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DLN: 93493305014266

2015

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

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

		2015 ca applicable	lendar year, or tax year begin C Name of organization Palau Foundation for World Evan	ning 01-01-2015 , and ending 12-31-2	015	D Empl	oyer ider	tification number
Addı	ess cha	ange	raida radiidadan far viana Evan	gonam		93-1	084330	)
$\Box$	ne char	-	Doing business as					
$\Box$			Number and street (or P O box i	f mail is not delivered to street address) Room/	suite	E Teleph	none numb	per
Initia	al retur	'n	PO Box 91492			(503	)614-1	500
$\Box$	terminat		City or town, state or province, or Portland, OR 972910492	ountry, and ZIP or foreign postal code		<b>G</b> Gross	receipts \$	1,381,714
$\Box$	nded r							
Appl	ication	pending	F Name and address of p David Jones PO Box 91492 Portland, OR 972910492		Н(b)	Is this a grou subordinates? Are all subord included?	>	for
Ta Ta	x-exer	npt status	<b>√</b> 501(c)(3)	◀ (insert no ) 4947(a)(1) or 527		If "No," attac Group exemp		(see instructions)
J W	ebsit	<b>e: ►</b> N/A			<b> </b> (e)	Group exemp	tion nun	ibei 🕨
K For	m of or	rganization	✓ Corporation Trust Asso	ociation	<b>L</b> Yea	r of formation 1	992 <b>M</b>	State of legal domicile Ol
Other	► Fit I				•			
	<b>1</b> B	riefly des	I <b>mary</b> scribe the organization's miss t Christian organizations	ion or most significant activities				
Activities & Governance	2 (	Check th	us box ▶ ┌ If the organization	discontinued its operations or dispose	d of more t	han 25% of it	s net as	sets
উ ≉্ড	3	Number	of voting members of the gove	rning body (Part VI, line 1a)			з	6
iles	4	Number	of independent voting member	s of the governing body (Part VI, line 1	o)		4	6
) tim			• •	n calendar year 2015 (Part V, line 2a)			5	0
Ä			,	f necessary)			6 7a	6 0
				from Form 990-T, line 34			7b	
						Prior Year		Current Year
O.	8		- · ·	, line 1 h)	•	300	,497	309,551
Ravenue	9	_	*	, line 2g)	•	2.47	0	150.115
Rạv	10 11		,	mn (A), lines 3, 4, and 7d)	•	247	,587 0	159,112
	12		, , , ,	11 (must equal Part VIII, column (A), l	ine	548	,084	468,663
	13			art IX, column (A), lines 1-3)		523	,694	1,143,064
S.	14 15		es, other compensation, emplo	t IX, column (A), line 4)			0	(
Expenses	16a		<b>,</b>	IX, column (A), line 11e)			0	(
ă	ь	Total fu	ındraısıng expenses (Part IX, column	(D), line 25) ▶ <u>552</u>				
_	17			), lines 11a-11d, 11f-24e)		43	,068	48,222
	18		·	must equal Part IX, column (A), line 25)			,762	1,191,288
Net Assets or Fund Balances	19	Keven	ue less expenses Subtract III	ne 18 from line 12		-18 ning of Current	,678 : <b>Year</b>	-722,625 End of Year
Asse Bala	20		assets (Part X, line 16)			4,138	,177	3,192,313
und und	21				-		,595	351,253
	22 1111		ssets or fund balances Subtra	ct line 21 from line 20	-	3,724	,582	2,841,060
Unde my k	r pena nowle	alties of d	perjury, I declare that I have o	examined this return, including accompo omplete Declaration of preparer (other				
		****			-	2016-10-31		
Sigr Her		Davie	ature of officer d Jones Executive Director			Date		
Doi:	۸	P	Print/Type preparer's name David Moja	Preparer's signature David Moja	Date	Check If self-employed	PTIN P00747	006
Paid	a pare	ב <mark>ר  </mark> F	Firm's name			Firm's EIN > 3		92
	e On	1 1	Firm's address ► 3010 Saturn Street S Brea, CA 92821	Suite 205		Phone no (71	<b>4</b> ) 961-93	000
M ~···	tha ID	) C. dia a : : :	· · · · · · · · · · · · · · · · · · ·	r chown above? (con instructions)		•		Was Dis

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Form 990 (2015)

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20a

20b

Yes

Yes

Yes

Yes

Yes

Yes

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😕	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197  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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 🙎	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			

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

If "Yes," complete Schedule D, Part VI

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

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

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

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

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

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

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

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

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

16

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

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . . . . . . . .

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

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

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

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

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

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

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

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

29

instructions for applicable filing thresholds, conditions, and exceptions)

# Page 4

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24a

24b

24c

24d

25a

25b

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Yes

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Form 990 (2015)

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Yes 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 . . . .

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

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

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**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?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

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

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I . . . . . . . . . . . 🖠 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

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

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?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

orm	990 (2015)			Page <b>S</b>
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		. <u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
b	by this return	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
11	facilities  Section 501(c)(12) organizations. Enter	 		
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13</b> a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .

14b

year by the following

Section C. Disclosure

0 (2015)	

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

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

_	check it self-cade o contains a response of note to any line in this fact vi	· ·	<u> </u>	<u> </u>	•	• •	<del></del>
Se	ction A. Governing Body and Management						
						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6			
	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		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	siness	relations	hip with any	2	Yes	

Did the organization have members or stockholders? . . . . . . . . .

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

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

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

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

 ${f b}$  Other officers or key employees of the organization . . . . . . . . . .

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

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

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

▶David Jones PO Box 91492 Portland, OR 972910492 (503) 614-1500

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

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

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

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

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

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 

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

**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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

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

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

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

3 4

10b

11a

12a

12h

**12**c

13

14

15a

15b

16a

16b

AK, GA, MN, NH, TN, VA, WA, WV, WI, OR

Yes

Yes

Yes

Yes

Yes

Yes

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? Did the organization make any significant changes to its governing documents since the prior Form 990 was 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the 8a

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Yes	
Yes	

	Νo
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	No
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Form 990 (2015)

Part VII

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

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

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

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

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more pers	than son is	one bot	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Luis Palau	1 00				Γ					
President		Х		Х				0	0	
(2) Richard E Withnell Vice President	0 30	×		x				0	0	
(3) Kerth Palau Vice President	1 50	×		×				0	0	
(4) Joan Dehn Director	0 30	×						0	0	
(5) Richard Coulson Director	0 30	×						0	0	
(6) Bud Lindstrand Director	0 30	×						0	0	
(7) David Jones  Exec Dir /Secretary/Treasurer	4 00			х				0	0	

Form 990 (	2015)							
Part VII	Section A	. Officers, Director	s, Trustees, I	Key Employees,	and Highest	Compensated En	ıployees (c	ontinued)

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( :han ( on is	one l both	oox, an c	heck unless officer stee)		( <b>D</b> ) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b c	Sub-Total				•		<b>*</b>				
d	Total (add lines 1b and 1c)	•				<u>.</u>			0	0	0
2	Total number of individuals (ii \$100,000 of reportable comp						d abov	re) wl	ho received more th	aan	

Sub-Total						•												
Total from continuation sheet	s to Part VII, S	Section A	١.			•												
Total (add lines 1b and 1c) .						•				0				0			C	)
						abov	e) wl	no rece	eivedi	more t	han							
																Yes	No	_
Did the organization list any <b>fo</b>	<b>ormer</b> officer, di	rector o	r trust	tee, l	кеу е	mplo	yee,	or high	nest c	ompe	nsate	d em	ploy	/ee				_
on line 1a? If "Yes," complete S	chedule J for su	ch indivi	dual									•			3		No	
For any individual listed on line	1a, is the sum	of repo	rtable	com	nens	ation	anc	dother	comn	ensat	ion fro	m tl	he					_
	Total from continuation sheet Total (add lines 1b and 1c)  Total number of individuals (in: \$100,000 of reportable compe	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)	Total from continuation sheets to Part VII, Section A.  Total (add lines 1b and 1c)	Total from continuation sheets to Part VII, Section A	Total (add lines 1b and 1c)	Total from continuation sheets to Part VII, Section A	Total from continuation sheets to Part VII, Section A	Total from continuation sheets to Part VII, Section A	Total from continuation sheets to Part VII, Section A	Total from continuation sheets to Part VII, Section A	Total from continuation sheets to Part VII, Section A ▶ 0  Total (add lines 1b and 1c)	Total from continuation sheets to Part VII, Section A	Total from continuation sheets to Part VII, Section A	Total from continuation sheets to Part VII, Section A ▶  Total (add lines 1b and 1c)	Total from continuation sheets to Part VII, Section A ▶  Total (add lines 1b and 1c)	Total from continuation sheets to Part VII, Section A	Total from continuation sheets to Part VII, Section A

<b>1</b> b	Sub-Total						<b>&gt;</b>										
c	Total from continuation sheet	s to Part VII,	Section A	۸.			. ▶										
d	Total (add lines 1b and 1c) .						<b>&gt;</b>				0			(			0
2	Total number of individuals (ind \$100,000 of reportable compe						d abov	e) w	ho rec	eived i	more tl	nan					
																Yes	No
3	Did the organization list any <b>fo</b>	<b>rmer</b> officer, d	ırector o	r trus	tee,	key	emplo	yee,	, or hig	hest c	omper	sate	d emp	loyee		Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete S</i>	•							_						3	Yes	No No
3	on line 1a? If "Yes," complete S For any individual listed on line organization and related organi	chedule I for se 1 a, is the sui zations greate	<i>ich indiv</i> m of repo er than \$	<i>idual</i> irtable 150,0	• e coi	mper	nsatio Yes," (	n and	d other	comp hedule	ensati I for s	• on fro uch	m the	•		Yes	
	on line 1a? <i>If "Yes," complete S</i> For any individual listed on line	chedule I for se 1 a, is the sui zations greate	<i>ich indiv</i> m of repo er than \$	<i>idual</i> irtable 150,0	• e coi	mper	nsatio Yes," (	n and	d other	comp hedule	ensati I for s	• on fro uch	m the	•		Yes	

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organizat		ax year	
		$\overline{}$		-

	on line 1a <sup>7</sup> If "Yes," complete Schedule J for such individual	3	;	No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual						
	maividual	. ⊢4	•	No			
5							
	services rendered to the organization? If "Yes," complete Schedule I for such person	. [2		No			
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.						
	(A) (B)		(0				
	Name and business address Description of service	25	Compe	nsation			
			1				

	services rendered to the organization? If "Yes," complete Schedule J for such person .		5		No
<u>S</u>	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that recompensation from the organization. Report compensation for the calendar year ending			tax year	
	(A) Name and business address	(B) Description of services		(C) Compens	
			$\dashv$		
			$\dashv$		
_	Total number of independent centractors (including but not limited to these listed above)	ube recoved more than	-+		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$  0 Form **990** (2015)

orm 99		15)						Page <b>S</b>
Part V	/ + + 1	Statement o						_
		Check if Schedi	ule O contains a respoi	nse or note to any lir	ne in this Part VIII  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>န</u> လ	1a	Federated cam	paigns 1a	16,500				
ant	ь	Membership du	es <b>1b</b>					
Ē.G	c	Fundraising eve	ents <b>1c</b>					
ifts Iar 1	d	Related organiz	zations 1d					
imi	e	Government grant	s (contributions) <b>1e</b>					
tion er S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	293,051				
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines	134,891				
Col	h	Total. Add lines	s 1a-1f	· · · •	309,551			
Program Service Revenue	2a b			Business Code				
Z Z	d							
፠	e							
¥ogran	f		am service revenue					
<u></u>	g 3		ome (including dividen					
		and other simil	aramounts)	•	36,501			36,501
	4		stment of tax-exempt bond	proceeds >				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Nou.	(ii) i disanai				
	Ь	Less rental						
	_	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
	"	Wee remaining	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,035,662					
	ь	Less cost or other basis and	913,051					
		sales expenses	, ,					
	c d	Gain or (loss)  Net gain or (los	122,611		122,611			122,611
Other Revenue	8a	Gross income f events (not inc	rom fundraising luding s reported on line 1c)		,			
Other	ь		a penses b					
0	c		(loss) from fundraising	events ▶				
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 <b>a</b>					
	b c		penses <b>b</b> (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		<b>&gt;</b>				
	b c		aoods sold b (loss) from sales of invo	entory ▶				
	11a	Miscellaneou	s Revenue	Business Code				
	ь							
	С							
	d e	All other reven		•				
	12	Total revenue.	See Instructions .					
				-	468,663	0		0 159,112

orm	990 (2015)				Page <b>10</b>
Part	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	979,154	979,154		
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	163,910	163,910		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,259		4,259	
С	Accounting	7,743		7,743	
d	Lobbying	.,		.,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	26,346		26,346	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,010		20,0.0	
12	Advertising and promotion				
13	Office expenses	3,809		3,257	552
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,723		2,723	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,344		3,344	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
a					
b					
<b>c</b>					
d					
е	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,191,288	1,143,064	47,672	552
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)				

(B)

End of year

103,473

42.851

2,553,177

492,812

5,000

346,253

351,253

2,693,350

2,841,060

3,192,313

Form 990 (2015)

147,710

3,192,313

II of Schedule L

Part X	Balance S
	Check if Sch

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10a

b

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34

iabilities

Fund Balances

Net Assets or

ce Sheet					
Schedule O contains a response or note to any line in this Part X					

							Ρā	ige <b>1</b>
Sheet								
chedule O contains a response or note to any line in this Part X				•				. [

(A)

Beginning of year

11,412

76,295

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R

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10c

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19

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21

22

23

24

25

26

27

28

30 31

32

33

34

5,000

408.595

413,595

3,562,816

3,724,582

4.138.177

161,766

3,484,050

566,420

4,138,177

orm 990 (	(2015)	Page
Part X	Balance Sheet	
	Charles Cabadala O anniana anniana anniana anniana anniana Nana	_

Form 990 (2015)			
Part X	Balance Sheet		
		_	

Form 990 (2	2015)	Page <b>1</b>
Part X	Balance Sheet	

orm 990 (2	2015)	Page <b>1</b>
Part X	Balance Sheet	
	Check if Schedule O contains a response or note to any line in this Part X	

1 2

Part II of Schedule L

Grants payable

Deferred revenue .

Cash-non-interest-bearing . . . . .

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges . .

Investments—publicly traded securities . .

Other assets See Part IV, line 11 . . . .

Intangible assets . . . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets . . . . . . .

Temporarily restricted net assets . . . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances . . .

Complete Part X of Schedule D

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

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

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

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

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

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

. . . . . . . . . . . . . . . . . . .

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

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 . . . . .

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Pledges and grants receivable, net . Accounts receivable, net . .

Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees. Complete Part

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

10a

10b

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Total revenue (must equal Part VIII, column (A), line 12)	٠	•	٠	•	
Total expenses (must equal Part IX, column (A), line 25)					
Revenue less expenses Subtract line 2 from line 1			•		

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

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

Consolidated basis

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

Consolidated basis

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

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

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

Net unrealized gains (losses) on investments . Donated services and use of facilities . Investment expenses Prior period adjustments . Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . .

Both consolidated and separate basis

Both consolidated and separate basis

2b Yes 2c Yes 3a

Page **12** 

468,663

1,191,288

-722,625

3,724,582

-149,631

-11,266

▽

No

Νo

2,841,060

Yes

2a

3b

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efi	le GF	RAPHIC pr	int - DO I	NOT PROCES	S As Filed Da	ta -		DLN: 9:	3493305014266
(Fo			•	Complete if the Information al	c Charity State organization is a sec 4947(a)(1) nonex Attach to Forn boxes Schedule A (For	Ort r a section	2015 Open to Public Inspection		
Treas	ury		<u>w</u> ı	ww.irs.gov/fo	<u>rm990</u> .				•
		enue Service he organizat	ion					Employer identific	ation number
		ation for World							
Do.	T	Doncon	for Dubli	a Charity C	tatus (All organiza	ations must s	omplote this	93-1084330 part.) See instruction	
	rt I				use it is (For lines 1		•		JIIS.
_	organi —		•		r association of churc		,	,	
1 2					)(1)(A)(ii).(Attach S				
3	<u> </u>				service organization				
4	<u> </u>	•	•	•	<del>-</del>			ection 170(b)(1)(A)(ii	i) Enter the
•	ļ		name, city,		racea in conjunction	with a nospital	acsembed iii se		iji Enter the
5		An organı <b>170(b)(1</b> )	zatıon opera ( <b>A)(iv).</b> (C	ated for the ber omplete Part I	I )			a governmental unit	described in <b>section</b>
6	<u> </u>			-	or governmental uni				aananal muhlua
7	~				<b>i).</b> (Complete Part II		Tom a governin	ental unit or from the	general public
8					ion 170(b)(1)(A)(vi)		rt II )		
9		receipts fi from gross organizati	om activition investmer on after Jun	es related to it it income and i ie 30, 1975 S	s exempt functions—	subject to cert xable income ( (Complete Par	ain exceptions, less section 51 t III )	ributions, membership and (2) no more than I 1 tax) from business on <b>509(a)(4).</b>	331/3% of its support
11 a	Г Г	one or mor the box in <b>Type I.</b> A s supported	e publicly s lines 11a th supporting o organizatio	upported organ nrough 11d tha organization op n(s) the power	nizations described in t describes the type erated, supervised, o to regularly appoint o	n section 509(a of supporting o r controlled by or elect a major	a)(1) or section organization and oits supported o	nctions of, or to carry of 509(a)(2) See <b>section</b> decomplete lines 11e, organization(s), typicators or trustees of the	on <b>509(a)(3).</b> Check 11f, and 11g Ily by giving the
b c	Г Г	Type II. A manageme must comp Type III fo	supporting int of the su lete Part I' unctionally	organization s ipporting organ V, Sections A a integrated. A s	ization vested in the and C. Supporting organization	ed in connectio same persons on operated in (	that control or connection with	orted organization(s), manage the supported n, and functionally inte	organization(s) <b>You</b>
d	Г	Type III n	on-function	ally integrated		ızatıon operate	d in connection	<b>), and E.</b> I with its supported or rement and an attentiv	
e		Check this	box if the o	organization re	te Part IV, Sections / ceived a written dete ally integrated suppo	rmination from	the IRS that it	ıs a ⊤ype I, ⊤ype II, ⊺	ype III functionally
f	Ente	_			ns			<u> </u>	
g		Provide th	e following i	nformation abo	out the supported org	anızatıon(s)			
								(v)	1
(i) Name of supported o			ganızatıon	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	Is the orga listed in your	(iv)  Is the organization  Iisted in your governing document?  (		(vi) A mount of other support (see Instructions)
						Yes	No		
							-		
Tota	<u> </u>								
For F	aperv	work Reduct	ion Act Not	ice, see the In	structions for Form 9	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015

(a)2011

199,629

110,120

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

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

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

688,102

1,430,325

464,327

1,894,652

36 320 %

37 950 %

▶ 🗸

▶□

Schedule A (Form 990 or 990-EZ) 2015

(f)Total

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

(b)2012

208,789

115,075

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

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

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

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

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

			C	a	le	19	10	la	r	ye	a	r			
	•												-	_	

Calendar year (or fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	199,629	208,789	411,859	300,497	309,551	1,430,325
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	199,629	208,789	411,859	300,497	309,551	1,430,325
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						742,223

Public support. Subtract line 5

securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly

Section B. Total Support Calendar vear

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

Total support. Add lines 7

supported organization

instructions

Gross receipts from related activities, etc (see instructions)

Section C. Computation of Public Support Percentage

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

(or fiscal year beginning in)

Amounts from line 4 Gross income from interest. dividends, payments received on

from line 4

carried on

through 10

VI)

(c)2013

411,859

49,773

(d)2014

300,497

152,858

309,551

36,501

(e)2015

12

14

15

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.)

	II. If the organization	n fails to qualify	under the tes	ts listea below,	please comple	ete Part II.)	
Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
(or t	iscal year beginning in) > 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						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
	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	<b>Public support.</b> (Subtract line 7c from line 6)						
Se	ction B. Total Support			l			
	Calendar year	4.32.44	412242	4.3004.0	4 D204 4	4 22045	(5) =
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	business is regularly carried on Other income Do not include						
12	business is regularly carried on Other income Do not include gain or loss from the sale of						
12	business is regularly carried on Other income Do not include						
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,						
13	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	For the organization	an's first second	third fourth or	ifth tay year ac	section 501/cV	2) organization
	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is the same of the same o	or the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3	3) organization,
13 14	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is the check this box and stop here			, third, fourth, or 1	ifth tax year as a	section 501(c)(	3) organization, ▶
13 14	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is to check this box and stop here  Ction C. Computation of Pub	lic Support P	ercentage		ifth tax year as a		B) organization, ▶    □
13 14 Se 15	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is facheck this box and stop here  ction C. Computation of Pub  Public support percentage for 2015	lic Support Position (line 8, column	ercentage (f) divided by line		ifth tax year as a	15	3) organization, ▶ □
13 14 Se 15 16	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is the check this box and stop here  ction C. Computation of Pub  Public support percentage for 2015	lic Support Po (line 8, column of 14 Schedule A, P	ercentage (f) divided by line art III, line 15	13, column (f))	ifth tax year as a		3) organization, ▶    T
13 14 Se 15 16	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is to check this box and stop here  ction C. Computation of Pub  Public support percentage from 2015  Ction D. Computation of Inv	lic Support Post (line 8, column of 14 Schedule A, Postment Inco	ercentage (f) divided by line art III, line 15 me Percenta	13, column (f))		15	3) organization, ▶ □
13 14 Se 15 16	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is to check this box and stop here  Ction C. Computation of Pub  Public support percentage for 2015  Public support percentage from 20;  ction D. Computation of Inv  Investment income percentage for	lic Support Position 8, column of 14 Schedule A, Postment Inco	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f)) <b>ge</b> by line 13, colum		15	3) organization, ▶ □
13 14 Se 15 16	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is to check this box and stop here  ction C. Computation of Pub  Public support percentage from 2015  Ction D. Computation of Inv	lic Support Position 8, column of 14 Schedule A, Postment Inco	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f)) <b>ge</b> by line 13, colum		15 16	3) organization, ▶ □

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

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

## 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 and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3а	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 <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  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?  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	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.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		
	· ·			

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Page 5

No

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

Section b. Type I Supporting Organizations							
			Yes				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	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

Section C. Type II Supporting Organizations Yes No

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 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior

tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the 2 supported organization(s) 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 3

If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below а

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

c

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test\_Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the

supported organization(s) to which the organization was responsive?

If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the

organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of

the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**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

Schedule A (Form 990 or 990-EZ) 2015

Yes

2a

2b

3a

3b

No

(B) Current Year (optional)

Page **6** 

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970 <b>See inst</b>	ructions. All other
	Type III non-functionally integrated supporting organizations must complete Sections	s A through E	
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Ye

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

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	•		•	

6	gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	A ggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		(opnonia)
_	, , , ,	-		
а	Average monthly value of securities	1a		
b	A verage monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	1d		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
1				

d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	

-	racept, me s s, sss	_	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting o	rganization (see

Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish 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 orga	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	ictions		
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 re	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
f 1 Distributable amount for 2015 from Section C, line $f 6$			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
_ с			
<b>d</b> From 2013			
<b>e</b> From 2014			
f Total of lines 3a through e			
<ul> <li>g Applied to underdistributions of prior years</li> <li>h Applied to 2015 distributable amount</li> </ul>			
i Carryover from 2010 not applied (see			
instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ <u></u>			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
		Schedule A	(Form 990 or 990-EZ) (2015

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

Schedule A	(Form 990 or 990-EZ) 201	5	Page <b>8</b>
Part VI	Provide the explanation Section A, lines 1, 2, 3 Part IV, Section C, line Part V, line 1; Part V,	mation. Ins required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 18b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 12; Part IV, Section B, lines 1 and 12; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3 Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines this part for any additional information. (See instructions).	b;
		Facts And Circumstances Test	
R	eturn Reference	Explanation	
		Schedule A (Form 990 or 990-i	Z) 2015

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

(Form 990)

DLN: 93493305014266 OMB No 1545-0047

# **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.

reas	sury nal Revenue Service	Information about Schedule D (	Form 990) and its instructions is at <u>www.</u>	irs.gov/f	<u>orm990</u> .	Inspect	
Na	me of the organiz			Empl	oyer identii	fication numbe	r
Pal	au Foundation for Wo	orld Evangelism		93-1	084330		
Pa	rt I Organi	zations Maintaining Donor	Advised Funds or Other Similar			nts.	
	Comple	ete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.				
_			(a) Donor advised funds	(b)	Funds and	other accounts	
1	l otal number	rat end of year	9				
2	Aggregate va year)	alue of contributions to (during	251,391				
3	A ggregate va	alue of grants from (during year)	368,154				
4	Aggregate va	alue at end of year	1,204,553				
5	_		dvisors in writing that the assets held in do he organization's exclusive legal control?	onor advis	sed	<b>√</b> Yes	┌ No
6	used only for ch		and donor advisors in writing that grant fund penefit of the donor or donor advisor, or for		purpose	<b>√</b> Yes	☐ No
Pa	rt III Consei	rvation Easements. Comple	te if the organization answered "Yes"	on Forn	n 990, Par	t IV, line 7.	•
1	Purpose(s) of c	onservation easements held by th	e organızatıon (check all that apply)				
		on of land for public use (e g , recre					
	education)	-6 m-hourt belokek	Preservation of				
	<u>.                                    </u>	of natural habitat on of open space	Preservation of	a certifie	a nistoric s	tructure	
_	'	' ·		. tha farm	of 2 00200		
2	•	e last day of the tax year	neld a qualified conservation contribution ii	the form			. V
а	Total number of	f conservation easements		2a	пеш ас	the End of the	rear
b		estricted by conservation easeme	nts	2b			
c	_	ervation easements on a certified		2c			
d		servation easements included in (c ire listed in the National Register	) acquired after 8/17/06, and not on a	2d			
3	Number of cons	servation easements modified, trar	sferred, released, extinguished, or termina	ted by th	e organizati	on during the	
	tax year ▶						
4	Number of state	es where property subject to cons	ervation easement is located <b>&gt;</b>				
5	_	ization have a written policy regard enforcement of the conservation e	ding the periodic monitoring, inspection, ha	indling of	Г	_ Yes	•
6	,		nspecting, handling of violations, and enfor	cing cons	•	•	
	, •						
7	A mount of expe	enses incurred in monitoring, inspe	cting, handling of violations, and enforcing	conserva	tion easem	ents during the	e year
8		servation easement reported on lir	ne 2(d) above satisfy the requirements of s	ection 17	0(h)(4)		
		on 170(h)(4)(B)(II)?	,,		` '` '	Yes No	0
9	balance sheet,		s conservation easements in its revenue a of the footnote to the organization's financi sements			•	
Pai	rt IIII Organi	zations Maintaining Collec	tions of Art, Historical Treasures ed "Yes" on Form 990, Part IV, line 8.	, or Oth	er Simila	ar Assets.	
1a	If the organizat works of art, his	ion elected, as permitted under SF storical treasures, or other similar	AS 116 (ASC 958), not to report in its rev assets held for public exhibition, education lote to its financial statements that descri	n, or resea	arch in furth		
b	If the organizat works of art, his	ion elected, as permitted under SF	AS 116 (ASC 958), to report in its revenu assets held for public exhibition, education	e stateme	ent and bala		IC
		ded on Form 990, Part VIII, line 1		<b>b</b> ¢			
		·					
		ed in Form 990, Part X	istorical transures, or other similar		ual gain, nr		
2			istorical treasures, or other similar assets FAS 116 (ASC 958) relating to these item		.iai gain, pr	ovide the	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	dule D	(Form 990) 2015									Pa	ige <b>2</b>
Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Hi	stori	cal 1	reasure	s, or O	ther Sin	nilar As	ssets	
3		the organization's acquisition, accestion items (check all that apply)	ession, and other rec	ords, c	heck a	any of	the following	ng that a	re a signi	ficant use	e of its	
а		Public exhibition		d		Loa	n or exchar	nge prog	rams			
b				e	· -	Oth		. 5 - 1 - 5				
		Scholarly research			Ī	Oti	CI					
С	F	Preservation for future generations										
4	Provid Part X	de a description of the organization? (III	s collections and exp	laın ho	w they	y furth	er the orga	nızatıon	's exempt	purpose	ın	
5		g the year, did the organization solic s to be sold to raise funds rather th								┌ Yes	i	
Pai	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, line 9	, or rep	orted an	amoun	t on Form 9	90,
<b>1</b> a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other interr	mediary	y for c	ontrib	utions or ot	ther ass	ets not	┌ Yes	s	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowin	g tabl	e			A mo	ount	
c	Вес	ginning balance						1c				
d	Add	ditions during the year						1d				
е	Dis	tributions during the year						<b>1</b> e				
f	End	ding balance						1f				
<b>2</b> a	Did th	ne organization include an amount o	n Form 990, Part X, I	ıne 21,	, for es	scrow	or custodia	ıl accoui	nt liability	Yes	i	
b	If"Ye	s," explain the arrangement in Part	XIII Check here if t	he exp	lanatio	on has	s been prov	ıded ın F	Part XIII		🗆	]
Pa	rt V	Endowment Funds. Comple										
			(a)Current year	<b>(b)</b> P	nor yea	ar	<b>b (c)</b> Two yea	ars back	(d)Three ye	ars back	(e)Four years b	oack
<b>1</b> a	Begin	nning of year balance								$\longrightarrow$		
b	Contr	ributions										
c	Net ir losse	nvestment earnings, gains, and										
d	Grant	ts or scholarships										
e		r expenditures for facilities irograms										
f	• A dmi	nistrative expenses										
g		of year balance										
•		· · · · ·										
2	Provid	de the estimated percentage of the	current year end bala	nce (lı	ne 1g,	, colui	nn (a)) held	las				
а	Board	designated or quasi-endowment <b>&gt;</b>										
b	Perma	anent endowment ▶										
c	Temp	orarily restricted endowment 🕨										
	The p	ercentages on lines 2a, 2b, and 2c	should equal 100%									
3a		nere endowment funds not in the pos ization by	ssession of the organ	ızatıon	that a	are he	ld and admi	inistered	d for the		Yes No	<u> </u>
	<b>(i)</b> un	related organizations								3a		_
		lated organizations								3a(	· · · · · · · · ·	_
b		s" on 3a(II), are the related organization or Sart XIII the intended uses of					?			3	b	_
4 Det	rt VI	Land, Buildings, and Equip		endown	nent it	inas						
Fel	UVI	Complete if the organization a		orm 9	990, P	art I	V, line 11	a.See F	orm 990	, Part X	, line 10.	
		Description of property				or othe	er basis ent) Cost o	(b) or other ba (other)	A	ccumulated epreciation	(d)Book v	alue
1a	Land							· '				
b	Buildin	gs										
c	Leaseh	old improvements		.								
d	Equipm	nent										

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

	Complete if the org	janization answered 'Y	Page 3 es' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or categ (including name of security)	gory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			Cost of end-of-year market value
(2)Closely-held equity interests (3)O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12	<b>&gt;</b> } ▶		
Part VIII Investments—Program Related	d.	000 Bank IV June 11a	
Complete if the organization answe  (a) Description of investment	erea 'Yes' on Form S	(b) Book value	Gee Form 990, Part X, line 13.  (c) Method of valuation
		<b>(-,</b>	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13	) •		
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' o Description	on Form 990, Part IV, line	e 11d See Form 990, Part X, line 15 (b) Book value
(1) Assets held in trust			492,812
Total (Column (h) must equal Form 990, Part X, col (B) (	line 15 )		492.812
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the		red 'Yes' on Form 990	
		red 'Yes' on Form 990	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability	organization answe	red 'Yes' on Form 990	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.	organization answe	red 'Yes' on Form 990 ue	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability	organization answe	red 'Yes' on Form 990	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	organization answe	red 'Yes' on Form 990 ue	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	organization answe	red 'Yes' on Form 990 ue	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	organization answe	red 'Yes' on Form 990 ue	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	organization answe	red 'Yes' on Form 990 ue	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	organization answe	red 'Yes' on Form 990 ue	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	organization answe	red 'Yes' on Form 990 ue	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	organization answe	red 'Yes' on Form 990 ue	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	organization answe	red 'Yes' on Form 990 ue	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Trust liabilities	(b) Book val	red 'Yes' on Form 990 ue 5,253	· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book val	ue  5,253  sotnote to the organizatio	, Part IV, line 11e or 11f.

1

2

а

b

c

Part XI, Line 2d - Other

A djustments

1

-149,631

14,419

2b

2c

financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statements of activities. As of December 31, 2015 and 2014, the Foundation had no uncertain tax positions that qualify for recognition or disclosure in the financial statements. The Foundation files information tax returns in the U.S. and Oregon. The Foundation is subject to income tax examinations.

for the current year and certain prior years based on applicable laws and regulations

Change in the value of trust agreements -11,266

Page 4

322,185

d	Other (Describe in Part XIII )			. 2d		-11,26	6	
e	Add lines <b>2a</b> through <b>2d</b>						2e	-146,478
3	Subtract line ${f 2e}$ from line ${f 1}$ .						3	468,663
4	Amounts included on Form 990	, Part VIII, line 12,	but not on line <b>1</b>					
а	Investment expenses not inclu	ded on Form 990, Pa	art VIII, line 7b .	4a				
b	Other (Describe in Part XIII )			4b				
c	Add lines <b>4a</b> and <b>4b</b>						4c	0
5	Total revenue Add lines <b>3</b> and	<b>4c.</b> (This must equal	Form 990, Part I, I	ne 12 )			5	468,663
Par	Reconciliation of Ex Complete if the organ						es per Ret	urn.
1	Total expenses and losses per	audited financial sta	tements				1	1,205,707
2	Amounts included on line 1 but	not on Form 990, Pa	art IX, line 25					
а	Donated services and use of fa	cilities		2a		14,41	9	
b	Prior year adjustments			2b				
c	Otherlosses			2c			_	
d	Other (Describe in Part XIII )			. 2d				
e	Add lines 2a through 2d						2e	14,419
3	Subtract line ${f 2e}$ from line ${f 1}$ .						3	1,191,288
4	Amounts included on Form 990	, Part IX, line 25, bu	it not on line <b>1:</b>					
а	Investment expenses not inclu	ded on Form 990, Pa	art VIII, line 7b .	. 4a				
b	Other (Describe in Part XIII )			. 4b				
c	Add lines 4a and 4b						4c	0
5	Total expenses Add lines <b>3</b> an	d <b>4c.</b> (This must equa	al Form 990, Part I	, lıne 18	)		5	1,191,288
Par	t XIII Supplemental Info	ormation						
Part	ride the descriptions required for V , line 4 , Part X , line 2 , Part XI , rmation							ıy addıtıonal
	Return Reference		Explanation	1				
Part )	(. Line 2	The financial statem	ent effects of a tax	position	taken or	expected to b	oe taken are r	ecognized in the

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . . .

Recoveries of prior year grants . . . . .

Schedule D (F	orm 990) 2015		Page <b>5</b>
Part XIII	Supplemental Information	n (continued)	
Re	turn Reference	Explanation	

Schedule D (Form 990) 2015

efile GRAPHIC print - DO	NOT PROCESS	As Filed Da	ta -	DLN	93493305014266
	Statement of A	Activities (	Outside the Unit	ed States	OMB No 1545-0047
(Form 990)	▶ Complete i	Part IV, line	n answered "Yes" to Form 14b, 15, or 16. o Form 990.	990,	2015
Department of the Treasury Internal Revenue Service	mation about Schedu		nd its instructions is at w	ww.irs.gov/form990.	Open to Public Inspection
Name of the organization Palau Foundation for World Evang	elism			<b>Employer ide</b> 93-1084330	ntification number
			<b>ne United States.</b> orm 990, Part IV, line	14b.	
1 For grantmakers. Does to and other assistance, the used to award the grants	e grantees' eligibili			-	√ Yes No
<ul> <li>For grantmakers. Descriassistance outside the U</li> <li>Activites per Region (The formalism)</li> </ul>	nited States				nts and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	i ·	(e) If activity listed in (d) is program service, describe specific type of	
(1) Europe (Including Iceland 8 Greenland) -	k 0	0	Grants to recipients located in region		163,91
( 2)					
(3)					
(4)					
( 5)					
3a Sub-total b Total from continuation she to Part I	ets 0	0	<u> </u>		163,91
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice		for Form 000		No 50082W <b>Sche</b>	163,910 dule F (Form 990) 2015

)	0 = 0 = / 0 0 = 0 . 0 . 0 . 0 . 0 . 0 . 0 .	0 1							1 0 0 5 .
Part II	Grants ar	nd Other Ass	Partiff Grants and Other Assistance to Organizations or	zations or Entitie	r Entities Outside the United States.	ited States.			
	Complete	if the organiz	Complete if the organization answered "Yes" to Form	s" to Form 990, Part	t IV, line 15, for any	/ recipient who rece	990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if	000. Part II can be	duplicated if
	additional	additional space is needed.	ded.						
1 (a) N	(a) Name of	(b) IRS code	(c) Beaton	(d) Purnose of	(e) A mount of	(f) Manner of	(g) A mount	(h) Description	(i) Method of
organ	rganization	section		grant	cash grant	cash	of non-cash	of non-cash	valuation
1		and EIN (If		'n		disbursement	assistance	assistance	(book, FMV,

34,910 Wire transfer	129,000 Wire transfer
34,9:	179,00

Missionary support

urope

applicable)

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

Enter total number of other organizations or entities.

Schedule F (Form 990) 2015

appraisal, other)

duplicated if	(i) Method of valuation
dnb	

(2) (3) (4) (5) (6) (7) (8) (9) (10)

(11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	
(1)							

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisar, other)

Sche	edule F (Form 990) 2015			Рa	ge <b>4</b>
Pa	rt IV Foreign Forms				
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	Ī✓	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Г	Yes	Ī✓	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Г	Yes	√	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Г	Yes	✓	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Г	Yes	Ī✓	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form	_		_	

┌ Yes

Schedule F (Form 990) 2015

√ No

5713, do not file with Form 990)

990 Schedule F, Supp	plemental Information
Return Reference	Explanation
Part I. Line 2	The Foundation requires written follow-up reports and, on occasion, has conducted field au

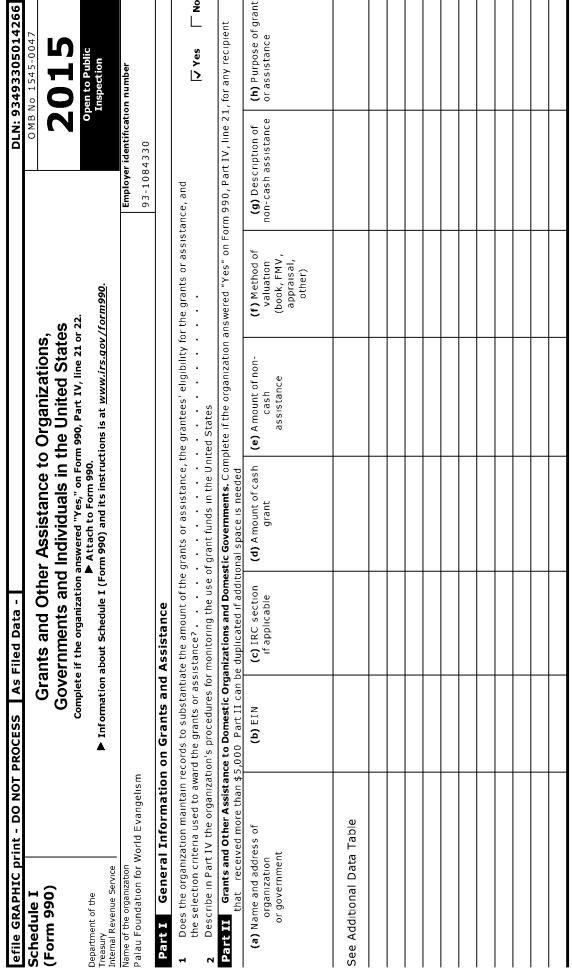
dits & inspections to see how grant funds were used

990 Schedule F. Supplemental Information Explanation

The Foundation accounts for foreign expenditures using grant reports based on the accrual basis of accounting

Return Reference

Part I, line 3



Schedule I (Form 990) 2015

Cat No 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .

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

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

Schedule I	Schedule I (Form 990) 2015					Page 2
Part III	Part III can be duplicated if additional space is needed	<b>Nomestic Individuals.</b> Con tional space is needed	nplete if the organization	answered "Yes" on Forr	m 990, Part IV, line 22	
(a)	(a)Type of grant or assistance	(b)Number of	(c)A mount of	(d)A mount of	(e)Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance

(e)Method of valuation (book, F)Description of non-cash ass FMV, appraisal, other)	
(e)Method of valuation (book, FMV, appraisal, other)	
(d)Amount of non-cash assistance	
(c)A mount of cash grant	
( <b>b)</b> Number of recipients	
f grant or assistance	

FMV, appraisal	
ssistance	

Schedule I (Form 990) 2015

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. The Foundation requires written follow-up reports and, on occasion, has conducted audits & inspections to see how grant funds were used Explanation

Return Reference Part I, Line 2

# Name: Palau Foundation for World Evangelism **EIN:** 93-1084330 Software ID: Software Version: Additional Data

		istance to Domestic Organizations and Domestic Governments.
		SS
		Form 990,Schedule I, Part II, Grants and Other A

(a) Name and address of

or government

organization

898,234

501(c)(3)

93-0713827

Luis Palau Association Beaverton, OR 97006

1500 NW 167th PI

12,000

501(c)(3)

94-2726906

Cornerstone Church of Ione

49,000

501(c)(3)

93-6014152

Cedar Mill Bible Church

Ione, CA 95640 PO Box 304

12208 NW Cornell Rd

Portland, OR 97229

Other Assistance	e to Domestic Orga	anizations and D	Other Assistance to Domestic Organizations and Domestic Governments.	nts.	
(c) IRC section if applicable	(d) A mount of cash grant	(e) Amount of non- cash	valuation opraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		assistance	ociei)		

Governments.	luation (g) Description of raisal, non-cash assistance
Governr	d of valuation V , appraisal, :her)

Support for evangelistic

festivals

Building and general

ministry

Church ministry

	(h) Purpose of grant or assistance	Support for missionaries
nts.	(g) Description of non-cash assistance	
ice to Domestic Organizations and Domestic Governments.	(d) A mount of cash       (f) Method of valuation grant       (g) Description of cash assistance         grant       cash cash assistance other)	
inizations and D	(e) A mount of non- cash assistance	
to Domestic Orga	(d) A mount of cash grant	8,200
Other Assistance	(c) IRC section if applicable	501(c)(3)
t II, Grants and	(b) EIN	84-6007896
Form 990, Schedule I, Part II, Grants and Other Assistan	(a) Name and address of organization or government	Navigators PO Box 6000 Colorado Springs, CO 80934

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493305014266 **SCHEDULE M** OMB No 1545-0047 **Noncash Contributions** (Form 990) 2015 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Palau Foundation for World Evangelism

1 didi	a Foundation for World Evangerism				93-1084330
Pa	art I Types of Property				
		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures .				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded .	X	5	134,89	L FM∨
10	Securities—Closely held stock .				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential .				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies .				
21	Taxıdermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				

24 Archeological artifacts **25** Other ▶ (\_ **26** Other ▶ ( \_\_\_\_\_) 27 Other ▶ (\_ **28** Other ▶ (\_\_

Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a

No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that Νo **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

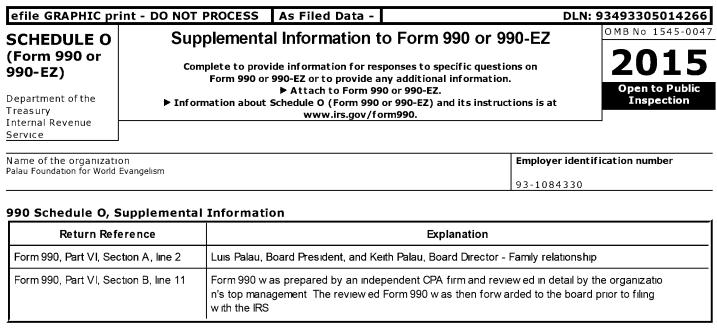
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . 32a Νo **b** If "Yes," describe in Part II

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

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

Cat No 51227J

Schedule M (Form 990) (2015)	Page 2
ın Part I, column (b	formation.  Ation required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting  (i), the number of contributions, the number of items received, or a combination of both.  (ii) part 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 donated
	Schedule M (Form 990) (2015)



Return Explanation Reference The organization requires all officers and board members to annually review and sign the conflict of interest policy. Board Form 990. Part VI.

990 Schedule O. Supplemental Information

Section B. line 15

Section B, line 12c | members individually report conflicts of interest and potential conflicts to the Executive Director who brings them to the Board for monitoring If a matter related to a potential conflict were to arise at a board meeting, the interested person would abstain from voting on matters related to the noted conflict

Form 990. Part VI. The organization does not compensate any officers or key employees. Therefore, these lines

were answered no in accordance with the instructions

Return Reference Explanation

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

990 Schedule O, Supplemental Information

Form 990, Part VII, Section A

David Jones serves as the Executive Director in a volunteer capacity, he is an employee of an unrelated organization, Luis Palau Association, and is compensated for his services in that role

Return Reference Explanation

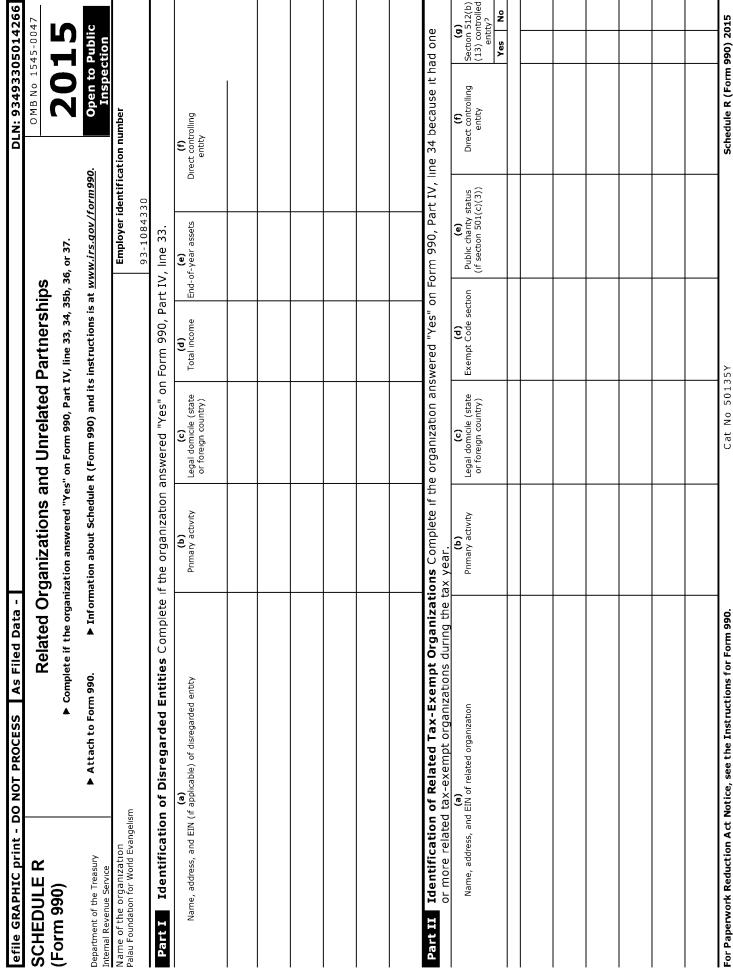
Form 990, Part XI, line 9 Change in the value of trust agreements -11,266

990 Schedule O. Supplemental Information

Form 990, Part XII, Line 2c

The Foundation 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 c

hanged since the prior year



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

(k) Percentage ownership					
(1) leral or naging rtner?	oN s				
I Gen ox mar pa	Yes				
Code V-UB amount in bo 20 of Schedule K- (Form 1065					
tionate ions?	No				
(h) Dispropr allocat	Yes				
(g) Share of [cend-of-year assets					
(f) Share of total income					
Code Work   Code	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) (c) (c) (domicile con (state or e foreign country)					
(a) Name, address, and EIN of related organization					

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.

( <b>a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Direct controlling Type of entity (C corp, S corp,	(f) Share of total income	Share of total Share of end-of- income year assets	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled	) 1512 13) olled
		country)		or trust)				Yes	No
(1) Chantable remainder unitrust	Trust	OR.	Palau Foundation for World Evangelism						NO
						S	Schedule R (Form 990) 2015	n 990) 2(	015

|--|

ž £ ŝ ŝ ŝ ŝ Yes 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity. Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Gift, grant, or capital contribution from related organization(s). Gift, grant, or capital contribution to related organization(s). Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) . Dividends from related organization(s)

Sale of assets to related organization(s).

Purchase of assets from related organization(s). Exchange of assets with related organization(s).

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(d)
Method of determining amount involved

(c) Amount involved

Transaction type (a-s)

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Other transfer of cash or property from related organization(s).

(a)
Name of related organization

Other transfer of cash or property to related organization(s).

Reimbursement paid by related organization(s) for expenses. **p** Reimbursement paid to related organization(s) for expenses .

I Performance of services or membership or fundraising solicitations for related organization(s)

Lease of facilities, equipment, or other assets from related organization(s).

Lease of facilities, equipment, or other assets to related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s).

Schedule R (Form 990) 2015

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Page 4

Schedule R (Form 990) 2015

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

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

	(q)		(P)	(e)	Θ	( <b>6</b> )				(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
			514)	Yes No			Yes	No	Yes No	
										1 .
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Part VIII Supplemental Information

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

Return Reference

Explanation

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