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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the

Number and street (or P O box if mail is not delivered to street address) Room/suite 685 Third Avenue 12th Floor

A For the 2015 calendar year, or tax year beginning 01-01-2015

Foundation for the Global Compact

C Name of organization

Doing business as

OMB No 1545-0047

D Employer identification number

16-1756484

E Telephone number

(212) 907-1309

DLN: 93493316032156

Open to Public Inspection

ПАр	plication	pending City or town, state or province, country, and ZIP or foreign postal code New York, NY 10017		G Gross	receip	ts \$ 15,352,808
r Ta:	x-exemp	F Name and address of principal officer Alex Stein 801 2nd Avenue 2nd Floor New York, NY 10017	sub No H(b) Are	chis a group pordinates? o e all subord luded?	· >	☐ Yes 🔽
		of status			h a lis	st (see instructions)
J W	ebsite:	www globalcompactfoundation org		oup exemp		,
€ Forr	n of orga	anization		formation 2		M State of legal domicile NY
Pa	rt I	Summary				
Governance		e Foundation for Global Compact is a non profit organization established to help mpact Office and Global Compact-related activities	raise fund	s to suppo	rt the	e work of the UN Global
Ž Or	2 CI	heck this box ▶ ┌─ if the organization discontinued its operations or disposed o	f more thar	n 25% of it	s net	assets
	3 N	umber of voting members of the governing body (Part VI, line 1a)			з	3
Activities &	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	3
	5 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a) .			5	49
AC	6 To	otal number of volunteers (estimate if necessary)			6	
	7a To	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0
	ь Ne	t unrelated business taxable income from Form 990-T, line 34			7b	1
			Pi	ior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		12,827	,335	11,978,078
Ravenua	9	Program service revenue (Part VIII, line 2g)		969	,438	3,365,270
λ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12	,021	9,460
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,808	,794	15,352,808
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,000	,000	2,300,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
£	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		3,667	,055	4,748,040
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
enses Sesuado	b	Total fundraising expenses (Part IX, column (D), line 25) ▶499,153				

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

, and ending 12-31-2015

17

18

19

20

21

Assets or d Balances

Treasury

Internal Revenue Service

B Check if applicable

. Address change

Name change

Initial return -Fınal

return/terminated

Amended return

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

	_	* * * *			2016-11-11	
Sign	Sig	gnature of officer			Date	
Here	Ale	ex Stein Managing Dir				
	Ту	pe or print name and title				
Paid		Print/Type preparer's name David C Ashenfarb	Preparer's signature David C Ashenfarb	Date	Check If self-employed	PTIN P00535436
Preparer	,	Firm's name FSCHALL & ASHEN	FARB CPAS			
Use Only		Firm's address ► 307 5th Ave 15th	Floor		2) 268-2800	
		NEW YORK, NY	100166517			

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .

Revenue less expenses Subtract line 18 from line 12 .

Net assets or fund balances Subtract line 21 from line 20

Total assets (Part X, line 16) .

Total liabilities (Part X, line 26) .

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

6,974,192

12,641,247

1,167,547

9.351.761

8,383,819

967,942

Beginning of Current Year

9,081,410

16,129,450

End of Year

-776,642

9,993,878

2,186,122

7,807,756

Form	1990 (2015)				Page 2
Par	t IIII Statement of Progra	m Service Accomp	lishments		-
			o any line in this Part 1	III	
1	Briefly describe the organization				
	Foundation for Global Compact is a e and Global Compact-related acti		established to help rais	se funds to support the work of the	ne UN Global Compact
2	Did the organization undertake ai	ny significant program se	ervices during the year	which were not listed on	
	the prior Form 990 or 990-EZ?				Yes √N o
	If "Yes," describe these new serv	rices on Schedule O			
3	Did the organization cease condu	3,	-	nducts, any program	
					⊤Yes √No
	If "Yes," describe these changes				
4	Describe the organization's progrexpenses Section 501(c)(3) and the total expenses, and revenue,	501(c)(4) organizations	are required to report		
4a	(Code)(Expen	ses \$ 11,664,361	ıncludıng grants of \$	2,300,000) (Revenue \$	3,365,270)
	The Foundation for the Global Compact nature The Foundation for the Global Global Compact All companies participle funds raised by the Foundation go direbusiness strategy and operations aroun Global Compact cover its operating costaised grant, event sponsorship and directions.	t was established in 2006 to in Compact raises funds from the ating in the UN Global Compa- ctly toward building and impro- d the world Each year, a por ts In 2015, the Foundation tra- ect support funding for progra- andate, Private Sustainability if	crease the funding base of global business community are strongly encouraged ving tools, resources and action of the Foundation's fun msferred \$2 3 million to the ms including the Global Corfinance, Human Rights and	the Global Compact initiative and bette y and private sector to support the miss to make an annual voluntary contribution ctivities that mainstream the Global Cond ds are transferred to the UN Global Cond Global Compact Trust Fund Additionall impact Africa Strategy, Business for Peach Business Dilemmas Forum, Anti-Corrup	r reflect its public-private ion and vision of the UN in to the Foundation All inpact's Ten Principles in pact's Trust Fund to help the y, in 2015 the Foundation e, Business for the Rule of
4b	(Code) (Expen	ses \$	ıncludıng grants of \$) (Revenue \$)
	-				
4 c	(Code)(Expen	ses \$	including grants of \$) (Revenue \$)
4d	Other program services (Descri	he in Schedule O)			
Tu	(Expenses \$	including grants o	f \$) (Revenue \$)
4e	Total program service expenses		·	, ,	,
	. 5	/2 0 . /2 0 1			Form 990 (2015)

Form	990 (2015)			Page 3
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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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		No
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			

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Form 990 (2015)

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12b

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14a

14b

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20a

20b

Yes

Yes

Yes

Yes

Yes

Yes

custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥦

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆

assistance to or for foreign individuals? If "Yes," complete Schedule F, Paits III and IV . . . 🔀

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

14a Did the organization maintain an office, employees, or agents outside of the United States?

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

16

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

ıts total assets reported ın Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

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 🥦

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Yes

Yes

Νo

Νo

Νo

Nο

Νo

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Yes

Yes

Yes

Form 990 (2015)

35a

35b

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24a

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,"

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 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

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 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 😏

24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year **24**c Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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. 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 25b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current 26 or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III instructions for applicable filing thresholds, conditions, and exceptions) 28a 28b

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was 28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

33

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV, 34

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 . . . 🔧 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Check 1a Enter the nur b Enter the organ gaming (gam 2a Enter the nur	ments Regarding Other IRS Filings and Tax Compliance of Schedule O contains a response or note to any line in this Part V	1c 2b	Yes Yes	No No
1a Enter the nurb Enter the nurc Did the organ gaming (gam2a Enter the nur	nber reported in Box 3 of Form 1096 Enter -0 - if not applicable	2b	Yes	No
b Enter the nurc Did the organ gaming (gam2a Enter the nur	nber of Forms W-2G included in line 1a. Enter -0 - if not applicable. 1b. 0 ization comply with backup withholding rules for reportable payments to vendors and reportable poling) winnings to prize winners? 1ber of employees reported on Form W-3, Transmittal of Wage and ints, filed for the calendar year ending with or within the year covered. 2a. 49 2a 49 2a 49 2a is reported on line 2a, did the organization file all required federal employment tax returns? 2a is greater than 250, you may be required to e-file (see instructions) 2a ization have unrelated business gross income of \$1,000 or more during the year? 2b. 1c. 1c. 1c. 1c. 1c. 1c. 1c. 1c. 1c. 1c	2b	Yes	No
b Enter the nurc Did the organ gaming (gam2a Enter the nur	nber of Forms W-2G included in line 1a. Enter -0 - if not applicable. 1b. 0 ization comply with backup withholding rules for reportable payments to vendors and reportable poling) winnings to prize winners? 1ber of employees reported on Form W-3, Transmittal of Wage and ints, filed for the calendar year ending with or within the year covered. 2a. 49 2a 49 2a 49 2a is reported on line 2a, did the organization file all required federal employment tax returns? 2a is greater than 250, you may be required to e-file (see instructions) 2a ization have unrelated business gross income of \$1,000 or more during the year? 2b. 1c. 1c. 1c. 1c. 1c. 1c. 1c. 1c. 1c. 1c	2b		
gaming (gam 2a Enter the nur	bling) winnings to prize winners?	2b		
2a Enter the nur	ther of employees reported on Form W-3, Transmittal of Wage and hts, filed for the calendar year ending with or within the year covered	2b		
Tax Stateme	e is reported on line 2a, did the organization file all required federal employment tax returns? If the organization file all required federal employment tax returns? If the organization have unrelated business gross income of \$1,000 or more during the year? If the organization have unrelated business gross income of \$1,000 or more during the year? If the organization in Schedule O		Yes	
	um of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ization have unrelated business gross income of \$1,000 or more during the year?		Yes	
	it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		
3a Did the organ				No
b If "Yes," has		3b		No
over, a financ account)? .	uring the calendar year, did the organization have an interest in, or a signature or other authority ial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
If "Yes," ente See instructi (FBAR)	er the name of the foreign country ons for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
3	nization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxal	ole party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes," to li	ne 5a or 5b, did the organization file Form 8886-T?	5c		
	anization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	the organization include with every solicitation an express statement that such contributions or gifts deductible?	6b		
7 Organization	s that may receive deductible contributions under section 170(c).			
	rization receive a payment in excess of \$75 made partly as a contribution and partly for goods and rided to the payor?	7a		No
·	the organization notify the donor of the value of the goods or services provided?	7b		
file Form 828	ızatıon sell, exchange, or otherwise dispose of tangible personal property for which it was required to 2?	7 c		No
d If "Yes," ındı	cate the number of Forms 8282 filed during the year			
e Did the organ	ızatıon receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f Did the organ	ızatıon, durıng the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g If the organize required? .	ation received a contribution of qualified intellectual property, did the organization file Form 8899 as	7 g		No
h If the organiz Form 1098-0	ation received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No
Did a donor a	ganizations maintaining donor advised funds. dvised fund maintained by the sponsoring organization have excess business holdings at any time			
during the ye		8		No
·	soring organization make any taxable distributions under section 4966?	9a		No
•	soring organization make a distribution to a donor, donor advisor, or related person?	9b		No
-	s and capital contributions included on Part VIII, line 12 10a			
	s, included on Form 990, Part VIII, line 12, for public use of club			
	:)(12) organizations. Enter			1
•	e from members or shareholders			
b Gross income	e from other sources (Do not net amounts due or paid to other sources nts due or received from them)			
12a Section 4947	(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	r the amount of tax-exempt interest received or accrued during the			
year 13 Section 501(e)(29) qualified nonprofit health insurance issuers.			
	zation licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b Enter the am	ormation the organization must report on Schedule O ount of reserves the organization is required to maintain by the states organization is licensed to issue qualified health plans	13a		No

 \boldsymbol{c} . Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Νo

14a

14b

13c

Carrananca	Management and Discles		
(2015)			

describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 3 If there are material differences in voting rights among members of the governing

body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

►Alex Stein 685 Third Avenue 12th Floor New York, NY 10017 (212) 907-1395

f b Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$

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

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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)

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the

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7a

10a

10b

11a

12a

12h

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

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Form 990 (2015)

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es	



NΛ

No Νo

supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates? .

year by the following The governing body? .

Section C. Disclosure

ındependent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Did the organization delegate control over management duties customarily performed by or under the direct

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, 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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than son is	n one s bot	o not e box th ar	t checl ox, unle in office crustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Sır Mark Moody-Stuart	1 00				'	1 '	'		1	
Chairman	0 00	X		X	<u> </u>	<u> </u>	<u> </u>	0	0	
(2) James V Kearney	3 00	T		Ť.	['	Γ'	['	<u></u>	Ĺ ,	
Director	0 00	Х		Х		'		0	0	l
(3) Father Oliver Williams	1 00	Γ		Γ	Γ'	['	Γ'	<u> </u>	<u> </u>	
Director	0 00	Х				'		0	0	l
(4) Alex Stein	40 00			T			T '			
Managing Dir	0 00			×		'		169,103	0	37,6
(5) Ana Maria Blanco Barrera	40 00				Γ'		Γ'			
Manager Reporting	0 00		_		_'	Х	_'	115,435	0	25,4
(6) Ingvild Sorensen Sr Manager LEAD	40 00					х		106,922	0	31,3
(7) Walid Nagy	40 00			\vdash				<u></u>	<u> </u>	ı
Chief Lcl Networks	0 00				_ '	X	_'	138,581	. 0	27,9
(8) Sean Cruse	40 00					<u> </u>		,	[1
Communications Mgr	0 00				'	Х		116,774	0	30,7
(9) Lauren Gula	40 00				Γ,		Γ'	,		
Issue Manager WEP	0 00				<u> </u>	X	<u> </u>	106,964	0	26,
					'		'			<u> </u>
					Ĺ'	'	<u></u>			<u> </u>
		\perp			Ĺ'	<u> </u>	<u> </u>	<u> </u>	!	<u> </u>
		<u> </u>	<u> </u>	<u> </u>	⊥'	<u> </u>	<u> </u>	<u> </u>		
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		<u> </u>	<u> </u>	<u> </u>	_'	<u> </u> '	<u> </u>	<u> </u>		
				\perp	L'	<u></u> '	<u></u>		1!	l
								'		

(A)

Part V

(F)

90 (2015)	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont	inued)

(C)

(D)

(E)

name and The	hours per week (list any hours	more t	han d on is l	ne b both	oox, an c	unless officer stee)	5	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W-	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		2/1099-MISC)	organization and related organizations
1b Sub-Total		٠	٠.			•				
c Total from continuation	sheets to Part VII, S	ection A	٠.			. ▶				
d Total (add lines 1b and	1c)					>		753,779		179,554

Total number of individuals (including but not limited to those listed above) who rec

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

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

For any II	ndıvı	dual	lict																		
organizat			relat	ed o	rgai	nıza	tions	s gre	eate	r tha	n \$	150	,00	07.	If "\	es,	" coi	mple	ete s	Sche	edule
Did any p																	•				_
	old any p	old any perso	old any person lis	old any person listed	old any person listed on l	old any person listed on line	old any person listed on line 1a r	old any person listed on line 1a recei	old any person listed on line 1a receive o	old any person listed on line 1a receive or ac	old any person listed on line 1a receive or accrue	old any person listed on line 1a receive or accrue col	old any person listed on line 1a receive or accrue compe	old any person listed on line 1a receive or accrue compensa	old any person listed on line 1a receive or accrue compensation	old any person listed on line 1a receive or accrue compensation fro	old any person listed on line 1a receive or accrue compensation from a	old any person listed on line 1a receive or accrue compensation from any (old any person listed on line 1a receive or accrue compensation from any unre	old any person listed on line 1a receive or accrue compensation from any unrelate	ndividual old any person listed on line 1a receive or accrue compensation from any unrelated o ervices rendered to the organization? If "Yes," complete Schedule I for such person

Name and business address

753,779				
eived more	e th	an		
			_	Yes

		179,55
	Yes	No
	165	140
3		No

e	1 a	re	c e	911	vе
ga	anız	at	10	n	? []
=		_		-	_

•	•	•	•	•	•	•	•	•	•	•	•	•
rece	ive	or a	ccru	ie c	omp	ens	atıo	n fro	om a	ınv ı	unre	late
atio										•		

	Yes	
3		
4	Yes	

Section B. Independent Contractors

Yes	L

pensation from the le J for such ınızatıon or ındıvıdual fo

(B)

Description of services

Yes	

V 0.0	

	•
r	
	5

Yes	

(C)

Compensation

Form 990 (2015)

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)

2	7

2	
	1

orm 99								Page S
Part V	/++1	Statement o						
		Check If Schedu	ıle O contaıns a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>د د</u>	1a	Federated camp	oaigns 1a					
, Grant Amoun	ь	Membership du	es 1b					
و ق	c	Fundraising eve	ents 1 0					
Partie Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) 1e					
	l f	All other contribution	ons, gifts, grants, and 1f	11,978,078				ł
	-	sımılar amounts no	t included above					
	g	Noncash contribution 1a-1f \$	ons included in lines					
Cor	h	Total. Add lines	s 1a-1f		11,978,078			
<u>ı</u>				Business Code				
N-M-	2a	Event income			3,365,270	3,365,270		
Program Service Revenue	b							
AC.	°							
3	d							
ram	e f	All other progra	ım service revenue					
¥ og								
	g 3		s 2a-2f ome (including dividen		3,365,270			
		and other simila	aramounts)	•	9,460			9,460
	4		tment of tax-exempt bond	proceeds >	0			
	5	Royalties	(ı) Real	(II) Personal	0			
	6a	Gross rents	(i) Real	(ii) i ersonai				
	Ь	Less rental						
	<u></u>	expenses Rental income						
	'	or (loss)	(1)		0			
	d	Net rental incoi	(i) Securities	▶ (II) O ther	0			
	7a	Gross amount from sales of assets other than inventory	(i) securities	(ii) o their				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)		0			
Other Revenue	8a	fross income fi events (not incl \$ of contributions See Part IV, lin	reported on line 1c)					
he	 h	Less direct evi	a penses b					
ō	I		loss) from fundraising	events ▶	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19					
	l	Less direct expenses b						
	С	Net income or (loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo						
	b c		oods sold b loss) from sales of inv		0			
	11a	Miscellaneous	s kevenue	Business Code				
	ь							
	c							
	d	All other revenu						
	e	Total. Add lines	s 11a-11d	•	0			
	12	Total revenue.	See Instructions .	•	15,352,808	3,365,270		9,460

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,300,000	2,300,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and				
	key employees	206,708	164,425	24,983	17,300
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,251,162	2,503,365	439,218	308,579
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	576,751	524,798	32,778	19,175
9	Other employee benefits	440,833	401,123	25,053	14,657
10	Payroll taxes	272,586	248,031	15,492	9,063
11	Fees for services (non-employees)	212,300	240,031	13,732	3,003
a	Management	0			
b	Legal	0		 	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,195,592	1,871,664	2,323,928	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,373,663	1,057,708	185,576	130,379
	Travel	806,733	582,806	223,927	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	114,938		114,938	
23	Insurance	22,261		22,261	
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	Event expenses	1,753,297	1,753,297		
b	Printing and Publications	399,169	209,348	189,821	
c	Postage and Shipping	208,828	4,149	204,679	
d	Communications	138,070	43,647	94,423	
e	All other expenses	68,859		68,859	
25	Total functional expenses. Add lines 1 through 24e	16,129,450	11,664,361	3,965,936	499,153
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)				

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34

Net Assets or Fund Balances

Part X	Balance She
	Check if Sched

hedule O contains a response or note to any line in this Part >	Sheet						
,,,,,,,,,,,,,,	hedule O	contains	a response	or note to	any line	ın thıs	Part X

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Cash-non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net .

Accounts receivable, net . .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges .

Land, buildings, and equipment cost or other basis

 $Investments-other\ securities\ See\ Part\ IV\ ,\ line\ 11$

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🙀 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—publicly traded securities . .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Р	a

3,972,394

4,618,950

525,534

136,808

38,075

60,000

9,351,761

958,259

1 095 423

180,833

10a

10b

1

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10c

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34

9,683

967,942

6,473,117

1,910,702

8,383,819

9,351,761

(A)

Beginning of year

(B)

End of year 3,878,394

3,583,612

758,615

С

C

46,121

914,590

812 546

9,993,878

1.048,962

1,137,160

2,186,122

6,727,247

1,080,509

7,807,756

9,993,878

Form 990 (2015)

C

С

C

C

Page

Page	1

Page	

Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI

Total revenue (must equal Part VIII, column (A), line 12)

Net unrealized gains (losses) on investments .

Part XII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Revenue less expenses Subtract line 2 from line 1

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Total expenses (must equal Part IX, column (A), line 25)

Both consolidated and separate basis

Both consolidated and separate basis

2 3

1

9

10

16,129,450 -776,642 8,383,819

Page **12**

15,352,808

200,579

7,807,756

No

Νo

Νo

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

efi	le GF	RAPHIC pr	int - DO I	NOT PROCES	S As Filed Da	ta -		DLN: 93	3493316032156
990EZ)		Complete if the	Charity Statu e organization is a sec 4947(a)(1) nonex • Attach to Form bout Schedule A (For	tion 501(c)(3) empt charitable 1990 or Form 9	organization of e trust. 190-EZ.	Ort r a section	2015 Open to Public Inspection		
Treas	tment : ury	or the	w	ww.irs.gov/fo	rm990.				Thispection
		enue Service						Fundamental	-tion mumbou
		he organizat or the Global C						Employer identific	ation number
								16-1756484	
Pa	rt I	Reason	for Publi	c Charity S	tatus (All organiza	itions must c	omplete this i	part.) See instruction	ons.
The	organı		•		iuse it is (For lines 1	-	•	•	
1					r association of churc				
2		A school d	escribed in	section 170(b)(1)(A)(ii). (Attach S	chedule E (Fori	m 990 or 990-l	EZ))	
3		•		•	service organization				
4					rated in conjunction i	with a hospital	described in se	ction 170(b)(1)(A)(ii	i). Enter the
5			name, city, zation opera		nefit of a college or ur	niversity owned	or operated by	a governmental unit (described in section
	ı			omplete Part I		•	,	,	
6				-	or governmental unit				
7	~						rom a governm	ental unit or from the	general public
8	_				i). (Complete Part II ion 170(b)(1)(A)(vi)		rt II)		
9	-		•				•	ributions, membership	fees, and gross
10 11 a b c d		from gross organizati An organizati An organizati one or mor the box in Type I. A supported organizatio Type III. A manageme must comp Type III for supported Type III in not functio (see instru	from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its supposes investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the ition after June 30, 1975. Seesection 509(a)(2). (Complete Part III) inzation organized and operated exclusively to test for public safety. See section 509(a)(4). Inzation organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of ore publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, a supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the diagramization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting tion. You must complete Part IV, Sections A and B. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or ment of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its diorganization(s) (see instructions). You must complete Part IV, Sections A, D, and E. non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is ionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement ructions.) You must complete Part IV, Sections A and D, and Part V. In so box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated.				out the purposes of on 509(a)(3). Check 11f, and 11g lly by giving the supporting by having control or diorganization(s) You grated with, its ganization(s) that is reness requirement		
е					ceived a written detei ally integrated suppoi			is a Type I, Type II, T	ype III lunctionally
f	Ente				ns	5 5			
g				-	out the supported orga				
									1
(i) Name of supported organiza		ganization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)	
						Yes	No	1	
Tota	1								
For F	aperv	work Reduct	ion Act Not	ice, see the In	structions for Form 9	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 8,840,341 8,165,561 12,659,035 12,827,335 11,968,078 54,460,350 membership fees received (Do not include any unusual grants) 2 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 3 8,840,341 8,165,561 12,659,035 12,827,335 11,968,078 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)

Calendar year

(or fiscal year beginning in) ▶

royalties and income from

Net income from unrelated business activities, whether or not the business is regularly

10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part

11 Total support. Add lines 7

Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents,

similar sources

carried on

through 10

organization

instructions

supported organization

VI)

15

from line 4

Public support. Subtract line 5 Section B. Total Support

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

Public support percentage for 2014 Schedule A, Part II, line 14

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

(a)2011 8,840,341

9,465

(b)2012

11,050

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,

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

8,165,561

(c)2013 12,659,035

12,440

(d)2014 12,827,335

12,021

(e)2015

12

14

15

11,968,078

9,460

54,460,350

3,815,159

50,645,191

54,460,350

54,514,786

11,877,350

92 900 %

94 120 %

▶▽

▶□

▶□

Schedule A (Form 990 or 990-EZ) 2015

54,436

(f)Total

0

Schedule A (Form 990 or 990-EZ) 2015 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	III II ale el gamzado	rano to quani	y arraor are too	to noted below	picase compi		
Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
•	iscal year beginning in) ▶	(-,	(-,	(-,	(/	(-/	(, ,
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any "unusual grants ")		+				
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
3	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
h	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						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support		1	1	1	I	1
	Calendar year		I	T	T		T
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
L0a	•						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here	-			,	. /	,
Se	ction C. Computation of Pub	lic Support P	ercentage				• 1
15	Public support percentage for 2015			13 column (f))		15	
	,, ,	•	• •	. 15, 001411111 (1))		15	
16	Public support percentage from 201		<u>`</u>			16	
Se	ction D. Computation of Inv						
17	Investment income percentage for 3	2015 (line 10c, c	column (f) divided	by line 13, colun	nn (f))	17	

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

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 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

Part IV Supporting Organizations

I, complete Sections A and D, and complete Part V)

Section	A. A	I Supporting Orga	ınizatio	ทร

Are all of the ingranuston's supported organizations listed by name in the organization's covering documents? If '80' described the designation of the three and continuing elebanoship, pages and if designated by closs or purpose, described the designation of that these and continuing elebanoship, pages and the designation of the three and continuing elebanoship, pages and the designation of the three and continuing elebanoship, pages and the designation of the three and continuing elebanoship, pages and the section of \$00(4)(10) or (2)? If '95', 'explain in Part VI have the elebanoship or the	Se	ection A. All Supporting Organizations			
If Yes, "describe the Part VI how the apported organizations listed by name in the organization's governing documents? If you'decide the Part VI how the supported organization are escipated if designated by class or purpose, describe the designation. If I hastence and continuing relationship, soplain. 2. Did the organization have an supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If Yes, "answer (2) and (2) below. 2. Did the organization have a supported organization described in section 501 (c)(4), (5), or (6)? If Yes, "answer (6) and (2) below. 3. Did the organization nother that eith supported organization qualified under section 501 (c)(4), (5), or (6) and satisfied this public support to sets under section 509 (a)(2)? If Yes, "anderine Part VI have and not the against annual the determination. If Yes, "anderine Part VI have and not the against annual the determination. If Yes, "anderine Part VI have and not the against annual the determination. If Yes, "anderine Part VI have and not the against annual the determination. If Yes, "anderine Part VI have and not the against annual the determination. If Yes, "anderine Part VI have and not the against annual the determination. If Yes, "anderine Part VI have and not the against annual the determination. If Yes, "anderine Part VI have and not the against annual the determination. If Yes, "anderine Part VI have and not the against annual the design and the against annual t		Colon At All Supporting Organizations		Yes	No
section 50(a)(1) or (2)? If "Yes," enamination have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below Did the organization chart make ach supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)(3) and 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)(4), or (5), or (6) and satisfied the public support tests under section 501(c)(2)(4), or (5), or (6) and satisfied the supported organization section sect	1	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	1		
If "Yes," region in Part VI into the organization determined that the supported organization was described in section \$01(c)(4), (5), or (6)? 3a Did the organization have a supported organization qualified under section \$01(c)(4), (5), or (6)? b Did the organization confirm that each supported organization qualified under section \$01(c)(4), (6), or (6) and satisfied the public support tests under section \$09(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination of the public support that all support to such organization was used exclusively for section \$170(c)(2)(3) and purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," explain in Part VI what controls the organization and discretion despite being controlled or supportsed by or in commentor with its supported organizations? If "Yes," describe in Part VI what controls the organization and discretion despite being controlled or supportsed by or in commentor with its supported organizations? If "Yes," explain in Part VI what controls the organization that does not have an IRS determination under sections \$501(c)(3) and \$009(c)(4) in (2)? If "Yes," explain in Part VI what controls the organization seed to ensure that all support to the foreign supported organization supports any foreign supported organizations and supports of the supported organizations described in section (9) the organization and, substitution are removed, (ii) the reason for each such action, (iii) the authority under the organizations organizations as substituted in a supported organizations organizations as substituted supported organization part of a class already designated in the organizations organization support and part of the charactic set of the charactic set of the comment of the support organizations organizations and part of the charactic organizations organizations organizat	2				
3a June 1987 J		If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination C Did the organization ensure that all support to such organization on was used exclusively for section 170(c)(2)(8) 3c John Mark Was may supported organization not organization put in place to ensure such use 4a Was any supported organization not organization and discretion in deciding whether to make grains to the foreign supported organization? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below D Did the organization that under the properties organization of the properties organization? If "Yes" describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization was used exclusively for section 170(c)(2)(8) pumposes C D Id the organization along ubstitute, 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 urganizations during the terms for section 170(c)(2)(8) pumposes Soccomplished (such as by pendiment to the organization substitution, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organization designated with the organization's organization designated with the organization's continuing document or organization provided (such as by pendiment to the organization substitution the result of an event beyond the organization's continuing document organization support (whether in the form of grants or the provision of services or facilities to anyone other than (a) its supported organizations, or (c) their supporting organization state also support the provision of services or facilities to anyone other than (a) its supported organizations, or (c) the supporting organization state to a substantial contributor (defined in IRC 4958(c)(3)(C)), a famil	3a		3a		
purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and I you checked I fair of I in mart I, answer (o) and (c) below D off the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization where the organizations what is supported organizations used to ensure that all support to the foreign supported organization where we discussively for section 170((2)28) purposes 5a Did the organization of what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170((2)28) purposes 5a Did the organization of granizations dides, substitute, or removed, find the reasons for each such action, (iii) the authority under the organization dides, substitute, or removed, find the reasons for each such action, (iii) the authority under the organization dides, substituted organization provide designated in the organization's organization described; substituted supported organization part of a class already designated in the organization's organization document; b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organization document; C Substitutions only. Was the substitution the result of an event beyond the organization's control? C Substitutions only. Was the substitution the result of an event beyond the organization's control? 5b D off the organization provide a grant, lean, compensations if I'ms, "provide defail in Part VI. D off the organization provide a grant, lean, compensation, or other similar payment to a substantial contributor of the filling organizations subported organizations." I'ms, "complete Part I of Schedule I, (for	t	satisfied the public support tests under section 509(a)(2)?	3b		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked II are II bin Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes" describe in Part VI how the organization had such control and discretion despite being controlled or supervised by a rin connection with its supported organization supported organization that does not have an IRS determination under sections \$01(c)(3) and \$09(a)(1) or (2)? If "Yes," explain in Part VI what courtes the organization used to ensure that all support to the foreign supported organization was used exclusively for section \$10(c)(2)(6) purposes 5a Did the organization and 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 deds, substituted, or removed, for the reasons or each such action, (iii) the authority under the organization deds, substituted uncernet; b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organization document; b Type I or Type II only. Was any added or substituted supported organizations or services or facilities) to anyone other than (a) its supported organizations. (c) individuals that are part of the charitable class benefited by one or more of its supported organizations. (c) c) their supporting organizations that also support or benefit one or more of the filing organizations supported organizations? If "Yes," complete Part I of Schedule I, (Form 990) 5b Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 49546(c))(c)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substanti	c	purposes?	3 c		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 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 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, substitute, 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 or the organization's organizing document? b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? b Type I or Type II only. Was the substitution the result of an event beyond the organization's control? c Substitutions only. Was the substitution the result of an event beyond the organization's control? b 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, or (c) other supporting organizations that also support or benefit one or more of the filing organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization is supported organizations or the supporting organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990) b Did the organization make a l	4a	Was any supported organization not organized in the United States ("foreign supported organization")?	4a		
If "Yes," describe in Part VI how the aganization had such control and discretion despite being controlled or supervised by on in connection with its supported organization. C Did the arganization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509 (g(3)) 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 170c(p(2)(8) purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed (ii) the reasons for each such action, (iii) the authority under the organizations organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document. b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5b 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 or the state are part of the charitable class benefited by one or more of its supported organizations, (i) individuals that are part of the charitable class benefited by one or more of the filing organizations organizations? If "ex," provide detail in Part VI. 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 "ex," provide detail in Part VI. 9 Did the organization make a	b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
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)(6) purposes 5a			4b		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 chantable class benefited by one or more of its supported organizations, (c) other supporting organizations that also support or benefit one or more of the filing organizations's supported organizations, (b) individuals that are part of the chantable class benefited by one or more of the filing organizations, (c) other supporting organizations that also support or benefit one or more of the filing organizations's supported organizations, (b) individuals that are part of the chantable class benefited by one or more of the filing organizations's supported organization, 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) 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in Ine 72 If "Yes," complete Part II of Schedule L (Form 990) 9a Was the organization and interest? If "Yes," provide detail in Part	c	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	4c		
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the governing body of a supported organization? 11a 1b A family member of a person described in (a) above? 11b	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above?	a				
		the governing body of a supported organization?	11a		
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	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	11 c		

Yes

Yes

2a

2b

No

No

Part IV	Supporting Organizations (continued)
Section	B. Type I Supporting Organizations

Section D. All Type III 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 2 operated, supervised or controlled the supporting organization Section C. Type II Supporting Organizations

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

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 2 supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 3 If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
 - The organization satisfied the Activities Test Complete line 2 below а

 - The organization is the parent of each of its supported organizations. Complete line 3 below b

 - The organization supported a governmental entity Describe in Part VI how you supported a government entity (see
 - instructions)
- 2 Activities Test_Answer (a) and (b) below.
- 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
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of
- the organization's supported organization(s) would have been engaged in?
- If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have
- engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	ov 20,1970 See inst	ructions. All other
	Type III non-functionally integrated supporting organizations must complete	Sections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection or gross income or for management, conservation, or maintenance of property held for production of income (see instructions)			
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter $1 - 1/2\%$ of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		

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

6

Section D - Distributions			Current Year
A mounts paid to supported organizations to accomp	olish exempt purposes		
2 A mounts paid to perform activity that directly further excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets	1 1 3		
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru	. ,		
·	ictions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o 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			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
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			
a			
b			
С			
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			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
<u> </u>			
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			
а			
b			
c Excess from 2013			
d From 2014			
e From 2015		<u> </u>	/F 000 000 == 1 /2 1
		Schedule A	(Form 990 or 990-EZ) (2015

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

Schedule A	chedule A (Form 990 or 990-EZ) 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 Circumstances Test					
R	eturn Reference	Explanation					
		Schedule A (Form 990 or 990-i	Z) 2015				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D**

(Form 990)

DLN: 93493316032156 OMB No 1545-0047

2015

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

eas	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990. Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.						Public tion
Na	me of the organi			En	nployer ident	ification numbe	er
rou	ındatıon for the Glob	•			5-1756484		
Pa	rt I Organi	izations Maintaining Donoi	r Advised Funds or Other Sim ed "Yes" on Form 990, Part IV, lı	nilar Funds	s or Accou	ints.	
	Соптріє	ste il tile organization answer	(a) Donor advised funds		'b) Funds and	other accounts	 S
L	Total numbe	r at end of year			,		
2	Aggregate v year)	alue of contributions to (during					
3	Aggregate v	alue of grants from (during year)					
ļ	Aggregate v	alue at end of year					
5			advisors in writing that the assets hel the organization's exclusive legal cor		lvised	┌ Yes	_ N•
5	used only for cl conferring impe	haritable purposes and not for the ermissible private benefit?	and donor advisors in writing that gra benefit of the donor or donor advisor,	or for any ot	her purpose	Yes	_ N∈
?a		•	ete if the organization answered	"Yes" on Fo	orm 990, Pa	rt IV, line 7.	
-		•	ne organization (check all that apply)				
	education)	on of land for public use (e g , recr		tion of an hist	torically impo	ortant land area	Ì
	Protection	of natural habitat	Preservat	tion of a certi	fied historic	structure	
	Preservati	on of open space					
<u> </u>			held a qualified conservation contribu	ition in the fo	rm of a conse	ervation	
	easement on tr	ne last day of the tax year			Held at	t the End of the	e Year
а	Total number o	f conservation easements		2a		tile and or the	
b	Total acreage r	restricted by conservation easeme	ents	2b	,		
c	Number of cons	servation easements on a certified	historic structure included in (a)	20	;		
d		servation easements included in (ire listed in the National Register	c) acquired after 8/17/06, and not on	a 2d	ı		
3	Number of cons tax year ▶	servation easements modified, tra	nsferred, released, extinguished, or te	erminated by	the organiza	tion during the	
ļ	Number of stat	es where property subject to cons	ervation easement is located >				
5	Does the organ		ding the periodic monitoring, inspecti	ion, handling		□Yes □N	lo
•	Staff and volun	teer hours devoted to monitoring,	inspecting, handling of violations, and	d enforcing co			
	-						
,	A mount of expe	enses incurred in monitoring, inspi	ecting, handling of violations, and enfo	orcing conse	rvation easer	ments during th	e year
3		servation easement reported on li on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirement	ts of section	. , , ,	┌Yes ┌N	lo
)	balance sheet,	and include, if applicable, the text	ts conservation easements in its reve of the footnote to the organization's f				
ar	t IIII Organi		isements C tions of Art, Historical Treas ed "Yes" on Form 990, Part IV, II		ther Simi	ar Assets.	
.a	If the organizat	tion elected, as permitted under Sl storical treasures, or other similar	FAS 116 (ASC 958), not to report in a sassets held for public exhibition, eduncte to its financial statements that contents the conten	its revenue s ication, or re	search in furt		
b	works of art, his	•	FAS 116 (ASC 958), to report in its r assets held for public exhibition, edu these items				lıc
((i) _{Revenue inclu}	ided on Form 990, Part VIII, line	1	> \$			
(i	ii) Assets include	ed in Form 990, Part X		> \$ _			
2			nistorical treasures, or other similar a SFAS 116 (ASC 958) relating to thes		ancıal gaın, p	rovide the	

Revenue included on Form 990, Part VIII, line 1

Sche	dule D (Form 990) 2015							Page 2
Par	Organizations Maintaining (continued)	Collections of Ar	t, Hi	istorica	il Trea	sures, or C	Other Similar A	Assets
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other reco	ords, c	heck an	y of the f	ollowing that	are a significant u	se of its
а	Public exhibition		d		Loan or e	exchange proc	ırams	
b	Scholarly research		e		Other			
c	Preservation for future generations							
4	Provide a description of the organization	's collections and expl	ain ho	ow they fi	urther th	e organizatioi	n's exemnt nurnos	eın
•	Part XIII	o concetions and expi	4111 110	on they h		e organization	rs exempt purpos	
5	During the year, did the organization soli assets to be sold to raise funds rather th						_	es No
Par	Complete if the organization a Part X, line 21.	ngements.						•
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other interm	nediar	y for con	trıbutıon	s or other ass	ets not	es No
b	If "Yes," explain the arrangement in P	art XIII and complete	the fo	ollowina t	able		Aı	mount
c	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2 a	Did the organization include an amount o	n Form 990, Part X, III	ne 21	, for escr	ow or cu	stodial accou	nt liability? Y	es No
h								
b	If "Yes," explain the arrangement in Part rt V Endowment Funds. Comple							
	Endowniene i anasi comple	(a)Current year		Prior year		Two years back	(d)Three years back	1
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and							1
	losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year end balar	nce (li	ıne 1g, cı	olumn (a)) held as		_ I
а	Board designated or guasi-endowment	•	•	J.	,	· ·		
b	Permanent endowment ▶							
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%						
3а	Are there endowment funds not in the posorganization by		zatıor	n that are	held an	d administere	d for the	Yes No
	(i) unrelated organizations					•	<u> </u>	Ba(i)
	(ii) related organizations						3	Sa(ii)
b	If "Yes" on 3a(II), are the related organiz	·						3b
4 Date	t VI Land, Buildings, and Equip		naowi	ment fund	18			
	Complete if the organization a		orm !	990, Pai	rt IV, lır	<u>ne 11a.Se</u> e	Form 990, Part	X, line 10.
	Description of property			(a) Cost or oth) ner basıs	(b) Cost or other ba (other)	Accumulate	d (d)Book value

LandBuildingsLeasehold improvements . .

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

d Equipment . .

e Other .

222,182

692,408

914,590

11,694

169,139

233,876

861,547

Schedule D (Form 990) 2015 Part VII Investments—Other Securities. Com	plete if the orga	anızatıon answered '	Pag Yes' on Form 990, Part IV, line 11	
See Form 990, Part X, line 12. (a) Description of security or category		(b)Book value	(c)Method of valuation	
(including name of security)			Cost or end-of-year market value	<u> </u>
(1)Financial derivatives (2)Closely-held equity interests				
(3)O ther				
			+	
Table (Column (b) much much form 000, Both V and (B) (mg 12)	•		+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.				
Complete if the organization answered '	Yes' on Form 99	90, Part IV, line 11c.	See Form 990, Part X, line 13.	
(a) Description of investment		(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization		n Form 990, Part IV, lır		
(a) Descrip (1) Cash Restricted for Letter of Credit	otion		(b) Book value 752,5	16
(2) Security Deposit			60,0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	1		▶ 812,5	46
Part X Other Liabilities. Complete if the organ				
See Form 990, Part X, line 25.			, , , , , , , , , , , , , , , , , , ,	
1. (a) Description of liability	(b) Book valu	le l		
Federal income taxes				
Deferred Rent	1,011	,172		
Due to Local Networks	125	,988		
Total. (Column (b) must equal Form 990. Part X col (B) line 25.)	1 1 3 7	.160		

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

1 2

b

d

h

c

d

3

c

Part XIII

information

Part X FIN48 Footnote

Page 4

15,352,808

340,000

16,129,450

16,129,450

Schedule D (Form 990) 2015

Net unrealized gains (losses) on investments
Donated services and use of facilities
Recoveries of prior year grants
Other (Describe in Part XIII)
Add lines 2a through 2d

L -- I

2a

2c

2d

The Foundation does not believe its financial statements include any material, uncertain tax positions. Tax filings for periods ending December 31, 2012 and later are subject to examination by

340,000

2e

3

4c

Add lines 2a through 2d . Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Total revenue, gains, and other support per audited financial statements.

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Donated services and use of facilities

Other (Describe in Part XIII)

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

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

applicable taxing authorities

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

Explanation

Prior year adjustments

Other losses

Add lines 2a through 2d

Subtract line 2e from line 1

Other (Describe in Part XIII) . .

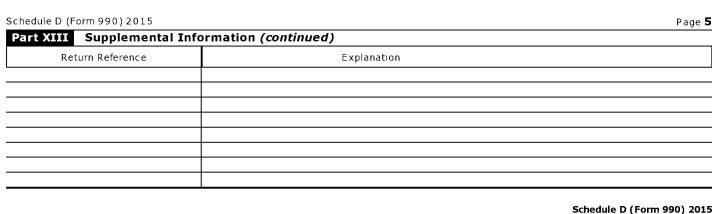
Add lines 4a and 4b . .

Return Reference

3 3 Investment expenses not included on Form 990, Part VIII, line 7b. b

Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) 15,352,808 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements . 16,469,450 2 Amounts included on line 1 but not on Form 990, Part IX, line 25



efile GRAPHIC print - DC	NOT PROCESS	As Filed Da	ta -	DLN:	93493316032156
	Statement of A	Activities (Outside the Unit	ed States	OMB No 1545-0047
(Form 990)	▶ Complete i	Part IV, line	n answered "Yes" to Form 14b, 15, or 16. to Form 990.	990,	2015
Department of the Treasury Internal Revenue Service ▶ Int	formation about Schedu		and its instructions is at w	ww.irs.gov/form990.	Open to Public Inspection
Name of the organization Foundation for the Global Comp	act			Employer ider 16-1756484	tification number
	nation on Activition organization answei		he United States. orm 990, Part IV, line	14b.	
1 For grantmakers. Does and other assistance, t used to award the gran	the grantees' eligibil its or assistance?	ity for the grai	nts or assistance, and	the selection criteria	Γ Yes Γ No
For grantmakers. Descriptionassistance outside theActivites per Region (The	United States				nts and other
(a) Region	(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 program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) South Asia	0	0	Program Services	WEP Event	32,378
(2) Europe	0	0	Program services	LEAD Symposium	90,698
(3) Europe	0	0	Program services	C4C Business Forum	188,23
(4)					
(5)					
3a Sub-total b Total from continuation st to Part I	heets				311,30
c Totals (add lines 3a and 3 For Paperwork Reduction Act Noti		for Form 990	Cat	No 50082W Sche	311,307 dule F (Form 990) 2015

Schedule F (Form 990) 2015

Page 2

1	(a) Name of	
	addıtıonal	s
	Complete	ш

orga





Enter	

)	
	Ente
	tax-e

	2)	
Ī	3)	
(4)	
2		E
		ta

(1)

•	if the organiz space is need	ation answered "Ye: led.	s" to Form 990, Par	t IV, line 15, for an	y recipient who rece	eived more than \$5,	.000. Part II can be	duplicated if
lame of nization	(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 o valuation (book, FMV, appraisal, othe

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

Schedule F (Form 990) 2015

Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				

Part III	can	be
(a) Type of grant	or	
assistance		

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Sch	edule F (Form 990) 2015			Рa	ge 4
Pa	rt 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)	Г	Yes	√	No
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)	Г	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)	Г	Yes	✓	No
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)	Г	Yes	√	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)	Г	Yes	√	No
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)

Yes

Schedule F (Form 990) 2015

Additional Data

Software ID: 15000324

Software Version: 2015v2.0

EIN: 16-1756484

Name: Foundation for the Global Compact

Schedule F (Form 990) 2015 Supplemental Information Part V

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).

Page 5

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DL	N: 93493316032156
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Co	Governments amplete if the organiza	other Assistance and Individuals tion answered "Yes," of Attach to Form I (Form 990) and its ins	in the United n Form 990, Part IV, I 990.	States ine 21 or 22.		2015 Open to Public Inspection
Name of the organization Foundation for the Global Com	nast					Employer identi	fication number
						16-1756484	
Does the organization methe selection criteria use Describe in Part IV the organization Part II Grants and Other	ed to award the grants organization's procedu Assistance to Domest	stantiate the amount or assistance? ires for monitoring the cic Organizations and D	use of grant funds in the	e United States Complete if the organ		· 	▼ Yes N ne 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 grant or assistance
(1) UN Global Compact 685 Third Avenue New York, NY 10017			2,300,000	0			O perating support
2 Enter total number of set	(/, /	3					0
3 Enter total number of oth				Cat No 50055			thedule I (Form 990) 2015

the Foundation

support for the Global Compact Initiative and its activities, and promotion and advocacy of the Global Compact Initiative and its principles The

Schedule I (Form 990) 2015

DLN: 93493316032156 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection Name of the organization **Employer identification number** Foundation for the Global Compact 16-1756484 Questions Regarding Compensation Yes No 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 Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 2 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 Form 990 of other organizations $\overline{\mathbf{v}}$ Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Νo Participate in, or receive payment from, an equity-based compensation arrangement? 40 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? 5a Νo Any related organization? 5b Νo

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

compensation contingent on the net earnings of

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

payments not described in lines 5 and 6? If "Yes," describe in Part III

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

The organization?

ın Part III

Any related organization?

section 53 4958-6(c)?

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

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

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

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

6a

6b

7

8

Schedule J (Form 990) 2015

Cat No 50053T

Νo

Νo

Νo

Nο

(E) Total of columns

(B)(i)-(D)

206,708

166,485

(D) Nontaxable

benefits

16

7.116

(C) Retirement and

other deferred

compensation

37.589

20.788

(III)

Other reportable

compensation

Page 2

(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation

(III)

Bonus & incentive

compensation

Base

(1) compensation

169,103

138.581

|(ii)|

|(ii)|

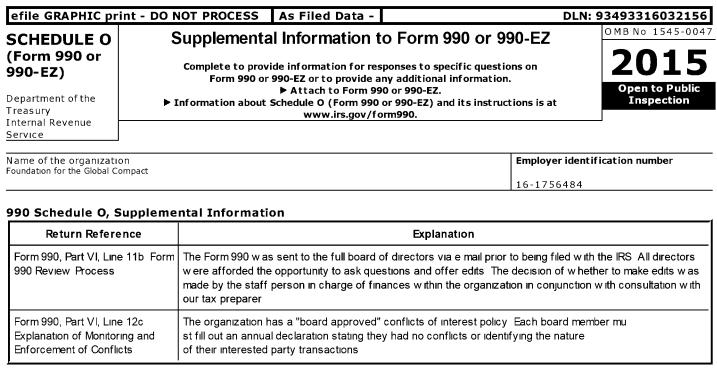
1 Alex SteinManaging Dir

2 Walid Nagy

Chief Lcl Networks

Schedule J (Form 990) 2015 Page 3 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



Return Reference Explanation

Form 990, Part VI, Line 15a Compensation Members of the Board reviewed and considered the salaries of comparable positions. Based on Review & Approval Process - CFO. Topulate understanding of comparable salaried positions, the Board approved the contract with the

990 Schedule O. Supplemental Information

Officers and Key Employees

Management	amount of compensation for the Managing Director This process was documented over email
Form 990, Part VI, Line 15b Compensation Review and Approval Process for	Members of the Board reviewed and considered the salaries of comparable positions. Based on its understanding of comparable salaried positions, the Board approved the contract with

the amount of compensation for the Director of Administration and Managing Director

990 Schedule O. Supplemental Information Return Reference Explanation

Financial statements are available upon request

Form 990. Part VI. Line 19 Other Organization Documents Publicly Available

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493316032156 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization Foundation for the Global Compact 16-1756484 Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (c) (f) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (a) (c) (d) (e) (f) (g) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Par	t IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

				1											
(a) Name, address, and EIN of related organization	(b) Primary activity	domicile controllii	mary activity Legal domicile (state oi foreign	Direct controlling ir entity	Legal Direct omicile controlling state or entity oreign		Share of Sha total income end-	(g) Share of end-of-year assets	Share of ne end-of-year			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
				'			Yes	No		Yes	No				
					•										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	Sectio (b)(contr enti	n 512 [13] folled ity?
							Yes	No
Corporate Sustainability (1)Solutions LLC 2711 Centerville Road Suite 400 Wilmington, DE 19808 47-1448199	Establish financial index	DE	N/A	LLC		100 000 %	Yes	

Schedule R (Form 990) 2015					Page 3			
Part V Transactions With Related Organizations Complete if the organization answer	ed "Yes" on Form	990, Part IV, line	34, 35b, or 36.					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Y	es No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No			
b Gift, grant, or capital contribution to related organization(s)				1b	No			
${f c}$ Gıft, grant, or capital contribution from related organization(s)			[1 c	No			
d Loans or loan guarantees to or for related organization(s)				1d	No			
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)								
g Sale of assets to related organization(s)								
h Purchase of assets from related organization(s)				1h	No			
i Exchange of assets with related organization(s)				1i	No			
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No			
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No			
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No			
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-	1n	No			
o Sharing of paid employees with related organization(s)			.	10	No			
p Reimbursement paid to related organization(s) for expenses				1p	No			
q Reimbursement paid by related organization(s) for expenses			-	1q	No			
r Other transfer of cash or property to related organization(s)				1r	No			
s Other transfer of cash or property from related organization(s)								
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete to	this line, including co	overed relationships	and transaction thresholds					
(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determ								
					_			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r							(c)	/h)		(1)	(1)		(k)	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	(f) (g) Share of total income assets	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No		
												7	ı	

