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DLN: 93493320061126

OMB No 1545-0047

Department of the

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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

nterna	al Reven	ue Servic	ce					
\ Fo	or the 2	2015 ca	lendar year, or tax year begin	ning 01-01-2015 , and ending 12-31-20	15			
Che	eck if ap	plicable	C Name of organization Luis Palau Association			D Emple	oyer i	dentification number
_	ldress ch	-				93-0	7138	327
_	ame chai itial retui		Doing business as					
III		'''				E Teleph	none n	umber
eturn/	termina!		Number and street (or P O box PO Box 50	If mail is not delivered to street address) Room/si	uite			
	ended n		City or town state or province	country, and ZIP or foreign postal code) 614	1-1500
App	plication	pending	Portland, OR 97207	ountry, and ZIP of foreign postal code		G Gross	receip	its \$ 16,575,041
			F Name and address of prin	ucinal officer	W/5) T		-	
			Kevın Palau	erpar office.		s this a grouj ubordinates?	•	ırn for
			PO Box 50 Portland, OR 97207			No		
Tax	x-exemp	ot status	<u> </u>	4 //		re all subord ncluded?	linate	Yes No
				◀ (insert no) 4947(a)(1) or 527			h a lis	st (see instructions)
W	ebsite:	► www	w palau org		H(c) (Group exemp	tion r	number 🟲
(Forn	n of orga	anızatıon	✓ Corporation Trust Ass	ociation Other ►	L Year	of formation 1	978	M State of legal domicile OF
Pa	rt I		mary					
				ion or most significant activities • Church and Impacting Cities Worldwide				
ų			<u> </u>	, 5				
=	_							
<u> </u>	2 C	hack th	us hov • 🗖 if the organization	n discontinued its operations or disposed	of more th	an 25% of it	c not	ascots
GOVERNATION		HECK III	is box P If the organization	raiscontinued its operations of disposed	or more th	an 23 % or it	3 HCC	455015
5 5	3 N	umber	of voting members of the gove	erning body (Part VI, line 1a)			3	16
Λ b	4 N	umber	of independent voting member	rs of the governing body (Part VI, line 1b))		4	15
*CIIVIIE	5 To	otal nur	mber of individuals employed i	ın calendar year 2015 (Part V , lıne 2a)			5	95
ב ב	6 To	otal nur	mber of volunteers (estimate i	fnecessary)			6	16,000
	7a To	otal unr	related business revenue from	Part VIII, column (C), line 12			7a	0
	b Ne	t unrela	ated business taxable income	from Form 990-T, line 34			7b	C
						Prior Year		Current Year
۵.	8	8 Contributions and grants (Part VIII, line 1h)			11,026,712		12,426,015	
Ravenue	9	_	am service revenue (Part VIII	•	80,211		43,153	
Š	10		tment income (Part VIII, colu	37,922		21,037		
_	11		, , ,	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-538,726		-874,259
	12	12)	revenue—add imes 8 through	11 (must equal Part VIII, column (A), lir	ie	10,606	,119	11,615,946
	13	Grants	s and similar amounts paid (P	art IX, column (A), lines 1-3)		387	,105	526,042
	14	Benefi	ts paid to or for members (Pa	rt IX, column (A), line 4)			0	0
"	15		es, other compensation, empl	5,539,673		5,985,667		
Expenses		5-10)	•			· · ·		
p er	16a			IX, column (A), line 11e)	•		0	0
ă	b		indraising expenses (Part IX, column	, "			024	12.624.065
	17		•	(A), lines 11a-11d, 11f-24e)	•	4,752		12,634,965
	18 19		,	must equal Part IX, column (A), line 25) ne 18 from line 12		10,678	,812	19,146,674 -7,530,728
- S	15	Keven	de less expelises Subtract il	ne 10 nom me 12				
Net Assets of Fund Balances					Beginni	ng of Current	Year	End of Year
Bake	20	Total	assets (Part X, line 16)			12,494	,145	4,505,565
Z 2	21	Total I	liabilities (Part X, line 26) .			1,547	,639	1,142,225
Σď	22			act line 21 from line 20		10,946	,506	3,363,340
	t II		ature Block			41		
	•			examined this return, including accompai complete Declaration of preparer (other t	, -			•
repa	rer has	any kr	nowledge					
	T	****	×* *			2016-11 15		
Sign			ature of officer			2016-11-15 Date		
lere		Kevii	n Palau President					
			e or print name and title					
			Print/Type preparer's name		Date	Check I if	PTIN	N 747006
Paic	k	<u> </u>	David C Moja	David C Moja		self-employed		
Pre	parei	′ I—	Firm's name Capin Crouse LLP	Surba 205		Firm's EIN ► 3		
	Only	1 -	Firm's address ► 3010 Saturn Street	Suite 205		Phone no (71	4) 961	-9300
_		·	Brea, CA 92821					

Form	990 (2015) Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1 Droc	Briefly describe the organization's mission
PIOC	aim the Good News, Mobilize the Church and Equip the Next Generation
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4 a	(Code) (Expenses \$ 12,449,076 including grants of \$ 215,405) (Revenue \$)
	NY CityFest Radio City Music Hall July 7, 2015 Luis & Andrew Palau On July 7, Luis Palau and Andrew Palau, along with artists Third Day, Amanecer, David Ganbaldi, and Newsboys jouned the ranks of legendary performers who have graced the stage of Radio City Music Hall in Manhattan Hundreds of people from New York City and surrounding areas packed the venue, and thousands more tuned in via live webcast and a live broadcast through ministry partner Enlace Amanacer opened the show with acapella vocal performances in both English and Spanish, and were followed by New York Times Bestselling Author Enc Metavas, who shared his personal story of transformation through faith in Jesus Third Day, Newsboys, and David Ganbaldia graffiti artist who shared his unique gift of live painting as a contestant on the 12th season of "Amencan's Got Talent"—followed with performances of their own Andrew Palau then took the stage to introduce his father Luis, speaking of him as both his spirtual father and his earthly father. Luis then wove together stories and testimonies of radically changed lives along with the Good News of Jesus Chinst He shared with the crowd "God knows you by name, He wants to meet you and be with you and He will never abandon you" NY CityFest Times Square July 110, 2015 [Luis & Andrew Palau at Times Squareone of the most well-known and beloved landmarks in the United StatesLuis and Andrew Palau joined with TobyMac, Matt Redman, Mandisa, and Amanacer in a truly historic moment for the Gospel in New York City. As thousands of people passed through at one of the busiest times of the day, Luis and Andrew shared the Gospel and extend the invitation to accept the Lord multiple times and each artist performed to a crowd packed so tightly that the only way to get around was a narrow walkway on either side of the square. From the stage, Luis shared about the beauty of salvation and his personal elearne to see the entire city come to fath. "We want all New York City to know that God loves them, and will save them
4b	(Code) (Expenses \$ 1,721,084 including grants of \$ 310,636) (Revenue \$)
	NEXT GENERATION ALLIANCE 2015 The Palau Association's Next Generation Alliance (NGA) was formed to identify, affirm, equip and mobilize an international fellowship of evangelists. One of the key objectives of the Luis Palau Association is to serve the world's most gifted evangelists. NGA was born out of an understanding that a single evangelist or organization can reach only so far, but through collaboration across ministries we can reach more people, more effectively with the Good News. NGA members use many means and methods to proclaim the message of Jesus Christ. In 2015 NGA held training and engagement conferences for evangelists in Portland, New York City, Sioux Falls, and Atlanta. These events provided opportunities for evangelists to receive valuable training while building community and connections. These connections often led to strategic collaborative evangelistic events. NGA also hosted 6 training webinars on matters of critical concern to evangelists as well as one on one coaching. In 2015 NGA co-sponsored several leadership training conferences in the USA and overseas. Additionally, NGA sponsored 8 international evangelistic collaborative campaigns reaching tens of thousands of people with the Good News. Focusing heavily on collaboration, mentoring, one-on-one coaching and providing practical ministry helps, Palau team members are serving a growing alliance of over 600 gifted evangelists. Your support of the Palau Association helps us to serve, encourage and provide needed resources to these men and women on the front lines of evangelism. Gospel Movements 2015 The Palau Association is building partnerships with leaders in cities throughout the nation, casting a vision for sustained Gospel Movements and equipping city leaders to accelerate their work. In the Portland area, the Palau Association is working continually to unite local churches following the model launched with Portland Festival in 2008. Partnerships between the faith and civic communities continue to develop and strengthen, including t
4c	(Code) (Expenses \$ 1,194,777 including grants of \$) (Revenue \$ 22,038) MEDIA IMPACT 2015 Daily Radio Broadcasts One of the broadest-reach areas of the ministry is daily radio broadcasts, including Reaching Your World (English, 1,985 airing stations), Cruzada con Luis Palau (Spanish), and Luis Palau Responde (Spanish) on 3,871 stations. The programs include messages from both Luis and Andrew and are heard by millions of individuals on a total of 5,856 radio outlets in 48 countries. Interviews and Articles. Luis, Andrew, and Kevin were featured or mentioned in numerous leading magazines and periodicals, including The New York Times, The New York Post, The Wall Street Journal, The Washington Post, CNN, Christian Post, Gospel Herald, and more. In addition, Luis, Andrew, and Kevin contributed to online evangelism websites and blogs, and Andrew to Gospel Life. Instituto B blico Luis Palau. Tapping into more than 50 years of ministry experience from more than 25 top Christian leaders, the Instituto B blico is providing over 120 hours of teaching and free online training for 38,000 Spanish-speaking pastors, youth leaders, evangelists, and cell church coordinators. It also includes practica advice and insight on how to share your faith with friends, family, and neighbors, as well as individuals around the world. This resource continues to make a powerful impact in training and equipping believers throughout the Spanish-speaking world. THANK YOU!
	See Additional Data
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 1,248,562 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 16,613,499

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 9	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11 c		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	11 d		No
	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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	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	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	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		

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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	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait 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? If "Yes," complete Schedule L, Part III	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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . \square	J 29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

37

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

Note. All Form 990 filers are required to complete Schedule O

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2 . . .* **36 Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related

Yes

Νo

Νo

Νo

Nο

33

34

35a

35b

36

37

38

Part V Statements Regarding Other IRS Filings and Tax Complian
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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance					_
		Check if Schedule O contains a response or note to any line in this P	art \	<u> </u>	• •		
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	83		Yes	No
			1b	0			
		ـــــــــــــــــــــــــــــــــــــ	vend	lors and reportable			
	gamın	g (gambling) winnings to prize winners?	•		1 c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered					
		·	2a	95			
b		east one is reported on line 2a, did the organization file all required federal emplo			2b	Yes	
2-		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (ie organization have unrelated business gross income of \$1,000 or more during	•	,	3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b		140
		y time during the calendar year, did the organization have an interest in, or a sig					
		a financial account in a foreign country (such as a bank account, securities acco int)?	ount,	or other financial	4a		No
b		•					110
		s," enter the name of the foreign country nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and f	Financial Accounts			
	(FBAR	R)					
		he organization a party to a prohibited tax shelter transaction at any time during		,	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited ta	xsh	elter transaction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?	•		5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100	0,00	0, and did the	6a		No
	organı	ization solicit any contributions that were not tax deductible as charitable contri	ibutio	ons?			
b		s," did the organization include with every solicitation an express statement tha not tax deductible?	ntsuo	ch contributions or gifts	6 b		
7		izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributio		d partly for goods and	7a	Yes	
h		es provided to the payor?			7b	Yes	
		e organization sell, exchange, or otherwise dispose of tangible personal propert				165	
	file Fo	rm 8282?	٠.		7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Dıd th	ie organization receive any funds, directly or indirectly, to pay premiums on a pe	rson	al benefit contract?			
_					7e		No
		le organization, during the year, pay premiums, directly or indirectly, on a persor organization received a contribution of qualified intellectual property, did the org			7 f		No
y	requir		•	ation me romi 6699 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles,	dıd t	the organization file a	7h		
8		oring organizations maintaining donor advised funds.	•				
		donor advised fund maintained by the sponsoring organization have excess busing the year?	iness	s holdings at any time			
Q a		e sponsoring organization make any taxable distributions under section 4966?	•		8 9a		
		ie sponsoring organization make a distribution to a donor, donor advisor, or relat		erson?	9b		
10		on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 :	10a				
b	Gross faciliti		10b				
11		on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources	446				
	_		11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in the contract of the contrac	ın lıe ı	u of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.	'				
а	Is the	organization licensed to issue qualified health plans in more than one state? No	te. S	ee the instructions for			
		onal information the organization must report on Schedule O		22 3.1050 4000013 101	13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
С		the organization is need see to issue qualified fleaten plans	13c				
		ے se organization receive any payments for indoor tanning services during the tax ا		?	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explanati	•		14b		

orm	990 (2015)			Page 6
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		🗸
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
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		No
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 F	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		

Section C. Disclosure

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

 AK , AZ , FL , LA , MD , MN , NH , OR , PA , TN , VA , WV ,

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶David Jones PO Box 50 Portland, OR 97207 (503) 614-1500

Part VII

. マ

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unle	ore t ss pe	han erso cer tor/t	not one n is and		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Dr Luis Palau	45 00	x		×				149 242	0	96 430
CEO/Director		_ ^		^				148,242	0	86,430
(2) Sam Friesen Secretary/Director	1 00	х		×				0	0	0
(3) David E Hall Chairman	1 00	х		×				0	0	0
(4) Simon Berry Director	1 00	х						0	0	0
(5) Scott Cahill Director	1 00	х						0	0	0
(6) Robert Gluskin Director	1 00	х						0	0	0
(7) Scott Hanson Director	1 00	х						0	0	0
(8) David A Hentschel Director	1 00	х						0	0	0
(9) Gerald L Horn Director	1 00	х						0	0	0
(10) Wayne Huizenga Jr Director	1 00	х						0	0	0
(11) Ross M Lindsay III Director	1 00	х						0	0	0
(12) Mark R Neaman Director	1 00	х						0	0	0
(13) David R Reisenbigler Director	1 00	х						0	0	0
(14) Frederic Sewell	1 00	х						0	0	0

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 for related organizations below dotted line)	unle	ore t ss pe	han erso cer	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from relate organization (W- 2/1099 MISC)	on d ns	Estim amou oth comper from organi and re organiz	nated int of ner nsation the zation
(15) John Southard	1 00							_		寸		
Director		×						0		0		0
(16) Gail A Stockamp	1 00	х						0		0		0
Director	•	_ ^						U				
(17) Kevin Palau	45 00			X				142,017		0		83,892
President				_^				142,017				03,032
(18) John Ogle	45 00			×				194,643		0		39,426
Vice President								,		_		
(19) David Jones	45 00			х				74,408		0		58,543
Vice President/Treasurer	45 00						\vdash			\dashv		
(20) James Williams	45 00			х				13,776		0		19,000
Vice President (21) Keith Palau	45 00									\dashv		
						×		114,429		0		31,072
Director of Donor Relation (22) Tim Innes	45 00									\dashv		
Director of International Festivals						X		100,529		0		26,771
(23) Jorge Scopazzo	45 00									\dashv		
Director of Media/Internet Latin Min						X		100,724		0		26,769
										\dashv		
				L								
1b Sub-Total			•									
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	•		•				88	38,768	0			371,903
 Total (add lines 1b and 1c) Total number of individuals (including but \$100,000 of reportable compensation from the strength of the strength	not limited to tho	se list	ed al	bove	e) w	ho red		·				
										\neg	Yes	No
3 Did the organization list any former office on line 1a? <i>If</i> "Yes," complete Schedule J for	•		ey em		yee,	or h	ghes	t compensated		3		No
4 For any individual listed on line 1a, is the organization and related organizations greated individual		00? İ		s," c	omp	lete S				4	Yes	
5 Did any person listed on line 1a receive of services rendered to the organization? <i>If</i>										5		No
Section B. Independent Contractor	 s											
Complete this table for your five highest of compensation from the organization Report	ompensated inde										ax vear	
(A)				,,,	5.11	9	(E	3)	Ť	(C	
Name and bus	ness address							Description	of services	+	Compen	sation 284 189

(A) Name and business address	(B) Description of services	(C) Compensation
Ideko Productions	Event Production	284,189
381 Park Ave S New York, NY 10016		
Melchior Productions LLC	Event Production	214,000
65 E 76th St Suite 10E New York, NY 10021		
Praxis Connections LLC	Church mobilization for outreach	114,000
244 Fifth Ave Suite 2278 New York, NY 10001		

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 ► 3

Form 99		15)						Page 9
Part V	1111	Statement o						
		Check If Schedu	ile O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र इ	1a	Federated camp	paigns 1a	39,785				
Grants smounts	ь	Membership du	es 1b					
Am G	с	Fundraising eve	ents 1 c	5,350,105				
Sifts	d	Related organiz	ations 1d					
ns, (e	Government grants	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f included above	7,036,125				
Contributions, Gifts, and Other Similar A	g		ons included in lines	702,453				
ont	h	1a-1f \$ Total. Add lines	s 1a-1f		12,426,015			
			I	Business Code				
ne	2a	Honorariums		900099	1,250	1,250		
₽¥	ь							
- Ce	с							
Serv	d							
am	e	A II - E						
Program Service Revenue	f	All other progra	ım service revenue		41,903	41,903		
<u> </u>	g 3		2a-2f		43,153			
	3		ome (including dividenc ar amounts)	· · · · · · · · · · · · · · · · · · ·	4,931			4,931
	4		tment of tax-exempt bond p	· · · -	6,401			6,401
	5	Royalties	(ı) Real	(II) Personal	5,461			0,401
	6a	Gross rents	19,575	,				
	ь	Less rental	5,719					
	С	expenses Rental income	13,856					
	d	or (loss) Net rental incor	me or (loss)	•	13,856			13,856
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,998,742	2,000				
	ь	Less cost or other basis and	3,984,636	0				
	c	sales expenses Gain or (loss)	14,106	2,000				
	d		s)	· · · · · · · · · · · · · · · · · · ·	16,106			16,106
Other Revenue	8a	Gross income fi events (not incl \$ 5,350, of contributions See Part IV, lin	luding ,105 reported on line 1c)					
her	L	1 oo	a	57,190				
ŏ	C		penses b [loss)from fundraising e	930,591 events >	-873,401			-873,401
			rom gaming activities	,				
	ь	Less direct exp	penses b					
	С	Net income or (loss) from gaming activ	vities				
	10a	Gross sales of i	inventory, less	-				
		returns and allo	wances . a	17,034				
	ь	Less cost of go	-	38,149				
	с	Net income or (loss) from sales of inve	ntory	-21,115	-21,115		
		Miscellaneous	s Revenue	Business Code				
	11a b							
	C							
	d	All other revenu	ле					
	e	Total. Add lines	s 11a-11d	•				
	12	Total revenue.	See Instructions		11,615,946	22,038	0	-832,107
					,,0	,_,		

Part IX Statement of Functional Expenses

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

	❤				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
		372,715	372,715		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15				
	and 16	153,327	153,327		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	882,082	678,478	71,950	131,654
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	363,011	227,416	30,526	105,069
7	Other salaries and wages	3,690,672	2,878,723	479,789	332,160
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	169,364	132,104	22,017	15,243
9	Other employee benefits	638,028	496,197	84,090	57,741
10	Payroll taxes	555,525	,	5 1,52 5	
	· · · · · · · · · · · · · · · · · · · ·	242,510	189,158	31,526	21,826
11	Fees for services (non-employees)				
а	Management				
b	Legal	13,040		13,040	
c	Accounting	44,486		44,486	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,481,509	2,228,208	45,139	208,162
12	Advertising and promotion	1,888,422	1,888,422		
13	Office expenses	449,633	355,343	32,499	61,791
14	Information technology	143,688	112,779	17,777	13,132
15	Royalties				
16	Occupancy	772,268	667,369	35,395	69,504
17	Travel	1,885,679	1,604,175	21,793	259,711
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,489	6,621	1,104	764
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	185,287		185,287	
23	Insurance	130,915	102,114	17,019	11,782
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	Festival production	3,930,497	3,930,497		
b	Radio/TV programs	382,362	382,362		
c	Printing	224,215	174,888	22,262	27,065
d					
е	All other expenses	94,475	32,603	61,872	
25	Total functional expenses. Add lines 1 through 24e	19,146,674	16,613,499	1,217,571	1,315,604
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)				

Form	990 (2	2015)					Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any li	ne in this P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,405,631	1	1,488,905
	2	Savings and temporary cash investments			3,049,566	2	93,428
	3	Pledges and grants receivable, net			4,006,997	3	412,805
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former offi key employees, and highest compensated employees C Schedule L	Complete Pa	art II of		5	
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	(c)(3)(B), a section 50	and 1(c)(9)		6	
\ss	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	.,,
	9	Prepaid expenses and deferred charges			155,760	9	49.715
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,164,095			<u> </u>
	ь	Less accumulated depreciation	10b	3,488,759	1,804,086	10 c	1,675,336
	11	Investments—publicly traded securities			24,837	11	10,176
	12	Investments—other securities See Part IV, line 11 .			956,101	12	744,822
	13	Investments—program-related See Part IV, line 11		13	-		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11	91,167	15	30,378		
	16	Total assets.Add lines 1 through 15 (must equal line 34			12,494,145	16	4,505,565
	17	Accounts payable and accrued expenses			587,706	17	394,333
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete Part IV		21			
ilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d					
Ē		persons Complete Part II of Schedule L				22	
Liab	23	Secured mortgages and notes payable to unrelated third	parties .			23	
	24	Unsecured notes and loans payable to unrelated third pa	arties .			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to related t	third parties,			
					959,933	25	747,892
	26	Total liabilities. Add lines 17 through 25			1,547,639	26	1,142,225
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ► 🔽 a	and complete			
<u>lan</u>	27	Unrestricted net assets			3,798,629	27	2,905,885
Ba	28	Temporarily restricted net assets			7,147,877	28	457,455
Ē	29	Permanently restricted net assets			<u> </u>	29	<u> </u>
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.	check here i	► and			
ts (30	Capital stock or trust principal, or current funds				30	
sel	31	Paid-in or capital surplus, or land, building or equipment				31	
As	32	Retained earnings, endowment, accumulated income, or				32	
Vet	33	Total net assets or fund balances			10,946,506	33	3,363,340
_	1			-	i ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		

Total liabilities and net assets/fund balances

34

4,505,565

34

12,494,145

Net unrealized gains (losses) on investments . . .

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

Consolidated basis

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

Consolidated basis

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

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

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

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

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

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

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

7

8

9

10

1

Page 12

11,615,946

19,146,674

-7,530,728

10,946,506

-51,500

-938

▽

No

Νo

3,363,340

Yes

Yes

Yes

2a

2b

2c

3a

3b

Nο

Additional Data

(Code

Software ID: Software Version:

EIN: 93-0713827

Name: Luis Palau Association

) (Revenue \$

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

) (Expenses \$

Other Festivals Vario	us Dates				
(Code) (Expenses \$	335,304	including grants of \$) (Revenue \$)
period of widespread featuring evangelist A between the Luis Pala and to share the Good leading up to the major children, prisoners, a musical artists, profe special program on the exuberant as they ma Andrew shared about hands were raised aciend of the week, more	political unrest, thousands of andrew Palau The event, known Association, Haiti Broilers of News of Jesus Christ Many or gathering From November of Marie The week concluded assional BMX athletes Vic Multe main stage just for childrer inveled at the high flying stunter loving intent of Jesus Chross the crowd representing t	people gathe wn as Le Chic, and hundred evangelistic 7 until Nover with the gath rphy and Jon and families ts from FMX arist for their lihose who had registered a deceased in the control of the control	red in the heart of Haiti's c c Poulet Fun in the Son Fest is of Christian churches The events and service project mber 14, gatherings were hi hering of thousands in the h Andrus, freestyle motocros , and a message of hope fro and BMX athletes and dance ife, to provide abundance in I made a decision to respon lecision to follow Christ Ea	he Presidential election sparked an extrapital city for a free, city-wide outreach tival with Andrew Palau, was a collaborate goal was to foster hope in the Caribbe is took place throughout the city in the celd for business and civic leaders, womeart of Port-au-Prince and featured popies champions Justin Homan and Derek Com Andrew Palau. The crowd was joyful a ded along to the upbeat musical performantife, as described in the Bible in John 1 and to the call to believe in and follow Jesch decision maker received a Bible and pating local churches	festival utive effort ean nation days en, ular local Sarland, a and ances As 0 10, us By the

745,606 including grants of \$

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

167.652

) (Expenses \$

book had been distributed and thousands of individuals had beard the Good News

(Code

BEIJING, HANZHOU, & Harbin, CHINA What is Christmas Outreach | December 12-19, 2015 | Andrew Palau For the third straight year, evangelist Andrew Palau (son of Luis Palau) partnered with leaders in China to share the Gospel at events in three major cities this December Beijing, Hangzhou, and Harbin At each event, Palau worked with local churches to distribute thousands of copies of the book What is Christmas?, an evangelistic tool designed to share the story of the birth of Jesus. Throughout the week of December 12-19, the Gospel was proclaimed at Haidian Church in Beijing (the largest church in the city), Chongyi Church in Hangzhou (the largest church in China), and Hallelujah Church in Harbin (the third largest church in China). At each gathering hundreds of individuals responded to the Christmas message. Everyone who attended the events was provided with a copy of the book, and many people took extra copies to give to family members or friends. Palau also met with seminary students and top government officials regarding further visits to China, as well as

a publisher to discuss further evangelistic book opportunities in the years ahead. By the end of the week, more than 15,000 copies of the

including grants of \$

) (Revenue \$

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

Employer identification number

93-0713827

SCHEDULE A (Form 990 or 990EZ)

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.

OMB No 1545-004 Open to Public Inspection

Treasury Internal Revenue Service Name of the organization Luis Palau Association

Department of the

Part I

1

2

3

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

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 Public support. Subtract line 5

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 10,863,763 10,348,172 12,732,125 11,026,712 12,426,015 57,396,787 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 10,863,763 10,348,172 12,732,125 11,026,712 12,426,015 57,396,787

from line 4							/
Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2	015	(f) Total
7 A mounts from line 4	10,863,763	10,348,172	12,732,125	11,026,712	12	2,426,015	57,396,787
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated	134,559	116,313	85,012	130,656		30,907	497,447
business activities, whether or not the business is regularly carried on							
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	38,422	8,703	107,437	5,107		57,190	216,859
11 Total support. Add lines 7 through 10							58,111,093
12 Gross receipts from related activity	ies, etc (see ins	tructions)			12		667,851

Section C. Computation of Public Support Percentage

	ection c. computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	96 630 %
15	Public support percentage for 2014 Schedule A. Part II. line 14	15	93 910 %

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,

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶▽

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□

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

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

1.245.566

56,151,221

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•		•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

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 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
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	10 a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 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			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	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		
i	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		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accomp	olish exempt purposes						
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	uured)						
6 Other distributions (describe in Part VI) See instru							
·	ic tions						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
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							
a .							
b c							
d From 2013							
e From 2014							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7 \$							
a Applied to underdistributions of prior years			-				
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
a							
b							
c Excess from 2013							
d From 2014							
e From 2015							
		Schodulo A	/Form 990 or 990-F7) /2015				

Facts And Circumstances Test	
and 6. Also complete this part for any additional information. (See instructions).	-,
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,

Return Reference	Explanation

Return Reference Explanation

Schedule A, Part II, Line 10, Explanation of Other Income 107,437 2014 Amount \$ 5,107 2015 Amount \$ 57,190

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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.

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

OMB No 1545-0047

DLN: 93493320061126

Open to Public

terr	nal Revenue Service	<u> </u>		
	me of the organization s Palau Association			oyer identification number
Pa	Organizations Maintaining Dono Complete If the organization answer	r Advised Funds or Other Similar Fored "Yes" on Form 990, Part IV, line 6.		
	•	(a) Donor advised funds	(b)	Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to	=	or advis	sed Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	ny othei	Yes No
Pa	rt III Conservation Easements. Compl	ete if the organization answered "Yes" o	n Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by t	he organization (check all that apply)		
	Preservation of land for public use (e g , receducation)		n hıstor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in t	he form	of a conservation
	Tatal mumban of accompany			Held at the End of the Year
а	Total number of conservation easements	auta.	2a	
b	Total acreage restricted by conservation easem		2b	
c d	Number of conservation easements on a certifie Number of conservation easements included in (historic structure listed in the National Register	(c) acquired after 8/17/06, and not on a	2c 2d	
3	Number of conservation easements modified, tra		ed by the	e organization during the
	tax year ▶		•	
1	Number of states where property subject to cons	servation easement is located ►		
5	Does the organization have a written policy rega violations, and enforcement of the conservation	· · · · · · · · · · · · · · · · · ·	dling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforci	ng cons	servation easements during the
	>			
7	A mount of expenses incurred in monitoring, insp \$\$\\$\$	ecting, handling of violations, and enforcing c	onserva	ition easements during the year
3	Does each conservation easement reported on I (B)(I) and section 170(h)(4)(B)(II)?	ine 2(d) above satisfy the requirements of sec	tion 17:	0(h)(4) Yes No
9	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's financial		· ·
aı	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures,	or Oth	ner Similar Assets.
La	If the organization elected, as permitted under S works of art, historical treasures, or other simila	r assets held for public exhibition, education,	or resea	arch in furtherance of public
b	service, provide, in Part XIII, the text of the foo If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating t	FAS 116 (ASC 958), to report in its revenue rassets held for public exhibition, education,	stateme	ent and balance sheet
((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

Pai	t III	Organizations Maintaining (continued)	Collections of Art,	Historical	Trea	asures, or	Oth	er Similar As	sets
3		g the organization's acquisition, acce ction items (check all that apply)	ession, and other record	s, check any	of the	following that	are	a significant use	of its
а		Public exhibition		d	an or	exchange pro	gran	ms	
b	Г	Scholarly research		e	ther				
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII								
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intermed	diary for contr	ibutio	ns or other as	sets	not Yes	☐ No
b	Ιf	"Yes," explain the arrangement in Pa	art XIII and complete th	ne following ta	ble		Γ	A mo	unt
c		ginning balance	me XIII and complete th	ic following to	DIC	10	,		
d		ditions during the year				10			
e		stributions during the year				10			
f		ding balance				1	-		
2 a		ne organization include an amount or	n Form 990 Part X line	21 for escro	worc			ıabılıtv? □ v	
b		es," explain the arrangement in Part							∏ No
	art V	Endowment Funds. Complete							· · · · · · · · · · · · · · · · · · ·
				(b)Pnor year)Two years back	-	Three years back	(e)Four years back
1 a	Begii	nning of year balance							
b	C ont	ributions							
c	Net i losse	nvestment earnings, gains, and es							
d	Gran	ts or scholarships							
е		r expenditures for facilities programs							
f	A dm	inistrative expenses					+		
g		of year balance							
2	Provi	• • • • • de the estimated percentage of the o	current year end halanc	e (line 1a col	umn (a)) held as			
a		d designated or quasi-endowment	current year end balanc	e (iiile 19, coi	umm (a)) neia as			
_									
b		anent endowment ►							
С		oorarily restricted endowment > percentages on lines 2a, 2b, and 2c s	should equal 100%						
3a	A re t	here endowment funds not in the pos nization by		tion that are h	neld aı	nd admınıster	ed fo	or the	Yes No
	(i) ur	related organizations						3a(i)
	(ii) re	elated organizations						3a(ii)
b		es" on 3a(II), are the related organiza	•					3t	<u> </u>
4		ribe in Part XIII the intended uses o		owment funds					
Pa	rt VI	Land, Buildings, and Equiporation a		m 990 Dart	T\/ I	ına 112 Saa	For	m 990 Part Y	line 10
		Description of property	niswered res to ror	(a) Cost or other (investme	basis	(b) Cost or other b		Accumulated (c)depreciation	(d)Book value
	Land			(1117-634116	,	378,	000		378,000
	Buildir					2,782,	\rightarrow	1,609,652	
		nold improvements				_,: 32/	+		
		nent				2,003,	234	1,879,107	124,127
							-		+

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

1,675,336

(a) Description of security or catego (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			Cost of end-of-year market valu
(2)Closely-held equity interests (3)Other			
(A) Cash surrender value of life insurance		440,477	F
(B) Annuity contracts with insurance companies		304,345	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	744,822	
Complete if the organization answere	ed 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
	I		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	b		
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 11	d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 11	(b) Book value
Part IX Other Assets. Complete if the organizate (a) Des (a) D	tion answered 'Yes' on Forceription		(b) Book value
Part IX Other Assets. Complete if the organization (a) Des (a) Des (b) Total. (Column (b) must equal Form 990, Part X, col (B) line	tion answered 'Yes' on Forceription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of the property of the part X, line 25.	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability	e 15)	'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Deferred compensation	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	tion answered 'Yes' on Forceription e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Deferred compensation	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Deferred compensation	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Deferred compensation	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Deferred compensation	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Deferred compensation	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Deferred compensation	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Deferred compensation	e 15)		(b) Book value

1

2

28,594,783

1

			1 -	1		
a	Net unrealized gains (losses)		2a	-51,500		
b	Donated services and use of fa		. 2b	16,094,965		
С	Recoveries of prior year grants		. 2c			
d	Other (Describe in Part XIII)		2d	-938		
e	Add lines 2a through 2d				2e	16,042,527
3	Subtract line 2e from line 1 .				3	12,552,256
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incli	uded on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII)		. 4b	-936,310		
c	Add lines 4a and 4b				4c	-936,310
5	Total revenue Add lines 3 and	l 4c. (This must equal Form 990, Part I,	line 12)		5	11,615,946
Part		xpenses per Audited Financial			s per R	<u> </u>
		nization answered 'Yes' on Form 99	90, Part	IV, line 12a.		
1	Total expenses and losses per	r audited financial statements			1	36,177,949
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acılıtıes	. 2a	16,094,965		
b	Prior year adjustments		2b			
c	Otherlosses		. 2c			
d	Other (Describe in Part XIII)		2d	936,310		
e	Add lines 2a through 2d				2e	17,031,275
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	19,146,674
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b				
			4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	0
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part	I, line 18)	5	19,146,674
Pari	XIII Supplemental Inf	ormation				
		Part II, lines 3, 5, and 9, Part III, line	s 1a and	4 . Part IV . lines 1b and 2	b .	
		lines 2d and 4b, and Part XII, lines 2d				any additional
ınfor	mation					
	Return Reference	Explanation	on			
Part X	C, Line 2	The financial statement effects of a ta		•		_
		financial statements when it is more li will be sustained upon examination. It				
		statements of activities As of Decem	nber 31, 2	015 and 2014, the Asso	ciation h	ad no uncertain tax
		positions that qualify for recognition of information tax returns in the U.S. and				
		examinations for the current year and	_			
		regulations				
				<u> </u>	Schedu	ıle D (Form 990) 2015

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

Schedule D (Form 990) 2015	Page 5			
Part XIII Supplemental Information (continued)				
Return Reference	Explanation			
Part XI, Line 4b - Other Adjustments	Fundraising event expenses -930,591 Rent expenses -5,719			
Part XII, Line 2d - Other Adjustments	Fundraising event expenses 930,591 Rent expenses 5,719			

(Form 990)	► Complete i	if the organization Part IV, line 1 ▶ Attach to	Outside the United in answered "Yes" to Form 9 14b, 15, or 16. or Form 990. and its instructions is at we	990,	2015
Department of the Treasury	•	Part IV, line 1 ► Attach to	14b, 15, or 16. o Form 990.		2015
Internal Revenue Service					Open to Public Inspection
Name of the organization Luis Palau Association					ntification number
Part I General Information of Complete if the organization				93-0713827 14b.	
For grantmakers. Does the org and other assistance, the grant- used to award the grants or ass	anızatıon m ees' elıgıbıl	naintain record	s to substantiate the a	mount of its grants	✓ Yes No
2 For grantmakers. Describe in P assistance outside the United S	tates				
3 Activites per Region (The following	Part I, line :	3 table can be du	uplicated if additional spa	ce is needed)	
	b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	
(1) See Add'l Data		, and the same of	region,		
(2)					
(3)					
(4)					
(5)					
Sa Sub-total D Total from continuation sheets to Part I	1 0	7			576,248 0
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the	1	7		No 50082W Sche	576,248 dule F (Form 990) 2015

. (a) Name o organizatio	1 ' '	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		South Asia	Food, clothing, and education for orphans and Christian envangelism	148,696	Wire transfer and check			
(2)								
(3)								
(4)								

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 duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement of non-cash valuation non-cash assistance (book, FMV, assistance appraisal, other) (1) (2) (3) (8) (9)

(4) (5) (6) (7) (10) (11) (12) (13) (14) (15) (16) (17)

(18) Schedule F (Form 990) 2015

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) Yes ✓ No Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) Yes ✓ No

this part to provide any additional information (see instructions).

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

990 Schedule E. Sunnlemental Information

Schedule F (Form 990) 2015

30 Schedule F, Supplemental Information					
Return Reference	Explanation				
Part I, Line 2	Follow-up visits and phone calls are made to monitor program progress and accomplishments LPA has also done occasional field audits, receives regular ministry reports, and in some cases, have board representation				

990 Schedule F, Supplemental Information Return Reference Explanation

Part I. line 3 Foreign expenditures were accounted for based on the accrual method of accounting using ex

pense reports, receipts, and other appropriate documentation

Additional Data

Central America and the

Caribbean

Software ID: Software Version:

EIN: 93-0713827

Name: Luis Palau Association

Evangelistic outreach

166,216

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

0

0

(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
South America	0	3	Program Service	Evangelistic outreach	107,892
South America	0	0	Grants to Recipients		1,000

Located in Region

Program Service

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) 65,468

Program Service

Evangelistic outreach

48.981

34.364

East Asia and the Pacific	0	0	Program Service	Evangelistic outreach	
Sub-Saharan Africa	0	0	Program Service	Evangelistic outreach	

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

Europe (Including Iceland &

Greenland)

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region

Grants to Recipients

Located in Region

3,631

148,696

		located in the region)	
Europe (Including Iceland & Greenland)	0	Grants to Recipients Located in Region	

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

South Asia

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320061126

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization						Employer ide	ntification number		
uis Palau Association						93-0713827	,		
Part I Fundraising Ac Form 990-EZ filer	·		_	ation answered "Yes" his part.	on Form	990, Part IV	, line 17.		
1 Indicate whether the orgai	nızatıon raısed fund	ds through	n any of th	ne following activities C	heck all ti	hat apply			
a Mail solicitations	a								
b Internet and email sol	t grants								
c Phone solicitations				g Special fundrais	sing event	S			
d									
2a Did the organization have or key employees listed in services?	Form 990, Part V	II) or ent	ty in coni	nection with professiona	ıl fundraısı	ing Y	es No		
b If "Yes," list the ten higher to be compensated at least				isers) pursuant to agree	ements un	der which the f	undraiser is		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundrai	iount paid to stained by) ser listed in sol (i)	(vi) A mount paid to (or retained by) organization		
		Yes	No						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
otal			>						
3 List all states in which the o registration or licensing	rganization is regis	stered or	licensed t	to solicit contributions (or has bee	n notified it is e	I exempt from		

Part II	Fundraising	Events

Fundraising Events.

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

	receipts greater than \$5,000	. (a)Event #1	(b) Event #2	(c)Other events	(d)
		NYC Donor Retreat (event type)	Federica-Donor Retreat (event type)	3 (total number)	Total events (add col (a) through col (c))
Reverkie	1 Gross receipts	2,495,338	1,435,000	1,476,957	5,407,295
	2 Less Contributions	2,438,148	1,435,000	1,476,957	5,350,105
	line 2)	57,190			57,190
	4 Cash prizes				
	5 Noncash prizes				
တ	6 Rent/facility costs				
Expenses	7 Food and beverages	307,279		197,197	504,476
Ŋ	8 Entertainment		1,950	55,000	56,950
red Cired	9 Other direct expenses	203,798	2,500	162,867	369,165
ā	10 Direct expense summary Add lines 4	through 9 in column (d)	•	930,591
	11 Net income summary Subtract line 1	0 from line 3, column (d)		-873,401
zan	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
	3 Noncash prizes				
บ กับ กับ	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	├ Yes%	├ Yes <u> %</u> ├ No	│ Yes <u></u>	
	7 Direct expense summary Add lines 2	through 5 ın column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organizat				Yes No
b	If "No," explain				
.0a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493320061126 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Luis Palau Association 93-0713827 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Additional Data

International PO Box 9010 Portland, OR 97207 Software ID: Software Version:

EIN: 93-0713827

Name: Luis Palau Association

Form 990,Schedule 1, Pai	t II, Grants and	Otner Assistance	<u>e to Domestic Orga</u>	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JA Perez Evangelistic Assoc PO Box 211325 Chula Vista, CA 91921	33-0839476	501(c)(3)	5,360				Christian evangelism
Multnomah Biblical Seminary 8435 NE Gilsan Street Portland, OR 97220	93-0398802	501(c)(3)	15,000				Biblical seminary & missionary evangelism
Passion 4 People	32-0174243	501(c)(3)	6,000				Christian evangelism

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 10,000 Maze Ministries 20-4244277 501(c)(3) Christian community PO Box 2070 loutreach ngelism

Orange,CA 92859					
Cedar Mill Bible 12208 Nw Cornell Rd	93-6014152	501(c)(3)	10,000		Christian evange

6,000

Christian evangelism

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Faith 2 Faith Ministries

New London, CT 06320

PO Box 510

20-8370780

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Collyde 27-3063000 501(c)(3) 12,500 Christian community 69 Brahma Avenue loutreach Bridgewater N1 00007 community

bliugewater, NJ 00007					
Bronx Clergy Criminal Justice Roundtable Inc 1015 East Gun Hill Road Bronx,NY 10469	45-4096384	501(c)(3)	7,500		Christian co outreach

14,900

Christian community

loutreach

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

45-4096384

Christian Community

Development Center

132 West 14th St 5th Floor New York, NY 10011

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501(c)(3) 7.000 Convoy of Hope-Long Island 11-2697211 Christian community 188 Rockaway Ave loutreach Valley Stream, NY 11580 46-2618346 501(c)(3) 35,000 Christian community

5,504

butreach

loutreach

Christian community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Movement NYC
3944 51st St
Woodside, NY 11377

120 West 14th Street

New York, NY 10011

13-5562351

Salvation Army

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) The Legacy Center 27-1033434 501(c)(3) 11,693 Educational partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Brooklyn, NY 100182255

Uptown Community Church

551 Ft Washington Ave

New York, NY 10033

47-1074567

Community 16-34 Centre Street Ridgewood,NY 11385					
Trinity Grace Church 21 W 38th St Floor 2	20-4547012	501(c)(3)	21,500		Christian community outreach

000,8

Educational - mentoring

project

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Urban Hope-NYC 27-4637480 501(c)(3) 5,245 Christian community 77 Alaska Street loutreach

103101203					
Urban Kıngdom Youth Mınıstrıes 558 Carlton Ave	46-3795759	501(c)(3)	9,500		Christia outreac

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

oan Kingdom Youth histries 8 Carlton Ave poklyn, NY 11238	46-3795759	501(c)(3)	9,500		Christian community outreach
sion Long Island	11-2623742	501(c)(3)	10,000		Christian literature

558 Carlton Ave Brooklyn, NY 11238					oucreach
Vision Long Taland	11 2622742	E01/a)/2)	10.000		Christian liter

Brooklyn, NY 11238					
Vision Long Island	11-2623742	501(c)(3)	10,000		Christian literatur
65 F Williston Avenue					brosect

Vision Long Island	11-2623742	501(c)(3)	10,000		Christian
65 E Williston Avenue					project
East Williston, NY 11596					l .

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501(c)(3) 15.000 Vision Urbana Inc 13-3848575 Educational partnership 207-209 East Broadway New York, NY 10002 501(c)(3) 36,625 43-1964291 Christian evangelism

Christian evangelism

25,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Reid Saunders Assoc
PO Box 4275
Salem.OR 97302

Rivermusic Management

109 Westpark Dr Suite 400 Brentwood, TN 37027 20-4155218

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.

2015

OMB No 1545-0047

DLN: 93493320061126

Schedule J (Form 990)

Freas	Pepartment of the ireasury internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u> .					Open to Public Inspection					
Νa	me of the organi s Palau Association				Employer identificati	on nui	nber				
					93-0713827						
Pa	rt I Quest	ions Regarding Compensation									
							Yes	No			
1a		ropiate box(es) if the organization provi Section A , line 1a Complete Part III t									
	✓ First-clas	ss or charter travel	✓	Housing allowance or residence fo	r personal use			ļ			
	✓ Travel for	rcompanions		Payments for business use of pers	onal residence		ļ	ļ			
	☐ Tax idem	nıfıcatıon and gross-up payments		Health or social club dues or initia	ition fees			ļ			
	Discretio	nary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)	 					
b		oxes in line 1a are checked, did the orga t or provision of all of the expenses des				1b	Yes				
2		zation require substantiation prior to rei tees, officers, including the CEO/Execu				2	Yes				
3	organızatıon's	, if any, of the following the filing organiz CEO/Executive Director Check all tha ted organization to establish compensal	t apply	Do not check any boxes for metho	ods						
	✓ Compens	ation committee	Г	Written employment contract							
	✓ Independ	ent compensation consultant	~	Compensation survey or study		ĺ		Ì			
	√ Form 990	of other organizations	√	Approval by the board or compens	ation committee						
4	During the yea or a related org	r, did any person listed on Form 990, P ganization	art VII	I, Section A, line 1a with respect to	the filing organization						
а	Receive a seve	erance payment or change-of-control pa	ymen	t?		4a		Νo			
b	Participate in,	or receive payment from, a supplement	al nond	qualified retirement plan?		4b		Νo			
c	Participate in,	or receive payment from, an equity-bas	ed cor	mpensation arrangement?		4c		Νo			
	If "Yes" to any	of lines 4a-c, list the persons and prov	ide th	e applicable amounts for each item	ın Part III						
5	For persons lis), 501(c)(4), and 501(c)(29) organizatio ted on Form 990, Part VII, Section A, l contingent on the revenues of		·	any						
а	The organization	on?				5a		Νo			
b	Any related or	ganization? e 5a or 5b, describe in Part III				5b		No			
6	For persons lis	ted on Form 990, Part VII, Section A, l	ıne 1a	, did the organization pay or accrue	any						
а	The organization	on?				6a		No			
b	Any related or					6b		No			
		e 6a or 6b, describe in Part III									
7	For persons lis	ited on Form 990, Part VII, Section A, l described in lines 5 and 6? If "Yes," de			on-fixed	7		No			
8	Were any amou	unts reported on Form 990, Part VII, pa initial contract exception described in F	ııd or a	accured pursuant to a contract that		8		No			

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

section 53 4958-6(c)?

Page 2

3 John OgleVice President

188,478

(ii)

5,000

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

1,165

				<u>'</u>	, ,	, , ,	. , , ,	
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	
		Base (ii) (iii) other deferred ben (i) compensation compensation compensation		benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990		
1 Dr Luis PalauCEO/Director	(i)	127,794	5,000	15,448	21,052	81,131	250,425	0
	(ii)	0	0	0	0	0	0	0
2 Kevin PalauPresident	(i)	136,001	5,000	1,016	17,196	68,680	227,893	0
	(ii)	0	0	0	0	0	0	0

17,730

23,680

Schedule J (Form 990) 2015

236,053

Schedule J (Form 990) 2015	Page 3							
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 1a	First class airfare is allowed for the president, and not considered taxable compensation due to a bona fide business purpose. The board has reviewed this determination and approved. Travel expenses for companions of listed individuals is considered taxable if determined to be personal in nature. When a bona fide business purpose is established this travel expense is not included in taxable compensation. Pursuant to Internal Revenue Code Section 107, ministerial housing allowances are provided for qualifying ministerial employees, this is not included in taxable compensation.							

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

DLN: 93493320061126 OMB No 1545-0047

2015

Department of the Freasury Internal Revenue Serv	rice	▶Information a		dule L (Form	990 or Form 99 990 or 990-EZ ov /form 990.) and its instru	ctions	is at			en to P ispect	
Name of the orga Luis Palau Associatio	anization						Er	nploye	r identi	ficatio	n numbe	r
Luis Palau Associatio	111						93	3-071	3827			
		Transaction									406	
	of disqualif	janization answe ied person				fied person and			z, Part cription		<u>400</u> (d) Cor	rected?
_ (,			(-,	•	rganızatıon	, , , , , , , , , , , , , , , , , , ,		•	saction		Yes	No
							+					
							+					
		incurred by orga							_			
								•	> \$			
3 Enter the an	nount of tax,	, if any, on line 2	, above, rei	mbursea by t	.ne organizacio	·n	•	• •	> \$			
C om orga	plete if the i	l/or From In organization ans orted an amount	wered "Yes on Form 99	" on Form 99 90, Part X, lii	ne 5, 6, or 22							ıttan
(a) Name of (interested person	(b) Relations with organization	Purpose of	(d) Loan or from th organization	ne	(e)O riginal principal amount	(f)Balance due	(g) defa	In ult?	(h A ppro by boa commi	ved rd or	(i)Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No
Total		<u> </u>										
	nts or Ass	sistance Bend	efitina Ir	iterested	Persons.	l						
Com	plete if the	e organization	answered	"Yes" on F	orm 990, Pa							
(a) Name of in person		(b) Relationshi interested pers organiza	on and the	(c) A moun	t of assistance	e (d) Type o	ofassı	stance	e (e)	Purpos	se of ass	ıstance
				1								
				+								

Schedule L (Form 990 or 990-EZ) 2015

revenu	ation's ues?
Yes	No
	No
	No
	Νo
	No
	No
	No
- - -	

Explanation

Explanation for including Dr. Luis Palau and Kevin Palau in Schedule L, Part IV and Form 990, Part VII, Section A The instructions to Schedule L (Form 990), Part IV state that compensation reported In Form 990, Part VII, Section A does not have to be reported in Schedule L, Part IV," unless the compensation was to a family member of another person reported in Form 990, Part VII, Section A "

Return Reference

Schedule L, Part IV

SCHEDULE M

DLN: 93493320061126

2015

OMB No 1545-0047

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

Department of the Treasury

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

Open to Public

nter	nal Revenue Service								
	ne of the organization				Emplo	yer identificat	ion nu	mber	
JIS I	Palau Association				93-07	13827			
Pā	art I Types of Property				33 07	13027			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of de oncash contrib	etermı	_	ts
1	Art—Works of art				<u> </u>				
2	Art—Historical treasures .								
3	Art—Fractional interests				<u> </u>				
4	Books and publications				↓				
5	Clothing and household goods								
6	Cars and other vehicles				↓				
7	Boats and planes				ــــــ				
	Intellectual property				—				
	Securities—Publicly traded .	X	30	694,845	Stock	Market Value			
	Securities—Closely held stock .				₩				
	Securities—Partnership, LLC, or trust interests				<u> </u>				
	Securities—Miscellaneous				+				
L3	Qualified conservation contribution—Historic structures								
L4	Qualified conservation				+-				
	contribution—Other								
L5	Real estate—Residential .								
L6	Real estate—Commercial								
L7	Real estate—Other								
	Collectibles				—				
	Food inventory				<u> </u>				
	Drugs and medical supplies .				₩				
	Taxidermy				+				
	Historical artifacts				₩				
	Scientific specimens				+-				
	Archeological artifacts		1	7.606	L MY				
	Other ► (aments)	X	1	7,608	, F V				
	Other►()				†				
	Other ► ()								
	Other ▶ ()								
29	Number of Forms 8283 received for which the organization comple	, ,			29				
								Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1 thro	ough 28, that			
	ıt must hold for at least three ye	ars from th	e date of the initial contribu	tion, and which is not requ	ired to	be used			
	for exempt purposes for the entir	re holding p	period?				30a		No
b	If "Yes," describe the arrangeme	٠.							<u></u>
31	Does the organization have a gif	t acceptan	ce policy that requires the r	eview of any non-standard	contri	butions?	31	Yes	
32 a	Does the organization hire or use	•		to solicit, process, or sell	noncas	sh • •	32a	Yes	ì
Ŀ	If "Yes." describe in Part II						32a	162	

describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2015)

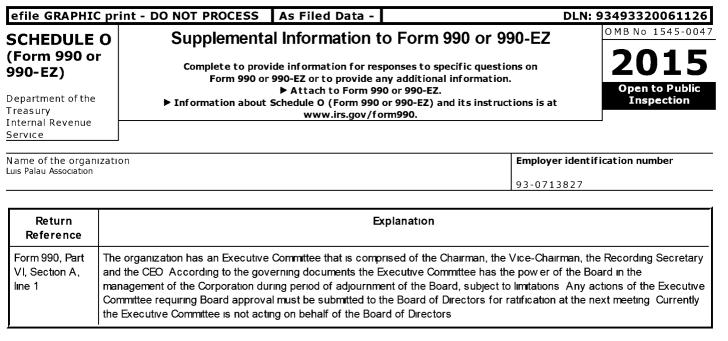
Page 2

Schedule M (Form 990) (2015)

Also complete this p	eart for any additional information.
Return Reference	Explanation

Part I, Column (b) The number of contributions represent the number of contributions received, not the number of items Idonated

The organization uses iDonate to process tangible non-cash assets like cars, timeshares, boats, and Part I, Line 32b lother items



Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Luis Palau and Kevin Palau have a family relationship

Return Reference	Explanation
Form 990, Part VI,	The Form 990 is prepared by an independent CPA firm. It is also reviewed by LPA management in detail and then a
Section B, line 11	copy is provided to the board before it is filed with the Internal Revenue Service

Return Reference	Explanation
Section B, line 12c	All transactions are monitored by top management and reviewed for conflicts of interest. All contracts entered into are reviewed and approved by an officer of the organization. Should any conflicts of interest be identified, the board member or officer with the interest would be asked to refrain from participation in any deliberation or decision with regard to matters affected by the relationship

Return Reference	Explanation
· ·	Salaries for officers are set by the independent compensation committee of the board of directors. On an annual basis, the compensation committee review's comparability data, determines the salary increases for officers and communicates the decision to ministry management. The process and decisions are documented in the board minutes.

Return Reference	Explanation					
Form 990, Part VI, Section C, line 19	These documents are available upon request					

Return Reference	Explanation
Form 990, Part VII	Compensation reported in Part VII, column D and Schedule J, Part II, column B is the amount reported on the individual's W-2, box 1 or 5 (w hichever amount is greater) per the IRS instructions. In the case of minister's compensation when box 5 of the W-2 is not applicable, box 1 compensation is used. Employee deferrals to qualified retirement plans are normally captured in box 5, not box 1 of Form W-2. For reporting purposes wie have included the employee's retirement plan deferrals in Part VII, column F and Schedule J, Part II, column C.

Return Reference	Explanation
Form 990, Part IX, line 11g	Production Fees Program service expenses 2,093,426 Management and general expenses 41,803 Fundraising expenses 193,341 Total expenses 2,328,570 Honorariums Program service expenses 36,823 Management and general expenses 1,152 Fundraising expenses 4,833 Total expenses 42,808 Payroll fees and HR Consulting Program service expenses 35,894 Management and general expenses 1,122 Fundraising expenses 4,711 Total expenses 41,727 Other services Program service expenses 62,065 Management and general expenses 1,062 Fundraising expenses 5,277 Total expenses 68,404

Return Reference	Explanation						
Form 990, Part XI, line 9	Change in the value of annuities -938						

Return Reference	Explanation
Form 990, Part XII, Line 2c	The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year.

SCHEDULE R

Related O

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

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

DLN: 93493320061126

Open to Public Inspection

Schedule R (Form 990) 2015

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990)

Luis Palau Association

► Attach to Form 990.

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

93-0713827 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) Livin It LLC OR 0 N/A Extreme sports evangelism PO Box 50 Portland, OR 97207 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	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) 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	Share of	(g) Share of end-of-year assets	Share of Disprop nd-of-year alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No		
Part TV Identification of Polated Organizations Taxable a	<u> </u>			<u> </u>									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

chedule R (Form 990) 2015					Рa	ge 3			
Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a					
b Gift, grant, or capital contribution to related organization(s)				1 b					
c Gift, grant, or capital contribution from related organization(s)				1 c					
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)				1f					
$oldsymbol{g}$ Sale of assets to related organization(s)				1 g					
h Purchase of assets from related organization(s)				1h					
i Exchange of assets with related organization(s)				1i					
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j					
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k					
l Performance of services or membership or fundraising solicitations for related organization(s)				11					
Derformance of corruces or members hip or fundraising collectations by related organization(s)				1m		l			
m Performance of services or membership or fundraising solicitations by related organization(s)				1n					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10					
o Sharing of paid employees with related organization(s)				10					
p Reimbursement paid to related organization(s) for expenses				1 p					
q Reimbursement paid by related organization(s) for expenses				1 q					
${f r}$ Other transfer of cash or property to related organization(s)				1r					
s Other transfer of cash or property from related organization(s)				1 s					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	· · · · · · · · · · · · · · · · · · ·			5					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ai	mount II	nvolved	I			

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																			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?								(f) Share of total Income	end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No							

