis and sales expenses	67,144,966					
	c	Gain or (loss)	-1,583,017		1 502 017			1 502 01
	d 8a	Net gain or (los Gross income f			-1,583,017			-1,583,017
Other Revenue		events (not inc \$346	luding 5,835 s reported on line 1c)					
ē ē			а	22,261				
δ	b		penses b	185,960	-163,699			-163,699
	9a	Gross income f	(loss) from fundraising from gaming activities ne 19	events 🅦	-103,099			-103,03
			a .					
	b c		penses b (loss) from gamıng actı	vities				
		Gross sales of		· · · · · · · · · · · · · · · · · · ·				
		returns and allo	owances .					
	 k	less sostaf=	a oods sold b					
	b c		oods sold b (loss) from sales of inv	L entory ⊫-				
		Miscellaneous		Business Code				
	11a							
	b							
	С							
	d	All other reven						
	e		s 11a-11d	•				
	12	Total revenue.	See Instructions .	· · · · •	183,759,752	12,276,380	0	948,102

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	175,395,505	175,395,505		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	6,179,985	6,179,985		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	590,358		590,358	
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	7,627,738	4,975,023	1,804,328	848,387
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,236	45,710	15,731	7,795
9	Other employee benefits	879,026	622,062	173,427	83,537
10	Payroll taxes	595,874	381,264	152,670	61,940
11	Fees for services (non-employees)				
а	Management	2,243,653	1,739,720	456,678	47,255
b	Legal	99,402		99,402	
C	Accounting	60,729		60,729	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	75,096			75,096
f	Investment management fees	43,646		43,646	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	553,772	468,305	48,176	37,291
13	Office expenses	787,984	684,732	68,499	34,753
14	Information technology				
15	Royalties				
16	Occupancy	480,930	325,664	97,479	57,787
17	Travel	514,278	321,353	143,885	49,040
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	102,610	60,406	36,504	5,700
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	640,022	508,840	91,068	40,114
23	Insurance	154,955	116,548	24,504	13,903
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	MISCELLANEOUS	526,709	441,200	34,897	50,612
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	197,621,508	192,266,317	3,941,981	1,413,210
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any	line in this	s Part X	(A) Beginning of year	• •	(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments		ŀ	22,975,587	2	9,092,872
	3	Pledges and grants receivable, net		1,123,365	3	2,360,006	
	4	Accounts receivable, net		t t	2,591,915	4	1,849,043
455els	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated em II of Schedule L	ficers, dire	ectors,			
						5	
	6	Loans and other receivables from other disqualified per section 4958 (f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins Part II of Schedule L), and 501(c)(9)		6		
	7	Notes and leans recoverble not	•		7		
-	8	Notes and loans receivable, net		ŀ		8	
	9	Prepaid expenses and deferred charges		-	494,728	9	384,626
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	9,881,262	10 1,7 20		331,323
	b b	Less accumulated depreciation	10b	7,146,887	3,026,216	10c	2,734,375
	11	Investments—publicly traded securities			139,915,265	11	118,862,820
	12	Investments—other securities See Part IV, line 11 .		ŀ	· · ·	12	
	13	Investments—program-related See Part IV, line 11 .		13			
	14	Intangible assets			1,772,771	14	1,569,213
	15	Other assets See Part IV, line 11			250,415	15	252,697
	16	Total assets. Add lines 1 through 15 (must equal line 34			172,150,262	16	137,105,652
	17	Accounts payable and accrued expenses			2,483,041	17	1,463,323
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	of Sched	ule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
₫		persons Complete Part II of Schedule L		[22	
<u> </u>	23	Secured mortgages and notes payable to unrelated thir	d parties	[1,100,623	23	937,745
	24	Unsecured notes and loans payable to unrelated third p	arties .	[84,552	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	d third parties,	49,550,773	25	34,974,536	
	26	Total liabilities. Add lines 17 through 25		· · ·	53,218,989	26	37,375,604
n b	20	Organizations that follow SFAS 117 (ASC 958), check has 27 through 29, and lines 33 and 34.			33,210,903	20	37,373,004
2	27	Unrestricted net assets			5,664,585	27	4,741,496
<u>5</u>	28	Temporarily restricted net assets			97,315,495	28	81,521,770
<u> </u>	29	Permanently restricted net assets			15,951,193	29	13,466,782
		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check her	e┡─ ┌─and	, ,		,
io spec	30	Capital stock or trust principal, or current funds				30	
Ď	31	Paid-in or capital surplus, or land, building or equipmen	t fund			31	
î	32	Retained earnings, endowment, accumulated income, or		nds		32	
- มี	33	Total net assets or fund balances		ŀ	118,931,273	33	99,730,048
2	34	Total liabilities and net assets/fund balances			172,150,262	34	137,105,652

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		183,7	759,752
2	Total expenses (must equal Part IX, column (A), line 25)	2		197,6	521,508
3	Revenue less expenses Subtract line 2 from line 1	3		-13,8	361,756
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4			31,27
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		99,7	730,048
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		. 🔽
1	Accounting method used to prepare the Form 990	ı		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev a separate basis, consolidated basis, or both	lewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion of the audit, review, or compilation of its financial statements and selection of an independent accountan		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	:he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID: Software Version:

EIN: 04-2296967

Name: Scholarship America Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 405,511 including grants of \$) (Revenue \$)
Other Program Services include the Families of Freedom scholarship program and other related education program research, policy and community engagement activities

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493211004466

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

		ne organization merica Inc					Employer identifica	ation number
SCHOR	aisiiip Ai	menca me					04-2296967	
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p		ons.
The	organiz	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one bo	ox)	
1	Ē	A church, convention			= -			
2	Ē	A school described in	•					
3	, T	A hospital or a cooper						
4	Ė	A medical research or						i). Enter the
-	,	hospital's name, city,			aoop.ca. a			.,
5	Γ		ated for the be	nefit of a college or un	iversity owned	or operated by	a governmental unit o	described in section
6	Г	A federal, state, or loc	•	•	described in se	ection 170(b)(1)(A)(v).	
7	, V	An organization that n	-	-				neneral nublic
•	1.	described in section 1				om a governme	incar aime or nom the g	general public
8	Γ	A community trust de				tII)		
9	Γ	An organization that i	normally recei	ves (1) more than 33	1/3% of its supp	oort from contr	butions, membership	fees, and gross
				s exempt functions—s				
				unrelated business ta: ee section 509(a)(2).			1 tax) from businesse	es acquired by the
10	Г	An organization organ	•		•	•	1 509(a)(4).	
11	Ē	An organization organ						out the purposes of
	,	one or more publicly s						
	_	the box in lines 11a th	-		• • • •	_		_
а	ı	Type I. A supporting of	-		•		• • • • • • •	
		supported organization organization You mus				ty of the direct	ors or trustees of the	supporting
b	Г	Type II. A supporting	•	•		with its suppo	rted organization(s), l	by having control or
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You
	_	must complete Part I					1.6	
С	ı	Type III functionally is supported organization						grated with, its
d	Г	Type III non-function						ianization(s) that is
	·	not functionally integr						
	_	(see instructions) Yo						
е	ı	Check this box if the o					s a Type I, Type II, T	ype III functionally
f	Enter	integrated, or Type III r the number of support						
g	Liicoi	Provide the following i						
9				out the supported orgo	24 (10)(0)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nar	ne of s	upported organization		Type of	Is the organ	nızatıon	A mount of	A mount of other
				organization	listed in your		monetary support	support (see
				(described on lines	docume	nt?	(see instructions)	instructions)
				1-9 above (see instructions))				
					Yes	No		

instructions

Pa	Support Schedule f (Complete only if you Part III. If the organi	u checked the b	ox on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to qu	
	ection A. Public Support	ization lans to q	dailiy dilder tile	tests listed be	iow, picase con	inpicte rait III.	
	Calendar year	(-)2011	(h)2012	(-)2012	(4)2014	(-)201F	(6)T - b- l
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	143,055,784	151,980,658	135,070,904	156,910,250	170,535,270	757,552,866
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	143,055,784	151,980,658	135,070,904	156,910,250	170,535,270	757,552,866
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)						20,847,211
6	Public support. Subtract line 5 from line 4						736,705,655
_ <u>s</u>	ection B. Total Support						
	Calendar year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
(or 7	fiscal year beginning in) A mounts from line 4	143,055,784	151,980,658	135,070,904	156,910,250	170,535,270	757,552,866
8	Gross income from interest,	113,033,701	131,300,030	133,070,301	130,510,230	170,333,270	737,332,000
	dividends, payments received on securities loans, rents, royalties and income from similar sources	3,352,273	2,890,246	800,811	2,312,344	2,694,818	12,050,492
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7						769,603,358
12	through 10 Gross receipts from related activ	, ,	•			12	
13	check this box and stop here .	<u> </u>	<u> </u>				organization,
	ection C. Computation of P			- 4.4 Lun - 700		1.1	
14	Public support percentage for 20	, ,	• •	e 11, column (f))		14	95 730 %
15	Public support percentage for 20	14 Schedule A, P	art II, line 14			15	94 800 %
	33 1/3% support test—2015. If the and stop here. The organization of	ıualıfies as a publı	cly supported org	anızatıon		·	►V
	33 1/3% support test—2014.If the box and stop here. The organizat 10%-facts-and-circumstances tests 10% or more, and if the organism Part VI how the organization means to the stop of the organization means to the support of the stop of the support of the suppor	ion qualifies as a st—2015. If the org zation meets the f	publicly supported ganization did not facts-and-circums	d organization check a box on lii stances test, chec	ne 13, 16a, or 16 ck this box and st	b, and line 14 op here. Explain	▶ 厂
b 18	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the org Explain in Part VI how the organi supported organization Private foundation. If the organiz	janization meets t zation meets the '	he "facts-and-circ 'facts-and-circum	cumstances" test nstances" test Th	c, check this box ane organization qu	and stop here. Ialifies as a publicl	▶ ┌

▶□

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
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.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
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	4b		
c	by or in connection with its supported organizations. 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.	4 c		
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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	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		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection 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 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

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

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493211004466

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Reve

Supplemental Financial Statements

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

Open to Public

rnal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at $\underline{www.ii}$	rs.gov/fo	orm990. Inspection
Name of the org			Emplo	oyer identification number
•				296967
		r Advised Funds or Other Similar F	unds o	r Accounts.
Con	npiete if the organization answer	ed "Yes" on Form 990, Part IV, line 6.	(1.)	dd
Total nur	mber at end of year	(a) Donor advised funds	(D) F	unds and other accounts
	te value of contributions to (during			
year)	te value of contributions to (during			
A ggregat	te value of grants from (during year)			
Aggregat	te value at end of year			
		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advıs	ed Yes No
used only fo	or charitable purposes and not for the	and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for a		purpose Yes No
	mpermissible private benefit?	ete if the organization answered "Yes"	on Form	<u> </u>
	of conservation easements, Compr		OH FUHI	i 550, Fait IV, iiile 7.
	ation of land for public use (e.g., recre		n historic	ally important land area
	ion of natural habitat			historic structure
┌ Preserv	ation of open space			
		held a qualified conservation contribution in	the form	of a conservation
easement o	n the last day of the tax year			
Total numb	er of conservation easements		2a	Held at the End of the Year
-	ge restricted by conservation easem	ents	2a 2b	
_	conservation easements on a certified		2c 2c	
· · Number of o		c) acquired after 8/17/06, and not on a	2d	
Number of c	conservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the	organization during the
tax year ►_				
Number of s	states where property subject to cons	ervation easement is located 🕨		
	rganization have a written policy regal and enforcement of the conservation	rding the periodic monitoring, inspection, hai easements it holds?	ndling of	┌ Yes ┌ No
Staff and vo	olunteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	cing cons	ervation easements during the
<u> </u>				
	expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing	conservat	tion easements during the yea
► \$				
(B)(I) and S	ection 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		☐ Yes ☐ No
balance she		ts conservation easements in its revenue ai t of the footnote to the organization's financia asements		
		ctions of Art, Historical Treasures,	or Oth	er Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8.		
works of art	, historical treasures, or other simila	FAS 116 (ASC 958), not to report in its rever r assets held for public exhibition, education note to its financial statements that describ	, or resea	rch in furtherance of public
works of art		FAS 116 (ASC 958), to report in its revenue r assets held for public exhibition, education o these items		
(i) Revenue II	ncluded on Form 990, Part VIII, line	1	► \$_	
(ii) Assets inc	luded in Form 990, Part X			
If the organ	nization received or held works of art,	historical treasures, or other similar assets SFAS 116 (ASC 958) relating to these items	for financ	
a Revenue ind	cluded on Form 990, Part VIII, line 1			► \$

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of	Art, His	storica	al Trea	asures, o	or Ot	her Similar	Asse	ets	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other re	ecords, cl	_					use of	its	
а	┌ P	ublic exhibition		d	l L	oan or	exchange p	orogra	ms			
b	Γs	cholarly research		e	Γ	ther						
c	┌ P	reservation for future generations										
4	Provi Part >	de a description of the organization (III	's collections and e	xplaın hov	w they f	urther t	he organıza	atıon's	exempt purpo	se in		
5		g the year, did the organization sol is to be sold to raise funds rather th							sımılar 🖵 Y	es	□ No	
Pai	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form	990, P	art IV,	line 9, oi	repo	rted an amo	unt o	n Forr	n 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	ermediary	for con	trıbutıo	ns or othe	asset	rs not	es	┌ No	
b	If"	Yes," explain the arrangement in F	art XIII and comple	ete the fol	lowing	able			A	moun	t	
C	Be	ginning balance					- 1	1c				
d	A d	ditions during the year					[1d				
e	Dis	tributions during the year						1e				
f	End	ding balance						1f				
2a	Dıd th	ne organization include an amount o	on Form 990, Part X	, line 21,	for esc	ow or c	ustodial ad	count	liability? Y	es	□ No	
b	If"Y∈	es," explain the arrangement in Par	t XIII Check here ı	f the expl	anatıon	has be	en provide	d ın Pa	rt XIII			
Pa	rt V	Endowment Funds. Comple				_						
			(a)Current year	(b)Prio			Two years ba	-)Three years bac			ars back
1a		ning of year balance	18,993,284		21,954,99		20,380,8		20,693,04	_		8,055,616
b	Contr	ributions	6,745		90,87		615,2	239	43,95	05	•	2,014,528
c	Net ir losse	nvestment earnings, gains, and s	-299,648		779,77	'9	1,147,0	018	1,001,76	50		1,122,048
d	Grant	s or scholarships	603,842		747,16	8	188,	108	616,55	54		472,890
e		r expenditures for facilities rograms	2,595,123		3,085,19	00			741,36	53		26,257
f	A dmı	nistrative expenses										
g	End o	f year balance	15,501,416	1	18,993,28	14	21,954,9	992	20,380,84	13	2	0,693,045
2	Provi	de the estimated percentage of the	current year end ba	alance (lır	ne 1g, c	olumn (a)) held as					
а	Board	l designated or quasi-endowment 🕨	1 620 %									
b	Perm	anent endowment 🛌 85 840 %										
c		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	12 540 % should equal 100%	, 0								
3a	A re tl	nere endowment funds not in the po ization by			that are	held a	nd admınıs	tered 1	or the		Yes	No
	(i) un	related organizations								3a(i)		No
		lated organizations								3a(ii)	<u> </u>	No
b		es" on 3a(II), are the related organi							[3b		
4		ribe in Part XIII the intended uses		s endowm	ent fun	1s						
Ра	rt VI	Land, Buildings, and Equip Complete if the organization		Form 9	90, Pa	rt IV, l	ıne 11a.S	ee Fo	rm 990, Par	t X, In	ne 10.	
		Description of property			(a) ost or oth (investm	er basıs	(b) Cost or othe (othe	er basıs	Accumulate (c)depreciate	ed		k value
	Land				<u> </u>	-	 	329,436				329,436
	Buildin						4,8	363,403	3,225	,021		1,638,382
c	Leaseh	nold improvements		.				196,623	155	,187		341,436
d	Equipn	nent					4,1	191,800	3,766	,679		425,121
_	Other						1					

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2,734,375

Part VIII Investments—Other Securities. Co See Form 990, Part X, line 12. (a) Description of security or category		(b)Book value	(c)Method of valuation
(including name of security)		(2)20011 14140	Cost or end-of-year market valu
(1)Financial derivatives (2)Closely-held equity interests			
(3) 0 ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments—Program Related. Complete if the organization answered	d 'Yes' on Form 990,	Part IV, line 11c.s.	ee Form 990 Part X line 13
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	þ -		
Part IX Other Assets. Complete if the organization (a) Desc		orm 990, Part IV, line	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org		Yes' on Form 990,	
See Form 990, Part X, line 25.	(b) Book value	, 	,
	(5) Book value	\dashv	
Federal income taxes			
Scholarships Payable	9,373,74	13	
Refundable Deposits	25,600,79	93	
		\dashv	
		\dashv	
	1	1	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per I	Return
1	Total revenue, gains, and other support per audited financial statements	1	109,246,491
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a -5,339,469		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-5,153,509
3	Subtract line 2e from line 1	3	114,400,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		114,400,000
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 43,646		
a b	Other (Describe in Part XIII)		
_	Add lines 4a and 4b	4c	69,359,752
с 5		4C 5	
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		183,759,752
Ferr	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	Retuin.
1	Total expenses and losses per audited financial statements	1	128,447,716
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	185,960
3	Subtract line 2e from line 1	3	128,261,756
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_	,
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 43,646		-
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	69,359,752
_			1

Part XIII Supplemental Information

5

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
Part X, Line 2	SCHOLARSHIP AMERICA FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED NO LIABILITY HAS BEEN RECOGNIZED BY SCHOLARSHIP AMERICA FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2015 AND 2014
PART V, LINE 4	Scholarships Nearly all of Scholarship America's endowment funds are for scholarship programs as specified by the donors. The donor agreements outline any special award criteria concerning geographic location, school, course of study, etc., and whether or not the principal may be used for awards. Dollars for Scholars. Donors have also established small endowments which support operational expenses of the Dollars for Scholars program.
Part XI, Line 2d and Part XII, Line 2d	Fundraising expenses included in net revenue on 990 and on expense schedule on audited financial statements
PART XI, LINE 4B AND PART XII, LINE 4B	Scholarship contributors and awards over which Scholarship America does not have Variance Power

197,621,508

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493211004466

SCHEDULE F (Form 990)

Department of the Treasury

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

	ne of the organization olarship America Inc				Employer iden	tification number
					04-2296967	
Pa	General Information Complete if the organi				14b.	
1	For grantmakers. Does the of and other assistance, the grants or a used to award the grants or a	antees' eligibil	ity for the gran	nts or assistance, and	the selection criteria	▽ Yes □ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the use of its gran	its and other
3	Activites per Region (The follow	ung Part I, line 3	3 table can be di	uplicated if additional spa	ace is needed)	
	(а) Regюn	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data			,		
(2	2)					
(3	3)					
(4	(1)					
(5	()					

0

0

6,118,585

6,179,985

61,400

Part II Grants and Other Assistance to Organizations or Entities Outside the United	ed States.
---	------------

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) A mount of	(f) Manner of	(g) A mount	(h) Description	(i) Method of
organization	section and EIN (if applicable)	(C) Region	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2015 Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or (c) Number of (d) Amount of (e) Manner of cash (f) A mount of (g) Description (h) Method of (b) Region assistance recipients cash grant disbursement non-cash of non-cash valuation assistance assistance (book, FMV, appraisal, other) (1) SCHOLARSHIPS 43,900 CHECK OR ET CENT 17 AMERICA/CARIBBEAN (2) SCHOLARSHIPS 207 561,550 CHECK OR ET EAST ASIA/PACIFIC (3) SCHOLARSHIPS EUROPE/ICELAND/GREENLAND 242 618,650 CHECK OR ET (4) SCHOLARSHIPS 36 105,600 CHECK OR ET MIDDLE EAST/NORTH AFRICA (5) SCHOLARSHIPS NORTH AMERICA 82 240,300 CHECK OR ET (6) SCHOLARSHIPS RUSSIA/NEWLY IND 28 58,700 CHECK OR ET STATES (7) SCHOLARSHIPS SOUTH AMERICA 125 305,900 CHECK OR ET (8) SCHOLARSHIPS SOUTH ASIA 140,050 CHECK OR ET 68 (9) SCHOLARSHIPS SUB-SAHARAN 47,000 CHECK OR ET 20 AFRICA (10) (11) (12) (13)

(14)

(15)

(16)

(17)

(18)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> ~</u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	⊽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ᅜ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u>~</u>	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
	GRANTS OUTSIDE THE UNITED STATES ARE COMPETITIVELY AWARDED USING THE PROCESS DESCRIBED IN SCHEDULE I, PART I, LINE 2 (GRANTS IN THE UNITED STATES) IN ADDITION FOR EACH STUDENT S CHOLARSHIP AMERICA OBTAINS A VERIFICTION OF ENROLLMENT BEFORE PAYMENT THE NAMES OF BENEFI CIARIES ARE COMPARED TO THE TREASURY DEPARTMENT, OFFICE OF FOREIGN ASSETS CONTROL, SPECIAL LY DESIGNATED NATIONALS LIST TO MAKE SURE THEY ARE NOT ON THAT LIST

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART II, LINE 2	PAYMENTS TO ORGANIZATIONS OUTSIDE THE UNITED STATES ARE PRIMARILY TO COLLEGES AND UNIVERSI TIES THESE PAYMENTS ULTIMATELY REPRESENT GRANTS TO INDIVIDUAL STUDENTS AWARDED AT THE DIS CRETION OF SCHOLARSHIP AMERICA WHILE SCHOLARSHIP AMERICA KNOWS THE ORGANIZATIONS RECEIVIN G PAYMENT ARE NOT ON THE OFAC'S SDN LIST, WE ARE UNCERTAIN CONCERNING THE ORGANIZATIONS' C HARITY AND TAX EXEMPT STATUS BASED ON ALL PUBLIC INFORMATION AVAILABLE, ALL ORGANIZATIONS RECEIVING GRANT PAYMENTS FROM SCHOLARSHIP AMERICA APPEAR TO BE INSTITUTES OF HIGHER EDUCA TION CONSISTENT WITH SCHOLARSHIP AMERICA'S EXEMPT PURPOSE

Additional Data

Software ID: Software Version:

EIN: 04-2296967

Name: Scholarship America Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
RUSSIA/INDEPENDENT STATES	0	0	GRANTMAKING	SCHOLARSHIP AWARD	58,700
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	SCHOLARSHIP AWARD	53,000
SOUTH ASIA	0	0	GRANTMAKING	SCHOLARSHIP AWARD	226,500

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
SOUTH AMERICA	0	0	GRANTMAKING	SCHOLARSHIP AWARD	376,150	
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	SCHOLARSHIP AWARD	762,750	
NORTH AMERICA	0	0	GRANTMAKING	SCHOLARSHIP AWARD	2,682,315	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	SCHOLARSHIP AWARD	117,750	
EUROPE	0	0	GRANTMAKING	SCHOLARSHIP AWARD	1,841,420	
CENTRAL AMERICA/CARIBBEAN	0	0	GRANTMAKING	SCHOLARSHIP AWARD	61,400	

Form 990 Schedı	ıle F Part II	- Grants or Entitie	s Outside The Uni	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA/PACIFIC	SCHOLARSHIPS	7,750	CHECK OR ET			
		EAST ASIA/PACIFIC	SCHOLARSHIPS	6,000	CHECK OR ET			
		EAST ASIA/PACIFIC	SCHOLARSHIPS	7,000	CHECK OR ET			
		South America	SCHOLARSHIPS	11,500	CHECK OR ET			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		NORTH AMERICA	SCHOLARSHIPS	12,000	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	9,500	CHECK OR ET					
	1	NORTH AMERICA	SCHOLARSHIPS	7,500	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	6,000	CHECK OR ET					
4										

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		NORTH AMERICA	SCHOLARSHIPS	8,100	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	39,750	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	6,750	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	40,600	CHECK OR ET					
4								,		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		NORTH AMERICA	SCHOLARSHIPS	34,550	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	11,900	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	28,600	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	8,750	CHECK OR ET					
1										

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraısal, other)		
		NORTH AMERICA	SCHOLARSHIPS	7,500	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	7,000	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	10,750	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	6,000	CHECK OR ET					
1										

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraısal, other)		
		NORTH AMERICA	SCHOLARSHIPS	10,000	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	9,350	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	6,500	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	22,062	CHECK OR ET					
4										

Form 990 Schedı	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		NORTH AMERICA	SCHOLARSHIPS	6,000	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	14,938	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	60,974	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	121,300	CHECK OR ET						

Form 990 Schedı	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraısal, other)			
		NORTH AMERICA	SCHOLARSHIPS	10,500	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	5,600	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	20,600	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	10,600	CHECK OR ET						

Form 990 Schedu	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		NORTH AMERICA	SCHOLARSHIPS	8,000	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	102,350	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	54,650	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	10,000	CHECK OR ET						

Form 990 Schedu	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		NORTH AMERICA	SCHOLARSHIPS	17,250	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	8,500	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	12,000	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	16,750	CHECK OR ET						

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SCHOLARSHIPS	5,750	CHECK OR ET			
		NORTH AMERICA	SCHOLARSHIPS	9,500	CHECK OR ET			
		NORTH AMERICA	SCHOLARSHIPS	13,250	CHECK OR ET			
		NORTH AMERICA	SCHOLARSHIPS	17,100	CHECK OR ET			

Form 990 Schedu	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		NORTH AMERICA	SCHOLARSHIPS	16,000	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	7,000	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	5,000	CHECK OR ET						
		NORTH AMERICA	SCHOLARSHIPS	46,000	CHECK OR ET						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		NORTH AMERICA	SCHOLARSHIPS	250,400	CHECK OR ET	1				
		NORTH AMERICA	SCHOLARSHIPS	6,500	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	44,100	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	82,300	CHECK OR ET					
								,		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		NORTH AMERICA	SCHOLARSHIPS	5,675	CHECK OR ET	1				
		NORTH AMERICA	SCHOLARSHIPS	18,000	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	49,040	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	6,300	CHECK OR ET					
1								,		

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)		
		NORTH AMERICA	SCHOLARSHIPS	38,500	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	21,000	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	6,000	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	13,500	CHECK OR ET					
1										

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraısal, other)
		NORTH AMERICA	SCHOLARSHIPS	27,100	CHECK OR ET			
		NORTH AMERICA	SCHOLARSHIPS	6,250	CHECK OR ET			
		NORTH AMERICA	SCHOLARSHIPS	113,850	CHECK OR ET			
		NORTH AMERICA	SCHOLARSHIPS	31,060	CHECK OR ET			

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraısal, other)		
		NORTH AMERICA	SCHOLARSHIPS	8,350	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	29,500	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	172,200	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	146,500	CHECK OR ET					
1										

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NORTH AMERICA	SCHOLARSHIPS	5,000	CHECK OR ET			
		NORTH AMERICA	SCHOLARSHIPS	7,000	CHECK OR ET			
		NORTH AMERICA	SCHOLARSHIPS	19,750	CHECK OR ET			
		NORTH AMERICA	SCHOLARSHIPS	70,825	CHECK OR ET			

Form 990 Sched	ule F Part I7	I - Grants or Entities O	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NORTH AMERICA	SCHOLARSHIPS	60,760	CHECK OR ET			
		South America	SCHOLARSHIPS	11,750	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	30,000	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	13,063	CHECK OR ET			

Form 990 Sched	ule F Part I7	I - Grants or Entities O	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUrope/Iceland/Greenland	SCHOLARSHIPS	85,500	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	32,680	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	5,000	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	10,000	CHECK OR ET			

Form 990 Sched	ule F Part I7	I - Grants or Entities O	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUrope/Iceland/Greenland	SCHOLARSHIPS	8,105	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	19,157	CHECK OR ET		,	
		EUrope/Iceland/Greenland	SCHOLARSHIPS	8,178	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	6,815	CHECK OR ET			

Form 990 Sched	ule F Part I7	I - Grants or Entities O	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUrope/Iceland/Greenland	SCHOLARSHIPS	24,015	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	24,953	CHECK OR ET		,	
		EUrope/Iceland/Greenland	SCHOLARSHIPS	59,359	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	11,686	CHECK OR ET			

Form 990 Sched	ule F Part I7	I - Grants or Entities O	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUrope/Iceland/Greenland	SCHOLARSHIPS	6,000	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	13,022	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	41,993	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	5,125	CHECKORET			

Form 990 Sched	ule F Part I7	I - Grants or Entities O	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUrope/Iceland/Greenland	SCHOLARSHIPS	7,500	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	8,000	CHECK OR ET		,	
		EUrope/Iceland/Greenland	SCHOLARSHIPS	7,500	CHECK OR ET		,	
		EUrope/Iceland/Greenland	SCHOLARSHIPS	9,000	CHECK OR ET			

Form 990 Sched	ule F Part II	: - Grants or Entities O	Outside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		South Asia	SCHOLARSHIPS	10,000	CHECK OR ET			
		South Asia	SCHOLARSHIPS	10,000	CHECK OR ET			
		South Asia	SCHOLARSHIPS	10,000	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	12,181	CHECK OR ET			1

Form 990 Sched	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
1		EUrope/Iceland/Greenland	SCHOLARSHIPS	11,396	CHECK OR ET						
		EUrope/Iceland/Greenland	SCHOLARSHIPS	8,750	CHECK OR ET						
1		EUrope/Iceland/Greenland	SCHOLARSHIPS	5,000	CHECK OR ET		,				
<u> </u>		EUrope/Iceland/Greenland	SCHOLARSHIPS	5,585	CHECKORET						

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)		
		NORTH AMERICA	SCHOLARSHIPS	5,000	CHECK OR ET		'			
		NORTH AMERICA	SCHOLARSHIPS	18,500	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	8,250	CHECK OR ET					
		NORTH AMERICA	SCHOLARSHIPS	13,500	CHECK OR ET					
4										

Form 990 Sched	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		EAST ASIA/PACIFIC	SCHOLARSHIPS	5,000	CHECK OR ET						
		EUrope/Iceland/Greenland	SCHOLARSHIPS	6,980	CHECK OR ET						
		EUrope/Iceland/Greenland	SCHOLARSHIPS	7,995	CHECK OR ET						
		EUrope/Iceland/Greenland	SCHOLARSHIPS	10,830	CHECK OR ET						

Form 990 Sched	ule F Part I7	I - Grants or Entities O	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
1		EUrope/Iceland/Greenland	SCHOLARSHIPS	11,451	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	39,446	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	15,542	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	13,348	CHECKORET			

Form 990 Sched	ule F Part I7	I - Grants or Entities O	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA/PACIFIC	SCHOLARSHIPS	26,750	CHECK OR ET			
		EAST ASIA/PACIFIC	SCHOLARSHIPS	9,500	CHECK OR ET		,	
		EUrope/Iceland/Greenland	SCHOLARSHIPS	7,658	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	5,500	CHECK OR ET			

Form 990 Sched	ule F Part II	I - Grants or Entities C	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUrope/Iceland/Greenland	SCHOLARSHIPS	6,500	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	8,000	CHECK OR ET			
		EAST ASIA/PACIFIC	SCHOLARSHIPS	6,000	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	7,019	CHECK OR ET			

Form 990 Sched	ule F Part II	I - Grants or Entities C	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUrope/Iceland/Greenland	SCHOLARSHIPS	5,000	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	6,000	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	21,803	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	7,500	CHECK OR ET			

Form 990 Sched	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	5,250	CHECK OR ET						
		EUrope/Iceland/Greenland	SCHOLARSHIPS	5,531	CHECK OR ET						
		EUrope/Iceland/Greenland	SCHOLARSHIPS	10,000	CHECK OR ET	<u>'</u>					
		EUrope/Iceland/Greenland	SCHOLARSHIPS	5,970	CHECKORET						

Form 990 Sched	ule F Part IJ	[- Grants or Entities O	Dutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUrope/Iceland/Greenland	SCHOLARSHIPS	6,650	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	11,992	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	6,345	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	5,000	CHECK OR ET			

Form 990 Sched	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
1		EUrope/Iceland/Greenland	SCHOLARSHIPS	17,250	CHECK OR ET						
		EUrope/Iceland/Greenland	SCHOLARSHIPS	10,300	CHECK OR ET						
1		EUrope/Iceland/Greenland	SCHOLARSHIPS	27,050	CHECK OR ET		,				
<u> </u>		EUrope/Iceland/Greenland	SCHOLARSHIPS	7,000	CHECKORET						

Form 990 Sched	ule F Part I7	I - Grants or Entities O	Jutside The Unite	d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUrope/Iceland/Greenland	SCHOLARSHIPS	10,250	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	13,400	CHECK OR ET			
		EUrope/Iceland/Greenland	SCHOLARSHIPS	6,600	CHECK OR ET			
1		South America	SCHOLARSHIPS	7,500	CHECKORET			

DLN: 93493211004466

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

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

Supplemental Information Regarding

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

Name of the organization Scholarship America Inc Employer identification number

04-2296967

Part	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
	Form 990-EZ filers are not required to complete this part.
1 1	Indicate whether the organization raised funds through any of the following activities. Check all that apply

- Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of contributions?		custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No																			
J MURPHY & ASSOCIATES 2021 EAST HENNEPINE AVE STE 130 MINNEAPOLIS, MN 55413	GRANT WRITING AND CONSULTING SERVICES		No	0	75,096	-75,096																
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
Total	1	ı	>		75,096	-75,096																

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II	Fun	dra	isin	a I	Eve	nts
---------	-----	-----	------	-----	-----	-----

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	receipts greater than \$5,000									
		(a)Event #1 Award Banquet	(b) Event #2	(c)O ther events	(d) Total events (add col (a) through					
		(event type)	(event type)	(total number)	col (c))					
Reveilue	1 Gross receipts	369,096			369,096					
æ	·									
	2 Less Contributions	346,835			346,835					
	line 2)	22,261			22,261					
	4 Cash prizes									
	5 Noncash prizes									
S O	6 Rent/facility costs									
Direct Expenses	7 Food and beverages	39,600			39,600					
鲎	8 Entertainment	15,000			15,000					
Te ⊒	9 Other direct expenses	131,360			131,360					
Δ	10 Direct expense summary Add lines 4 through 9 in column (d)									
Dar	11 Net income summary Subtract line 1 t IIII Gaming.	0 from line 3, column (d)	· · · · · <u>·</u>	-163,699					
rai	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on					
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))					
<u>~</u>	1 Gross revenue									
JSes	2 Cash prizes									
<u>≅</u> ∆	3 Noncash prizes									
Direct Expenses	4 Rent/facility costs									
	5 Other direct expenses									
	6 Volunteerlabor	Γ Yes	Г Yes	Г Yes <u>%</u> Г No						
	7 Direct expense summary Add lines	2 through 5 ın column (d)							
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	•						
9	Enter the state(s) in which the organiza	tion conducts gaming ac	ctivities							
а	Is the organization licensed to conduct				「Yes 「No					
b	If "No," explain									
	Were any of the organization's gaming l	icenses revoked, suspei	nded or terminated during		⊤Yes					
b	If "Yes," explain									

Schedule	G (Form	990	or 990-EZ)	201

11

Does the organization conduct gaming activities with nonmembers?

Page .

┌Yes ┌No

formed to administer charitable gaming? Tyes No	12	Is the organization a grantor	r, beneficiary or trustee of a trust	or a member of a partnership or other entity	
a The organization's facility b An outside facility 13a 13b 13b 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ► Address ► 15a 15		formed to administer charita	ble gamıng?		□Yes □No
b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	13	Indicate the percentage of g	aming activity conducted in		
Name	а	The organization's facility			13a %
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No	b	An outside facility		:	.ізь %
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No	14	Enter the name and address	of the person who prepares the c	organization's gaming/special events books an	d records
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name 🟲			
Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No		Address 🟲			
b If "Yes," enter the amount of gaming revenue received by the organization ►\$ and the amount of gaming revenue retained by the third party ►\$ C If "Yes," enter name and address of the third party Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ►\$ Description of services provided	15a				
amount of gaming revenue retained by the third party C If "Yes," enter name and address of the third party Name Address Address Gaming manager information Name Gaming manager compensation Spaning manager compensation Spaning manager compensation Spaning manager compensation The provided Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Tyes Better the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation		revenue?			□Yes □No
C If "Yes," enter name and address of the third party Name Address Address Address Gaming manager information Name Gaming manager compensation Superior Supe	b	If "Yes," enter the amount o	f gaming revenue received by the	e organization 🕨 \$ and t	he
Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$		amount of gaming revenue re	etained by the third party 🟲 \$		
Address Gaming manager information Name Gaming manager compensation Description of services provided Director/officer Employee Independent contractor The manager companization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation	С	If "Yes," enter name and add	dress of the third party		
Supplemental Information Supplemental Information Supplemental Information Supplemental Information Part IV Supplemental Information Provide the explanations required by Part I, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation		Name 🟲			
Name Gaming manager information Name Gaming manager compensation \$ Description of services provided					
Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation	16				
Description of services provided Director/officer		Name 🕨			
Director/officer					
If Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? If yes No Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation		Description of services prov	ıded		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer	☐ Employee	☐ Independent contractor	
retain the state gaming license? Test No	17	Mandatory distributions			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation	а	Is the organization required	under state law to make charitab	ole distributions from the gaming proceeds to	
In the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation		retain the state gaming licer	ise?		┌Yes ┌No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation	b	Enter the amount of distribut	tions required under state law dis	stributed to other exempt organizations or spen	t
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Return Reference Explanation		ın the organization's own exe	empt activities during the tax yea	ar ⊳ \$	
<u>'</u>	Pai	Part III, lines 9, 9b	o, 10b, 15b, 15c, 16, and 17b		
		Return Reference		Explanation	
Schedule G (Form 990 or 990-EZ) 2				Schedule	e G (Form 990 or 990-EZ) 2015

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Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

Attach to Form 990.

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

DLN: 93493211004466OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identification	on number
Scholarship America Inc						04-2296967	
Part I General Information	n on Grants and	l Assistance				•	
 Does the organization maintain r the selection criteria used to awa Describe in Part IV the organization 	ard the grants or as tion's procedures fo	sistance? r monitoring the use	of grant funds in the Un				√ Yes
Part II Grants and Other Assistant that received more than \$				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 50	1(c)(3) and govern	ment organizations lis	sted in the line 1 table .			.	
3 Enter total number of other organ	nizations listed in th	e line 1 table				. ►	

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	83903	175,395,505			
Part IV Supplemental Inform	ation Provide the info	rmation required in Pa	art I line 2 Part III	column (h) and any other	additional information

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
	Scholarship America was formed to encourage citizen support of higher education including the administration of scholarship programs on behalf of participating corporations, foundations, and individuals. Scholarship America's grants to individuals for study purposes are made in compliance with procedures set forth in the Scholarship America awards kit on file with the IRS. In administering a scholarship program Scholarship America is available to perform the following in determining the recipients. 1. Prepare and furnish application forms (electronic and paper), 2. Receive all application materials directly, 3. Process and evaluate all applications, 4. Determine the recipients and amounts to be awarded, 5. Notify the recipients of their award, 6. Confirm the appropriate employment relationship or program eligibilities are met, 7. Confirm enrollment in a qualified educational institution, 8. Make payment of the award, 9. Supervise and investigate the use of the funds by the recipients in their educational programs. Recipients are determined by Scholarship America utilizing selection criteria based on a detailed analysis of the following candidate information. 1. Scholastic aptitude as measured by performance on a recognized scholastic aptitude test, 2. Scholastic performance measured by rank in class or grade point average, 3. Adult independent appraisal, 4. Work experience, interest, activities, and leadership contributions, 5. Financial need may also be taken into consideration.

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DLN: 93493211004466

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

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Name of the organization **Employer identification number** Scholarship America Inc 04-2296967 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

The organization?

Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

The organization?

Any related organization?

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

- For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III
- Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III
- If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

8

5a

5b

6a

6b

7

Νo

Νo

Νo

Νo

Νo

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
Richard Greene Chief Financial Officer	(i)	183,788	0	0	2,275	21,701	207,764	0
	(ii)	0	0	0	0	0	0	0
2 Lauren Segal Past President and CEO	(i)	277,465	0	0	3,513	21,377	302,355	0
	(ii)	0	0	0	0	0	0	0
3 Rhianna Quinn Roddy Executive Director, FOF	(i)	184,788	0	0	2,000	22,003	208,791	0
,	(ii)	0	0	0	0	0	0	0
4 Mary Larson Senior VP Mktg and Public	(i)	159,823	0	0	1,250	703	161,776	0
Policy	(ii)	0	0	0	0	0	0	0
5 Max Espinoza Senior VP Programs and	(i)	172,058	0	0	0	9,085	181,143	0
Policy	(ii)	0	0	0	0	0	0	- 0 0 0 0 0
6 Jennifer Menke VP Human Resources	(i)	147,481	0	0	1,875	15,177	164,533	0
	(ii)	0	0	0	0	0	0	0
7 Mike Nylund VP of Sales, SMS	(i)	128,522	0	0	1,609	20,897	151,028	0
,	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2015

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

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2015

► Attach to Form 990. Department of the Treasury

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

Noncash Contributions

Open to Public Inspection

Internal Revenue Service

SCHEDULE M

(Form 990)

Name of the organization **Employer identification number** Scholarship America Inc 04-2296967

Pa	Tttl Types of Prope	erty							
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art	_			<u></u> 9				
	Art—Historical treasures								
	Art—Fractional interests	· .							
	Books and publications								
	Clothing and household								
	goods								
6	Cars and other vehicles								
	Boats and planes								
8	Intellectual property .								
9	Securities—Publicly tradeo	.	Х	9	232,129	FAIR MARKET VAL	.UE		
	Securities—Closely held s		·						
	Securities—Partnership, Ll or trust interests	•							
	Securities—Miscellaneous								
L3	Qualified conservation contribution—Historic structures	ı							
.4	Qualified conservation								
	contribution—Other								
	Real estate—Residential								
	Real estate—Commercial								
	Real estate—Other								
	Collectibles	•							
	Food inventory	_							
	Drugs and medical supplie Taxidermy								
	Historical artifacts								
	Scientific specimens .								
	Archeological artifacts .								
	Other • ()								
	Other ► ()								
	Other ► ()								
	Other ► ()								
	Number of Forms 8283 rec	eived	by the orga	nization during the tax vea	r for contributions				
_	for which the organization of					29			0
								Yes	No
30a	During the year, did the oi	rganız	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least th	ree ye	ears from the	e date of the initial contribu	ution, and which is not requi	red to be used			
	for exempt purposes for th	ne enti	ıre holdına p	eriod?			30a		Νo
b	If "Yes," describe the arra						Sou		
	•	=			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire contributions?	e or us	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • •	32a	 _{Yes}	
h	If "Yes," describe in Part	ΙΙ					32a	1 63	
33			t an amount	ın column (c) for a type of	property for which column (a	a) is checked,			

Part II

Supplemental Information.

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

The complete the part for any additional information	
Return Reference	Explanation
, , ,	ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN PART 1, COLUMN (B)
	Scholarship America uses a third party broker to receive stock contributions made to the organization Additionally, the third party broker disposes of stock contributions in accordance with the organization's policies

Schedule M (Form 990) (2015)

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SCHEDULE O Su

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
Scholarship America Inc

Employer identification number

04-2296967

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Scholarship America has an advisory group called the Honor Roll Trustees (HRT's) The HRT Group is comprised of former Board members who have been off the board for at least one year and were subsequently elected by the Board to join this advisory group. The HRT Group elects one of its members to serve a two year term on the Board. The group also serves an advisory role for the President and staff of Scholarship America.
Form 990, Part VI, Section B, line 11	AUDIT COMMITTEE MEETS, REVIEWS, AND APPROVES A DRAFT OF THE FORM 990 THE RESULTS OF THEIR REVIEW ARE THEN SHARED FOR FULL BOARD APPROVAL BEFORE IT IS FILED WITH IRS
Form 990, Part VI, Section B, line 12c	ANNUALLY ALL BOARD MEMBERS AND EMPLOYEES SIGN THE CONFLICT OF INTEREST DISCLOSURE FORM FO RMS ARE REVIEWED BY THE GOVERNANCE COMMITTEE. BASED ON THE RESULTS OF THAT REVIEW AND DISC USSION WITH THE INVOLVED INDIVIDUAL ANY APPROPRIATE ACTION IS TAKEN
Form 990, Part VI, Section B, line 15	THE PRESIDENT'S COMPENSATION IS SET BY THE BOARD IN CONJUNCTION WITH THE PRESIDENT'S REVIE W THE COMPENSATION OF KEY STAFF IS APPROVED BY THE BOARD IN CONJUNCTION WITH THEIR INDIVI DUAL PERFORMANCE REVIEWS AND BASED ON THE RECOMMENDATION FROM THE PRESIDENT COMPENSATION IS DETERMINED AFTER REVIEWING COMPARABLE COMPENSATION BASED ON SURVEYS AND/OR CONSULTATION WITH OUTSIDE COMPENSATION EXPERTS COMPENSATION OF ALL OTHER EMPLOYEES IS SET BY MANAGEME NT AND HR DEPARTMENT BASED ON COMPENSATION SURVEYS AND ANNUAL PERFORMANCE REVIEWS
Form 990, Part VI, Section C, line 19	The annual report, annual audit report, and Form 990 are available to the public on the we built Articles and By-laws are available upon request. The conflict of interest policy is not currently available to the public
Part VIII Statement of Revenue, Line 1F	Contributions received and Scholarships awarded include amounts that Scholarship America d oes not have final variance power over. This reporting is consistent with prior year reporting.
Part IX Statement of Functional Expenses, Line 2	Contributions received and Scholarships awarded include amounts that Scholarship America d oes not have final variance power over. This reporting is consistent with prior year reporting.
Form 990, Part XII, Line 2c	NEITHER THE OVERSIGHT PROCESS FOR THE AUDIT OR THE SELECTION PROCESS OF THE INDEPENDENT ACCOUNTANT CHANGED DURING THE TAX YEAR