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DLN: 93493228065476

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A Fo	or the	2015 ca	ichidal year, or tax year beginn	ing 01-01-2015 $$ , and ending 12-3	1-2015		
<b>B</b> Che	eck if ap	pplicable	C Name of organization BENEFICENT TECHNOLOGY INC DB	A Panetach		D Employe	r identification number
	Iress ch		BENEFICENT TECHNOLOGY INC DE	A Benetech		77-055	5413
□ <sub>Nar</sub>	ne char	nae	Doing business as				3113
_	ıal retur	_	Doing Dusiness as				
•			Number and street (or P O box if	mail is not delivered to street address) Ro	om/suite	E Telephone	e number
Final retu		minated	480 CALIFORNIA AVÈ			(650)6	44-3400
┌ Am	ended r	return	City or town, state or province, co	untry, and ZIP or foreign postal code			
☐ App	lication	n pending	PALO ALTO, CA 94306			<b>G</b> Gross rece	eipts \$ 13,338,930
		. ,	<b>F</b> Name and address of pr	uncipal officer	l	<b>.</b>	
			JAMES R FRUCHTERMAN	merpar officer	H(	<ul> <li>a) Is this a group re subordinates?</li> </ul>	Yes No
			480 CALIFORNIA AVE 20	1	H(	<b>b)</b> Are all subordina	
			PALO ALTO,CA 94306			ıncluded?	
	v-evem	npt status	F 501(c)(2)	(insert no )			list (see instructions)
				(iiiseit iio )   4547(a)(1) 01   327	— Н	c) Group exemptio	n number ►
J W	ebsite	e: <b>►</b> ww	w Benetech org				
<b>K</b> Form	n of org	ganızatıon	Corporation Trust Associate	on	L	Year of formation 2000	M State of legal domicile CA
Pa	rt I	Sum	mary				
Governance	<u>eq</u> —	quipped	SEE SCH O	read, made it safer for human rights			
						1	1
Activities &				ning body (Part VI, line 1a)		<del>-</del>	9
볼			·	of the governing body (Part VI, line			8
រុ			• •	calendar year 2015 (Part V, line 2	-	<del>-</del>	<b>5</b> 87
-				necessary)		· · · · · ⊢	6 1,600
	l			Part VIII, column (C), line 12 . rom Form 990-T, line 34			<b>7a</b> 0 <b>7b</b>
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San Jose, CA 951281511

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

. ▼Yes 「No

Part III	Statement of	Program	Service	<b>Accomplishment</b>	-
4:18 TTTT	Statelliellt of	rivuiaiii	SCI VICE	ACCOMPHISHMENT	-

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

Briefly describe the organization's mission

Benetech is a nonprofit whose mission is to empower communities in need by creating scalable technology solutions. Our work has transformed how people with disabilities read, made it safer for human rights defenders to document human rights violations, and equipped environmental conservationists to protect ecosystems and species all over the world. Our Benetech Labs is working on the next big impact

If "Yes." describe these changes on Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 8,576,313 including grants of \$ ) (Revenue \$ 9,756,435 )

Bookshare Bookshare provides copyrighted material in accessible digital formats to people with qualifying print disabilities. It is a web-based library of books. periodicals, and newspapers. Millions of people throughout the United States and the world with visual impairments, physical disabilities and severe learning disabilities meet the stringent copyright law exemption that permits reproduction of copyrighted material into specialized formats and distribution for personal use Around the world, individuals that meet these qualifications have access to freely distributable material and copyrighted books for which Bookshare has international permissions. The books and publications can be read with a variety of software applications and hardware devices that produce synthetic speech (text-to-speech) with synchronized text, large print, or Braille. This includes a number of tools provided by Benetech, including readers for iOS, Android, and major web browsers Bookshare was launched in February 2002 and has over 391,000 eligible members as of December 31, 2015 in the US and over 65 other countries. Through the active participation of thousands of volunteers, partners, universities and over 590 publishers around the world, Bookshare provides people with print disabilities with instant access to more than 385,000 books spanning 27 languages as well as 150 daily newspapers DIAGRAM Center A complementary initiative to Bookshare, the Digital Image and Graphic Resources for Accessible Materials (DIAGRAM) Center began as a research and development center committed to making it easier. cheaper, and faster to create and use accessible images. In the fall of 2015, DIAGRAM was awarded new funding to expand its mandate so that is now committed to identifying and building new technologies for accessible educational materials for students with a broad range of disabilities. DIAGRAM accomplishes this work through a combination of developing technical standards, providing research and training on best practices (like the Top Tips for Accessible EPUB 3), and building tools (such as Poet, an open source, web-based image description tool) DIAGRAM has a strong emphasis on math as well, including tools that make it easier for content creators to create accessible math and users to find tools to access math. DIAGRAM has assembled the nations top community of cross-sector experts in the field of image accessibility, developed innovative open source software tools, including Poet, provided trainings to over 1,000 unique webinar attendees, and influenced the alignment of the standards for web accessibility, mainstream digital book creation, and discoverability of online content

**4b** (Code ) (Expenses \$ 1,407,309 including grants of \$ ) (Revenue \$ 864,978 )

Human Rights Program Benetech's Human Rights Program (HRP) advances the global human rights movement by providing and supporting effective, secure, and open information management and data collection technology for rights defenders, fieldworkers, researchers, and journalists Martus. Martus enables grassroots NGOs to securely catalogue and store their records on off-site servers with easy-to-use software, preserving crucial evidence for research, investigation and prosecutions. The application was developed by Benetech, is available in thirteen languages (English, Russian, Spanish, Arabic, French, Thai, Nepali, Burmese, Armenian, Farsi/Dari, Khmer, Vietnamese, and Chinese (Mandarin, Simplified)) and is made available at no cost for human rights defenders. Martus automatically encrypts the information and copies it to a network of secure servers around the world. The system is designed so that only the user who created throt even. Benetechis given access to the encrypted data. Since the data is backed up, users can retrieve their information when and where it is safe to do so. Martus helps those who collect this valuable human rights information stay safe, while also protecting the identities of those who would otherwise face violence and repression for telling their stories. The Martus software has been downloaded by people and organizations in over 100 countries and is available for Windows, Mac OS, and Linux. In addition to the desktop application, the Martus technology. Mobile Martus brings secure data collection, storage and backup one step closer to the field. It allows a user to send data from the fieldincluding photos, videos, audio or textto a desktop Martus account. In addition to developing software for the human rights field, the Benetech Human Rights Program team provides training and support to users in over 50 countries.

**4c** (Code ) (Expenses \$ 186,504 including grants of \$ ) (Revenue \$ 65,940 )

Benetech Labs Benetech Labs was established in order to create new scalable technology enterprises for social impact. In partnership with communities of field leaders and stakeholders, technologists, and social entrepreneurs, the Labs is where the Benetech team builds high-impact technology solutions that change lives Some examples of our projects, include Code Alliance. Founded as SocialCoding4Good in 2011, Code Alliance was relaunched in 2015 with a fresh approach to dramatically reshaping the tech volunteer landscape. There are many nonprofits and social-good programs in the world that need the help of professional technologists, but their resources do not often allow for it. As a result, the causes they are working on, from civic engagement and education to poverty alleviation and the environment, suffer. At the same time, professional technologists are eager to help work on these important social challenges, but often struggle to find the right match for both their passion and skills. In order to address these challenges we've built new standard operating procedures around technology for high social impact. Code Alliance is focused on building capacity for nonprofits to better make use of hi-tech volunteers, providing a new framework of opportunities to better leverage corporate volunteering programs, as well as engaging and matching highly skilled and motivated volunteers in a more curated and targeted way SecureApp. In response to increasing demand from our partners in the human rights field, Benetech is in the process of creating our own mobile surveying tool At its core, a secureApp enables an organization to devise a custom mobile survey template, with a variety of question types (including drop-down, free-form, radio buttons) and collect information privately and securely. In line with our experience working with human rights activists, our tool emphasizes security, building encryption in to the back end. Through many years of engagement with international and grassroots human rights defenders, we ha

4d Other program services (Describe in Schedule O )

(Expenses \$ 7,119 including grants of \$ ) (Revenue \$

e Total program service expenses ► 10,177,245

2,643)

	990 (2015)			Page
Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV						
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No			
	Part IV	28b		No			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		Νo			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes				

	990 (2015)					Page
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v			.୮
	Estable and beautiful Box 2 of Estable 2 of Estable 2		I		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1a 1b	56			
	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?		dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	87			
b	If at least one is reported on line 2a, did the organization file all required federal emp <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loym	ent tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during			За		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a sign over, a financial account in a foreign country (such as a bank account, securities account)?			4a		Νo
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a		No
	If "Yes," did the organization include with every solicitation an express statement th were not tax deductible?	at su • •	ch contributions or gifts	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution.		d nambu far gaada and	7a		No
	services provided to the payor?			7a 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal proper					
d	file Form 8282?	7d	 I	7c		No
u	IT Tes, indicate the number of Forms 6262 med during the year	/u	0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p			7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g	If the organization received a contribution of qualified intellectual property, did the or required?	_	zation file Form 8899 as	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	, dıd •	the organization file a	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess bus during the year?	sines	s holdings at any time			
02	Did the sponsoring organization make any taxable distributions under section 4966?	•		8 9a		No No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b		No
10	Section 501(c)(7) organizations. Enter	, <sub>P</sub>				,,,,
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	ote. S	See the instructions for	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	<b>13</b> c				
	Did the organization receive any payments for indoor tanning services during the tax	•		14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	uon ii	i screauie O	14b	I	

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

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

Se	ection A. Governing Body and Management			
	Section 7.11 Governming Body and Hamagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year 1a 1a 9			
	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			
L	or similar committee, explain in Schedule O			
D	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
40-		_		
TUa	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Y es Y es	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c	Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 111a b 112a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes	No
b 111a b 112a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participation in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes	

State the name, address, and telephone number of the person who possesses the organization's books and records ▶SUKHI NAGESH 480 CALIFORNIA AVE 201 PALO ALTO, CA 943061609 (650) 644-3430

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

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

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours	more pers and	than on is	one bot ecto	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) JAMES R FRUCHTERMAN	40 00	V		х				339,863	0	26,591	
CEO	0 00	X		^				339,863	U	26,591	
(2) G GERVAISE DAVIS III  Director	1 00	х						0	0	0	
(3) JAMES KLECKNER	1 00	V		v				0	0		
Secretary	0 00	X		Х					0	0	
(4) J LEIGHTON READ MD Director	1 00	х						0	0	0	
(5) ROBERT WEXLER	1 00										
Director	0 00	X						0	0	0	
(6) BRIAN BEHLENDROF  Director	1 00	х						0	0	0	
(7) CHRISTY CHIN	0 00	х						0	0	0	
(8) YOGEN DALAL	1 00	х						0	0	0	
(9) Gerardo Capiel	0 00	х						0	0	0	
(10) TERESA THROCKMORTON	0 00 40 00										
CFO	0 00			Х				193,492	0	26,519	
(11) ELIZABETH BEAUMON PRESIDENT	40 00				х			223,542	0	13,433	
(12) MARK ROBERTS	40 00				Х			196,000	0	31,601	
VP ENGINEERING	0 00							,,,,,,		,	
(13) JANE POOLE	40 00					х		171,275	0	14,065	
(14) FRED SLONE DIRECTOR OF OPS	40 00					х		156,074	0	27,850	
	0 00									Form <b>990</b> (2015)	

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) ANH QUYNH BUI vp benetech labs	40 00					х		157,412	0	19,257
(16) CHARLES LAPIERRE TECHNICAL LEAD	40 00					х		133,110	0	26,071
(17) ROBIN SEAMAN DIR CONTENT ACQUIS	40 00					х		132,623	0	5,394
to Total from continuation sheets to Part Total (add lines 1b and 1c)	=		· ·		•			1,703,391		190,781
Total number of individuals (including b \$100.000 of reportable compensation)	ut not limited to	those	liste	ed al	00V6	e) who	rec	eıved more than		

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CADEN HOWELL, 928 JENIFER ST	ENGINEERING SERVICES	141,082
MADISON, WI 53703		
JAKE BROWNELL, 7400 N VILLA LAKE DR N1 PEORIA, IL 61614	ENGINEERING SERVICES	129,804
	BOOK VALIDATION	122,461
48 NEW THIRUVALAM ROAD KATPADI 632007 IN		
DAPROIM AFRICA LTD	BOOK VALIDATION	163,033
2ND FL HAILE SELASSIE AVE, NAIROBI KE		
FLEXION INC	ENGINEERING SRVC	152,966
1500 W MAIN ST STE 500 SUN PRAIRIE, WI 53590		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 🕨 8

Port V		•	£ Danasses					Page <b>9</b>
Part V		Statement o	<b>f Revenue</b> ule O contains a respor	ise or note to any lir	ne in this Part V/III	_		
		Check if Schede	are o contains a respon	ise of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns 1a					
ons, Gifts, Grants Similar Amounts	b	Membership du	es <b>1b</b>					
. d E E	C	Fundraising eve	ents <b>1c</b>					
Giffs, iilar A	d	Related organiz	rations 1d					
S, G	e	Government grants	s (contributions) <b>1e</b>					
Contributions, and Other Sim	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	2,574,088				
tributio Other	g	Noncash contribution	ons included in lines					
Contand	h	Total. Add lines	s 1a-1f		2,574,088			
e e				Business Code				
nua	2a	BENETECH LABS		900099	65,940	65,940		
₽e∧	b	BOOKSHARE		900099	9,756,435	9,756,435		
Program Service Revenue	C	HUMAN RIGHTS		900099	864,978	864,978		
, Ker	d	MIRADI		900099	1,950	1,950		
Ę l	е	ROUTE 66		900099	693	693		
0018	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a – 2f	🕨	10,689,996			
	3		ome (including dividen	· · · · · · · · · · · · · · · · · · ·	7,010			7,010
	4		ar amounts) stment of tax-exempt bond	F	0			7,010
	5			· · · · . •	0			
		,	(ı) Real	(II) Personal				
	6a	Gross rents	64,260					
	ь	Less rental	72,816					
	c	expenses Rental income	-8,556					
	_	or (loss)	me or (loss)		-8,556			-8,556
	d	Net relitar liftor	(i) Securities	<b> </b>	0,330			0,330
	7a	Gross amount from sales of assets other than inventory	(1) 000 000	(17, 2, 31, 2)				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d		s)		0			
Other Revenue	8a	Gross income fi events (not incl \$	_					
e G		See Part IV, lin						
둦	b	Less direct ex	penses <b>b</b>					
•	c	Net income or (	(loss) from fundraising	events 🛌	0			
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
			loss) from gamıng actıر) ا	vities	0			
	10a	Gross sales of returns and allo	owances .					
	L	1	a l					
	b c		oods sold . . <b>b</b>   (loss) from sales of inve	entory -	o			
		Miscellaneous		Business Code	<u> </u>			
	11a	misc income			3,576	3,576		
	b							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		3,576			
	12	Total revenue.	See Instructions .	🛌	13,266,114	10,693,572		-1,546

	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in	this Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	174,681	174,681		
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	200,000	200,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	952,897	364,936	580,949	7,012
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	3,558,190	3,152,337	405,853	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	107,485	89,804	17,589	92
9	Other employee benefits	1,974,497	1,533,823	438,333	2,341
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	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)	0			
12	Advertising and promotion	0			
13	Office expenses	93,512	87,936	5,576	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	321,378	293,330	28,031	17
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	174,101	162,044	12,057	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	11,295		11,295	
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	OUTSIDE SRVS (SEE SCHEDULE O)	1,922,916	1,738,290	184,626	
b	SHARED EXP (SEE SCHEDULE O)	1,824,707	1,477,375	345,093	2,239
c	BOOK COLLECTION & DEVELOPMENT	475,376	475,376		
d	COMMUNICATIONS	198,007	196,473	1,534	
e	All other expenses	315,660	230,840	84,817	3
25	Total functional expenses. Add lines 1 through 24e	12,304,702	10,177,245	2,115,753	11,704
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)				· · ·

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any line	e in this	Part X			· · · · <u>· · · · · · · · · · · · · · · </u>
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			191,304	1	534,810
	2	Savings and temporary cash investments	758,076	2	846,325		
	3	Pledges and grants receivable, net			1,378,113	3	1,614,785
	4	Accounts receivable, net		ŀ	894,952	4	842,220
	5	Loans and other receivables from current and former office	ers, dır	ectors, trustees,			
		key employees, and highest compensated employees. Co					
		Schedule L				5	0
s	6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of so voluntary employees' beneficiary organizations (see instruction of schedule L	:)(3)(B) ection !	), and 501(c)(9)		3	
Assets						6	0
¥	7	Notes and loans receivable, net		ŀ		7	0
	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			23,582	9	23,582
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	417,056			
	ь	Less accumulated depreciation	10b	345,988	139,299	10c	71,068
	11	Investments—publicly traded securities	•			11	0
	12	Investments—other securities See Part IV, line 11 .		[		12	0
	13	Investments—program-related See Part IV, line 11 .		13	0		
	14	Intangible assets	435,598	14	281,858		
	15	Other assets See Part IV, line 11			461,638	15	912,328
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			4,282,562	16	5,126,976
	17	Accounts payable and accrued expenses			1,386,893	17	1,252,431
	18	Grants payable				18	
	19	Deferred revenue			142,293	19	159,757
	20	Tax-exempt bond liabilities		ŀ		20	_
S.	21	Escrow or custodial account liability Complete Part IV of				21	
Liabilities	22	Loans and other payables to current and former officers, of key employees, highest compensated employees, and dis		, ,			
ā		persons Complete Part II of Schedule L				22	
$\exists$	23	Secured mortgages and notes payable to unrelated third p	arties			23	
	24	Unsecured notes and loans payable to unrelated third par	ties .			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24)  Complete Part X of Schedule D	relate	d third parties,			
		· · · · · · · · · · · · · · · · · · · ·			355,355	25	355,355
	26	Total liabilities.Add lines 17 through 25			1,884,541	26	1,767,543
ري م		Organizations that follow SFAS 117 (ASC 958), check her	e ► 🔽	and complete			
걸		lines 27 through 29, and lines 33 and 34.			C77 4C7	~-	400.004
<u>ର</u>	27	Unrestricted net assets			577,157 1,820,864	27	438,234 2,921,199
<u>∞</u>	28 29	Temporarily restricted net assets			1,020,004	28 29	2,921,199
Ä	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), ch		· · ·		29	
or Fund Balance		complete lines 30 through 34.	eck ilel	er janu			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment f		ŀ		31	
	32	Retained earnings, endowment, accumulated income, or o	ther fur	nds		32	
Šet	33	Total net assets or fund balances			2,398,021	33	3,359,433
_	34	Total liabilities and net assets/fund balances		<u></u> . [	4,282,562	34	5,126,976
		<u> </u>					Farma 000 (201 F)

	990 (2015)					- 1	age <b>⊥</b> ⊿
Par	Check if Schedule O		note to any line in this Part XI				
1	Total revenue (must equal P	art VIII, column (A), lı	ne 12)	1		13,2	266,114
2	Total expenses (must equal	Part IX, column (A), lır	ne 25)	2		12,3	304,702
3	Revenue less expenses Sub	tract line 2 from line 1		3		9	961,412
4	Net assets or fund balances	at beginning of year (m	nust equal Part X, line 33, column (A))	4			398,021
5	Net unrealized gains (losses	) on investments .		5		,	
6	Donated services and use of	facilities		6			
7	Investment expenses			7			
8	Prior period adjustments .			8			
9	Other changes in net assets	or fund balances (expl	laın ın Schedule O)	9			
10	Net assets or fund balances column (B))	at end of year Combin	ne lines 3 through 9 (must equal Part X, line 33,	10		3,3	359,433
Par	t XIII Financial Staten	nents and Reporti	ng	•			
		-	r note to any line in this Part XII				. Г
		·	,			Yes	No
1			Cash Accrual Other				
2a	Were the organization's finan	cıal statements compi	led or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to a separate basis, consolidate		inancial statements for the year were compiled or revie	ewed on			
	Separate basis	Consolidated basis	Both consolidated and separate basis				
b	Were the organization's finan	cial statements audite	ed by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to basis, consolidated basis, or		inancial statements for the year were audited on a sepa	arate			
		Consolidated basis	Both consolidated and separate basis				
c			ve a committee that assumes responsibility for oversig tatements and selection of an independent accountant		2c	Yes	
			cess or selection process during the tax year, explain				
3 <b>a</b>	As a result of a federal award Single Audit Act and OMB C		required to undergo an audit or audits as set forth in th	ne	3a	Yes	
b	If "Yes," did the organization	undergo the required a	audit or audits? If the organization did not undergo the				
	required audit or audits, expl	aın why ın Schedule O	and describe any steps taken to undergo such audits		3b	Yes	

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OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		he organization					Employer identifica	ition number
BENEF	-ICEN I	TECHNOLOGY INC DBA Bene	tech				77 0555412	
Da	rt I	Peason for Publi	c Charity S	Status (All organiza	tions must co	mnlete this n	77-0555413	unc
		zation is not a private for		` 5			<u> </u>	115.
	organi				= -			
1	<u> </u>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ))						
2	<u> </u>							
3	<u></u>	A hospital or a cooper						
4	ı	A medical research or hospital's name, city,	-	erated in conjunction v	vith a hospital d	lescribed in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter the
5	Γ	An organization opera 170(b)(1)(A)(iv). (C	ted for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit d	escribed in <b>section</b>
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in <b>se</b>	ection 170(b)(1	.)(A)(v).	
7		An organization that n described in <b>section 1</b>				om a governme	ntal unit or from the g	eneral public
8	Γ	A community trust de	scribed in <b>sect</b>	tion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	Γ	receipts from activition from gross investmen	es related to it it income and	ves (1) more than 33 ts exempt functions—s unrelated business tables to the section 509(a)(2).	subject to certa xable income (l	in exceptions, a ess section 51	and (2) no more than :	331/3% of its support
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ety See <b>section</b>	n 509(a)(4).	
11	Γ	An organization organ one or more publicly s						
		the box in lines 11a th			• •	, , ,		
a	Γ	<b>Type I.</b> A supporting of supported organization <b>You mus</b>	n(s) the power	to regularly appoint o	r elect a majorı			
b	Γ	<b>Type II.</b> A supporting management of the su	organization s pporting organ	upervised or controlle	d in connection		=	
	_	must complete Part I						
С	ı	Type III functionally supported organization						grated with, its
d	Γ	Type III non-function						anızatıon(s) that ıs
		not functionally integr	ated The orga	anization generally mu	st satisfy a dist	rıbutıon require	ement and an attentiv	eness requirement
	_	(see instructions) <b>Yo</b>						
е	ı	Check this box if the o					s a Type I, Type II, T	ype III functionally
f	Ento	integrated, or Type III r the number of support						
	Liite	• • • • • • • • • • • • • • • • • • • •	-				· · · · · · · —	
g		Provide the following i	illorillation abi	out the supported orga	iiiizatioii(s)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nan	ne of s	supported organization	, ,	Type of organization (described on lines 1-9 above (see instructions))	Is the orgai listed in your docume	nızatıon governıng	A mount of monetary support (see instructions)	A mount of other support (see instructions)
					Yes	No		
Tota	I							

P	(Complete only if you Part III. If the organiz	checked the bo	ox on line 5, 7,	or 8 of Part I or	r if the organiza	ation failed to qu	
S	ection A. Public Support	•	•		, ,	•	
	Calendar year fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,641,706	2,239,744	1,071,357	2,120,929	2,574,088	9,647,824
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						C
3	The value of services or facilities furnished by a governmental unit to the organization without						C
4	charge <b>Total.</b> Add lines 1 through 3	1,641,706	2,239,744	1,071,357	2,120,929	2,574,088	9,647,824
5	The portion of total contributions	, ,	, ,	, ,	. ,	, ,	· ·
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,962,606
6	<b>Public support.</b> Subtract line 5 from line 4						4,685,218
_ <u>S</u>	ection B. Total Support						
(	Calendar year fiscal year beginning in) 🟲	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
7	A mounts from line 4	1,641,706	2,239,744	1,071,357	2,120,929	2,574,088	9,647,824
8	Gross income from interest,	_,,.	_,,	_,-,,	_,,	_,,,	-,,
	dividends, payments received on securities loans, rents, royalties and income from similar sources	7,316	7,811	4,205	32,915	74,846	127,093
9	Net income from unrelated business activities, whether or not the business is regularly carried on						C
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						C
11	<b>Total support.</b> Add lines 7						9,774,917
4.2	through 10	h	h a h. a n a \				
12	Gross receipts from related activi					12	51,941,269
13	First five years. If the Form 990 is check this box and stop here ection C. Computation of Pu	<u> </u>	<u> </u>				organization,
14	Public support percentage for 201			11 column (f))		14	47 930 %
15	Public support percentage for 201	•		, column (1))		14	
		•	•	contine 12 and to		15	49 170 %
b	33 1/3% support test—2015. If the and stop here. The organization que 33 1/3% support test—2014. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization of the organi	ualifies as a publice organization did on qualifies as a part of the organization meets the factors.	cly supported organic not check a box of the check above the control of the check and control of	anization on line 13 or 16a, organization check a box on lin tances test, chec	and line 15 is 33 e 13, 16a, or 16l k this box and <b>st</b>	3 1/3% or more, ch o, and line 14 <b>op here.</b> Explain	eck this
b 18	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organization in Part VI how the organization private foundation. If the organization instructions	t— <b>2014.</b> If the org anization meets th ation meets the "	anization did not o ne "facts-and-circ facts-and-circum	check a box on lin umstances" test, stances" test Th	e 13, 16a, 16b, o check this box a e organization qu	or 17a, and line nd <b>stop here.</b> alifies as a publicl	<b>▶</b> □

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

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

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

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

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

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

18

►ſ

17

18

#### Part IV Supporting Organizations

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

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_ <del></del>

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

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

3b

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

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

#### Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493228065476

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**Inspection** 

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	me of the organization NEFICENT TECHNOLOGY INC DBA Beneto	ech			tification number
Par	t I-A Complete if the or	ganization is exempt under	section 501(c	77-0555413 or is a section 527	
1 2 3	Provide a description of the org Political expenditures Volunteer hours	ganızatıon's dırect and ındırect politic	cal campaign activ	vities in Part IV ▶	\$
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	<b></b>	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	4955	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
<b>4</b> a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c	), except section 50	)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exempt	function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to ot	her organizations	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	)-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fror irectly delivered t	n the filing organization's o a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					

encadic e (i	01111 3 3 6 1 3 3 6 1 1 2 6 1 3		ı ağı
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Fe	orm 5768 (	election
	under section 501(h)).		

Check F If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

3 Check ▶ 🗔 If the filing organization checked box A and "limited control" provisions apply

		ying Expenditures reans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		
b	Total lobbying expenditures to influence a legis	121,772		
С	Total lobbying expenditures (add lines 1a and 1	121,772		
d	Other exempt purpose expenditures	12,182,930		
e	Total exempt purpose expenditures (add lines	12,304,702		
f	Lobbying nontaxable amount Enter the amount	from the following table in both columns	765,235	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of I	ine 1f)	191,309	
h	Subtract line 1g from line 1a If zero or less, en	ter-0-		
i	Subtract line 1f from line 1c If zero or less, ent	er -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ▽No

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) Lobbying nontaxable amount 743,986 793,226 796,526 765,235 3,098,973 Lobbying ceiling amount 4,648,460 (150% of line 2a, column(e)) 157,481 191,384 174,603 121,772 Total lobbying expenditures 645,240 185,997 198,307 199,132 191,309 Grassroots nontaxable amount 774,745 Grassroots ceiling amount 1,162,118 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige <b>S</b>
<i></i>	1	(	a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	01(c	)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

OMB No 1545-0047

DLN: 93493228065476

#### SCHEDULE D

(Form 990)

Department of the Treasury

#### **Supplemental Financial Statements**

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

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** BENEFICENT TECHNOLOGY INC DBA Benetech 77-0555413 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) 
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)( $_{\rm I}$ ) and section 170(h)(4)(B)( $_{\rm II}$ )? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of Art,	His	tori	cal Trea	sures,	or O	ther Sim	ilar As	ssets	
3		the organization's acquisition, acce tion items (check all that apply)	ession, and other record	s, ch	neck a					cant use	e of its	
а	┌ P	ublic exhibition		d	Г	Loan or e	xchange	progra	ams			
b	Γs	cholarly research		e	Γ	Other						
С	┌ P	reservation for future generations										
4	Provi Part >	de a description of the organization's (III	s collections and explair	n hov	w they	/ further th	ie organiz	zation':	s exempt p	ourpose	ın	
5		g the year, did the organization solid s to be sold to raise funds rather the								┌ Yes	┌ N	D
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		rm	990,	Part IV,	line 9, c	r rep	orted an	amoun	t on Fo	rm 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other intermed	ıary	for c	ontributior	ns or othe	erasse	ets not	┌ Yes	┌ N	0
b	If"	Yes," explain the arrangement in Pa	art XIII and complete th	e fol	lowin	g table				Amo	ount	
C		jinning balance	·			-		1c				
d		ditions during the year						1d				
е	Dis	tributions during the year						1e				
f	End	ing balance						1f				
2a	Did th	- ne organization include an amount of	n Form 990, Part X, line	21,	for es	crow or cu	ıstodıal a	ccoun	t liability?	┌ Yes		<b>D</b>
b	If"Y∈	s," explain the arrangement in Part	XIII Check here if the	expla	anatıd	n has bee	n provide	ed in P	art XIII			. Г
Pa	rt V	Endowment Funds. Comple	te if the organization	ans	were							
			(a)Current year (	<b>b)</b> Pr	or yea	r <b>b (c)</b>	Two years	back (	( <b>d)</b> Three yea	ars back	<b>(e)</b> Four	years back
1a		nning of year balance										
b	Cont	ributions										
c	Netı losse	· · · · · · · · · · · · · · · · · · ·										
d	Gran	ts or scholarships										
e		r expenditures for facilities rograms										
f	A dmi	nistrative expenses										
g	End o	of year balance										
2	Provi	de the estimated percentage of the (	current year end balance	e (lin	ne 1 g,	column (a	i)) held a:	s				
а	Board	designated or quasi-endowment ►	·	•								
b		anent endowment 🕨										
c	•	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%									
За		nere endowment funds not in the pos		ion	that a	re held an	d admini	stered	for the			
		ization by									Ye	s No
	(i) un	related organizations								3a		
		lated organizations					-			3a(		<del>- </del> -
4		s" on 3a(II), are the related organizate Tibe in Part XIII the intended uses o								. 3	D	
	rt VI	Land, Buildings, and Equip										
		Complete if the organization a		<u>n 9</u>								
		Description of property		(a)		or other basis vestment)	cost or o (oth			umulated oreciation	(d)	Book value
1a	Land											
b	Buildin	gs										
C	Leaseh	old improvements										
		nent				417,056				345,98	88	71,068
				<u> </u>		0. /	<u> </u>					
Iota	ıı. Add	ınes 1a through 1e (Column (d) mus	t equal ⊦orm 990, Part X,	colu	mn (B	), IIne 10(c	).) • •			. •	1	71,068

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	plete if the organi	zation answered 'Ye	es' on Fori	m 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		( <b>b)</b> Book value		(c)Method of valuation or end-of-year market value
(1)Financial derivatives				or one or your market value
(2)Closely-held equity interests (3)Other				
			-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	Þ			
Part VIII Investments—Program Related.  Complete if the organization answered 'Y	es' on Form 990,	Part IV, line 11c. <sub>S</sub>	ee Form 9	990. Part X. line 13.
(a) Description of investment		(b) Book value	(	<b>c)</b> Method of valuation
			Cost	or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>P</b>			
Part IX Other Assets. Complete if the organization a		orm 990, Part IV, line	11d See Fo	
(1) BENGINEERING STOCK	tion			<b>(b)</b> Book value 10,000
(2) DEPOSITS				58,595
(3) LT RECEIVABLE (4) RELATED ENTITY RECEIVABLE BE				599,885 243,848
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.,  Part X Other Liabilities. Complete if the organ		'Yes' on Form 990.		912,328 ine 11e or 11f.
See Form 990, Part X, line 25.				
1. (a) Description of liability	(b) Book value	_		
Federal income taxes				
DEPOSITS	5,35	55		
TERM ENDOWMENT ADVANCE	350,00	00		
		_		
		_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	355,35	55		

Par	rt XI Reconciliation of Revenue per Audited Financial Statements With R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		ırn
1	Total revenue, gains, and other support per audited financial statements	1	13,266,114
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII).............2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	13,266,114
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		13,266,114
Par	<b>Reconciliation of Expenses per Audited Financial Statements With I</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		eturn.
1	Total expenses and losses per audited financial statements		12,304,702
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII ) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	12,304,702
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)............ <b>4b</b>		
C	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5	Total expenses Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 18 )	5	12,304,702
Dor			
	rt XIII Supplemental Information		
	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line rt V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete		nny additional
ınfo	prmation		
	Return Reference Explanation		

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493228065476

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

	e of the organization				Employer ident i	fication number
BEN	EFICENT TECHNOLOGY INC DB	SA Benetech			77-0555413	
Pa	General Information Complete if the organi					
1	For grantmakers. Does the dand other assistance, the grants or a	organization m antees' eligibili	aıntaın record ty for the grai	ls to substantiate the ants or assistance, and	amount of its grants the selection criteria	✓ Yes ✓ No
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the use of its grant	s and other
3	Activites per Region (The follow	ung Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1	) See Add'l Data		-			
( 2	)					
( 3	)					
( 4	)					
( 5	)					
Ī	a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)					1,210,157

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	( <b>f)</b> Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)		EUROPE	SUPPORT MISSION	200,000	WIRED FUNDS			
( 2)								
(3)								
(4)								

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	<u>duplicated if addit</u>	cional space is no	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	( <b>h)</b> Method of valuation (book, FMV, appraisal, other)
(1)					,		
(2)		+			1		1
(3)		1	·		'		
(4)		+			+		1
(5)		+ +			†		<del>                                     </del>
(6)		+			†		1
(7)		+			†		1
(8)		+ +			<u> </u>		
(9)		+ + +					1
(10)		+ +	·		<u> </u>		
(11)		+ + +			1		
( 12)		+ + +					
( 13)		+ +	·		<u>'</u>		<b>'</b>
( 14)		†			1		
( 15)		+ + +			1		
( 16)		1			1		
( 17)					1		
( 18)					1		

## Part IV Foreign Forms

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

Schedule F (Form 990) 2015

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

#### Part V

#### **Supplemental Information**

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

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	QUARTERLY FINANCIAL AND NARRATIVE REPORTS ARE REQUIRED FROM ALL ORGANIZATIONS OUTSIDE THE U.S. THAT RECEIVE GRANT FUNDS FROM BENETECH RECEIPTS ARE REQUIRED FOR EXPENSES FOR ITEMS PURCHASED WITH GRANT FUNDS IN ADDITION, BENETECH HUMAN RIGHTS PROGRAM STAFF MADE SITE VIS ITS DURING THE YEAR TO EACH OF THE ORGANIZATIONS

#### **Additional Data**

**Software ID:** 15000324

**Software Version:** 2015v2.0

**EIN:** 77-0555413

Name: BENEFICENT TECHNOLOGY INC DBA Benetech

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
ASIA	0	0	PROGRAM SERVICES	LITERACY FOR DISABLED	395,482
AFRICA	0	0	PROGRAM SERVICES	HUMAN RIGHTS	226,834
ASIA	0	0	PROGRAM SERVICES	HUMAN RIGHTS	142,151

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region				
EUROPE	0	0		LITERACY FOR DISABLED	167,343				
LATIN AMERICA	0	0	PROGRAM SERVICES	HUMAN RIGHTS	78,347				
EUROPE	0	0		LITERACY FOR DISABLED	200,000				

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(Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

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

DLN: 93493228065476 OMB No 1545-0047

Open to Public **Inspection** 

Name of the organization						Employer identific	ation number
BENEFICENT TECHNOLOGY IN	NC DBA Benetech					77-0555413	
Part I General Inform	ation on Grants	and Assistance				•	
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the organization</li></ul>	to award the grants ganızatıon's procedu	or assistance? res for monitoring the i		United States			√ Yes
			<mark>omestic Governments.</mark> ( dditional space is neede		ization answered "Yes" o	on Form 990, Part IV, line	: 21, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> 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) INTERNEWS NETWORK 876 7TH STREET PO BOX 4448 ARCATA,CA 95518	94-3027961	501(C)(3)	69,914	0			dev secure documentation toolkit
(2) OLIVERCOADY INC 387 FRONT ST OWEGO,NY 13827	26-3972852		104,767	0			dev secure documentation toolkit
2 Enter total number of sect	ıon 501(c)(3) and go	vernment organization	s listed in the line 1 tab	ole			1

Enter total number of other organizations listed in the line 1 table . . . . .

Information

Grants are Used

Grantmaker's Description of How

(a)Type of grant or assistance

(f)Description of non-cash assistance

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

(c)A mount of

cash grant

(b) Number of

recipients

OF HUMAN RIGHT VIOLATIONS

Part IV Supplemental 1	Information. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Return Reference	Explanation				
Additional Supplemental	THE PURPOSE OF THE GRANT T	O COMMUNITY PARTN	ERS IS TO SUPPORT T	HE HUMAN RIGHTS DATA AN	NALYSIS GROUP THE PURPOSE OF

RECEIVE CONTINUED FUNDING ON SITE AND WEB BASED MEETINGS ARE HELD ON A REGULAR BASIS

(d) A mount of

non-cash assistance

THE GRANTS TO INTERNEWS AND OLIVER+COADY ARE TO ASSIST IN THE DEVELOPMENT OF A TOOLKIT FOR SECURE DOCUMENTATION

MILESTONES MET AND PROGRAM ACHIEVEMENTS, ARE SCHEDULED FOR EACH AWARD THE REPORTING REQUIREMENTS MUST BE MET TO

ALL U.S. ORGANIZATIONS ARE REQUIRED TO SUBMIT QUARTERLY FINANCIAL REPORTS ADDITIONAL NARRATIVE REPORTS, WITH

(e) Method of valuation (book,

FMV, appraisal, other)

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DLN: 93493228065476

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

#### **Compensation Information**

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

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

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

2015

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization BENEFICENT TECHNOLOGY INC DBA Benetech 77-0555413

Рa	rt I Questions Regarding Compensation	<del></del>	77-0333413			
•	taconone regarding compensation	-			Yes	No
1a	Check the appropriate box(es) if the organization prov	vided ai	ny of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	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	ı	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgreimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec					
	unectors, trustees, officers, including the CLO/Exec	utive D	mector, regarding the items checked in fine 1a.	2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensation	at apply	y Do not check any boxes for methods			
	Compensation committee	Г	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	In	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, I or a related organization	Part VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	t?	4a		No
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions mu	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of	, line 1 a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do			7	Yes	
8	Were any amounts reported on Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III	-	,	8		Νo
9	If "Yes" on line 8, did the organization also follow the	e rebutt	able presumption procedure described in Regulations			N.a

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		Base (i) compensation			benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 ANH QUYNH BUI vp benetech labs	(i)	143,912	13,500			19,257	176,669	
	(ii)							
2 CHARLES LAPIERRE TECHNICAL LEAD	(i)	124,790	8,320			26,071	159,181	
	(ii)							
<b>3</b> ELIZABETH BEAUMON PRESIDENT	(i)	203,542	20,000			13,433	236,975	
	(ii)							
4 FRED SLONE DIRECTOR OF OPS	(i)	142,074	14,000			27,850	183,924	
	(ii)							
5 JAMES R FRUCHTERMAN CEO	(i)	273,500	66,363			26,591	366,454	
	(ii)							
6 JANE POOLE VP HR & ADMIN	(i)	156,675	14,600			14,065	185,340	
THE CONTRACTOR OF THE CONTRACT								
7 MARK ROBERTS VP ENGINEERING	(ii) (i)	188,500	7,500			31,601	227,601	
AL EMOTIMERUMO	(ii)							
8 TERESA THROCKMORTON CFO	(i)	176,242	17,250			26,519	220,011	
	(ii)							

#### Part III Supplemental Information

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

Return Reference	Explanation
Part I , Line 7 Non-Fixed payments	EMPLOYEES RECEIVE AN ANNUAL BONUS BASED ON A BOARD-APPROVED INCENTIVE COMPENSATION PLAN AND BY MEETING BONUS
not listed above	OBJECTIVES SET EACH YEAR FINAL AMOUNTS PAID ARE SUBJECT TO BOARD APPROVAL BY INDEPENDENT DIRECTORS

Schedule J (Form 990) 2015

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2015

> Open to Public Inspection

Name of the organization
BENEFICENT TECHNOLOGY INC DBA Benetech

Employer identification number
77-0555413

990 Schedule (	), Supplemental Information
Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Route 66 Literacy Route 66 Literacy is a web-based program that makes it easy for any literate person to teach adolescent and adult beginning readers with developmental disabilities to read. The program combines engaging, age-appropriate lessons, exercises and effective feedback with a unique teacher-tutor model-one that requires no special training. By incorporating expert pedagogy and one to one interaction, Route 66 Literacy creates new pathways for beginning readers to gain independence and to pursue further educational and vocational opportunities. OTHER PROGRAM SERVICES 5. Benetech Labs. Benetech Labs was established in order to create new scalable technology enterprises for social impact. In partnership with communities of field leaders and stakeholders, technologists, and social entrepreneurs, the Labs is where the Benetech team builds high-impact technology solutions that change lives. Some examples of our projects, include Code Alliance. Founded as SocialCoding4Good in 2011, Code Alliance was relaunched in 2015 with a fresh approach to dramatically reshaping the tech volunteer landscape. There are many nonprofits and social-good programs in the world that need the help of professional technologists, but their resources do not often allow for it. As a result, the causes they are working on, from civic engagement and education to poverty alleviation and the environment, suffer. At the same time, professional technologists are eager to help work on these important social challenges, but often struggle to find the right match for both their passion and skills. In order to address these challenges we've built new standard operating procedures around technology for high social impact. Code Alliance is focused on building capacity for nonprofits to better make use of hi-tech volunteers, providing a new framework of opportunities to better leverage corporate volunteering programs, as well as engaging and matching highly skilled and motivated volunteers in a more curated and targeted w
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	TWO BENETECH DIRECTORS, JAMES FRUCHTERMAN AND JAMES KLECKNER, ARE ALSO DIRECTORS AND HAVE FINANCIAL INTERESTS IN RAF TECHNOLOGY, INC , A FOR-PROFIT COMPANY LOCATED IN REDMOND, WA
Form 990, Part VI, Line 11b Form 990 Review Process	At least one week prior to filing return, the 990 is emailed to all Board Members with requests for comments or questions. CFO also meets with the CEO for further 990 review prior to filing
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Employees and Directors receive Benetechs Conflict of Interest Policy annually and must su bmit an acknow ledgment to Human Resources CEO and CFO submit additional annual written Conflict of Interest letters to the Board of Directors
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	CEO and CFO salaries are determined by the Board of Directors based on performance and com parable data from CompData, Guide Star, Non-Profit Times Salary Survey, Professionals for Non-Profits Salary Range Survey and Consultant-Supplied Hi Tech Data The comparable data is also used for key employee salary guidelines. All employee salaries other than CEO and CFO are approved by CEO and Vice President of Human Resources.
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Annual audited financials are made available to the public by posting to Benetech's websit e after Board approval Available upon request are Audited financials, governing document s and conflict of interest policy
FORM 990, PART IX, LINE 24A - OUTSIDE SERVICES	SERVICES PROVIDED BY COMPANIES PRIMARILY FOR DESIGN ENGINEERING, FINANCIAL AUDIT AND TAX P REPARATION, DATA ENTRY, AND TEMPORARY ACCOUNTING AND ADMINISTRATION ASSISTANCE
FORM 990, PART IX, LINE 24B - SHARED EXPENSES	RENT, TELEPHONE, OFFICE SUPPLIES, EQUIPMENT, LIABILITY INSURANCE, POSTAGE, FREIGHT, RECEPTIONIST, HR, AND IT SERVICES
FORM 990, PART IX, LINE 25D - FUNDRAISING EXPENSES	Fundraising expenses in column D represents costs incurred for seeking general support fun ding. Foundation research and bid and proposal expenses of \$766,777 are included in column C, Management and general expenses, as part of the organization's overhead costs.

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DLN: 93493228065476

2015

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

**Related Organizations and Unrelated Partnerships** ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service

Name of the organization

BENEFICENT TECHNOLOGY INC DBA Benetech

(Form 990)

**SCHEDULE R** 

► Attach to Form 990.

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

				77-05554	13			
Part I Identification of Disregarded Entities Complete	ıf the organization	answered "Yes" or	n Form 990, Pa	art IV, line 33.				
<b>(a)</b> Name, address, and EIN (ıf applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Di	<b>(f)</b> Irect controlling entity		
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		he organization an	swered "Yes"	on Form 990, Pa	rt IV, lı	ne 34 because it	had on	ie
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion (e) Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	( <b>g)</b> n 512(b ontrolle itity?
							Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	<u> </u> 35Y			Schedule R (For	m 990) :	<u> </u> 2015

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ag ing ner?	<b>(k)</b> Percentage ownership
				•			Yes	No	'	Yes	No	
									'		1 1	
									<u> </u>	<b>─</b>	$\longmapsto$	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)( contro enti	13) olled ty?
(1)BENGINEERING INC 480 CALIFORNIA AVE STE 201	ENGINEERING SVCS	CA	N/A	c corp		5,306	100 000 %	Yes	No
PALO ALTO, CA 943061609 77-0556653									

Part V	Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
<b>1</b> During	the tax year, did the organization engage in any of the following transactions with one or more r	related organizations lis	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity										
<b>b</b> Gift	, grant, or capital contribution to related organization(s)				1b		No			
<b>c</b> Gıft	, grant, or capital contribution from related organization(s)				1c		No			
<b>d</b> Loa	ns or loan guarantees to or for related organization(s)				1d	Yes				
<b>e</b> Loa	ns or loan guarantees by related organization(s)				1e		No			
<b>f</b> Div	dends from related organization(s)				1f		No			
<b>g</b> Sal	e of assets to related organization(s)				1g		No			
<b>h</b> Pur	chase of assets from related organization(s)				1h		No			
i Exc	hange of assets with related organization(s)				1i		No			
<b>j</b> Lea	se of facilities, equipment, or other assets to related organization(s)				1j		No			
<b>k</b> Lea	se of facilities, equipment, or other assets from related organization(s)				1k		No			
l Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
<b>o</b> Sha	ring of paid employees with related organization(s)				10		No			
<b>p</b> Rei	mbursement paid to related organization(s) for expenses				1р		No			
<b>q</b> Rei	mbursement paid by related organization(s) for expenses				1q		No			
<b>r</b> Oth	er transfer of cash or property to related organization(s)				1r		No			
<b>s</b> Oth	er transfer of cash or property from related organization(s)				<b>1</b> s		No			
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must complete	· · · · · · · · · · · · · · · · · · ·		T						
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining am	ount ır	nvolved				
<b>1)</b> BENGINE	ERING INC	d	800	ACCRUAL						
		1								
		1	l							

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 regarding exclusion for certain investment partnerships													
<b>(a)</b> 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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) f Share of end-of-year	(h) Disproprtionate		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											1	1	İ
			<u> </u>	_			1	I	_	<u> </u>			

#### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015