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Net unrelated business taxable income from Form 990-T, line 34

#### DLN: 93493135093857

## OMB No 1545-0047

# 2015

Open to Public Inspection

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>

Return of Organization Exempt From Income Tax

For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 C Name of organizati D Employer identification number Check if applicable LINK EDUCATION PARTNERS INC Address change 22-1896984 Name change Doing business as Initial return . Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) 23 PENNSYLVANIA AVENUE return/terminated (973) 642-0529 Amended return City or town, state or province, country, and ZIP or foreign postal code NEWARK, NJ  $\,$  07114  $\,$ Application pending **G** Gross receipts \$ 1,389,020 Name and address of principal officer **H(a)** Is this a group return for LESLIE BAYNES subordinates? Yes 🗸 23 PENNSYLVANIA AVENUE Νo NEWARK, NJ 07114 H(b) Are all subordinates Tax-exempt status 4947(a)(1) or ıncluded? If "No," attach a list (see instructions) Website: ► WWW LINKEDUPARTNERS ORG **H(c)** Group exemption number ▶

<b>K</b> Forr	n of o	organization    Corporation   Trust   Association   Other   Lead of	TOTTIALION 1967	PI State of legal dofflicile in
Pa	rt I	Summary		
a.		Briefly describe the organization's mission or most significant activities LINK EDUCATION PARTNERS, INC SERVES AS A FUND RAISING ENTITY THAT PROVI HIGH QUALITY EDUCATION FOR UNDER-SERVED YOUTH BY PROVIDING FUNDING FOR PROGRAM DEVELOPMENT, EQUIPMENT AND FACILITIES		
Governance				
E E				
705 C0V	2	Check this box $\blacktriangleright$ $\sqcap$ if the organization discontinued its operations or disposed of more than	n 25% of its ne	t assets
<b>হঠ</b> জু	3	Number of voting members of the governing body (Part VI, line 1a)	.   з	18
utre	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
Activities	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	44
ď	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII. column (C), line 12	7a	0

			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,023,070	814,243
ĕ	9	Program service revenue (Part VIII, line 2g)	200,001	200,000
ΘAċ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	715,179	-3,316
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-70,837	-47,171
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,867,413	963,756
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	800,000	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	1			

		Banana para ta ar iai mambara (r arc 1x) a arami (x y)	•	
£	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$ )	677,776	482,164
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
ੜੇ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶325,320		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	499,011	836,366
	10	Total expenses Add lines 13, 17 (must equal Bort IV column (A) line 3E)	1 076 797	1 210 520

988	20	Total assets (Part X, line 16)	7,474,274	6,843,127
ets or lances			Beginning of Current Year	End of Year
	19	Revenue less expenses Subtract line 18 from line 12	-109,374	-354,774
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,976,787	1,318,530
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	499,011	836,366
滋	b	Total fundraising expenses (Part IX, column (D), line 25) ▶325,320		

Net assets or fund balances Subtract line 21 from line 20 Signature Block

22

Total liabilities (Part X, line 26) .

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

лерагет паз	э апу	knowledge				
	**	* * * *			2017-05-15	
Sign	Sig	nature of officer			Date	
Here	LE:	SLIE BAYNES COO, TREASURER				
	Ty	pe or print name and title				
Paid		Print/Type preparer's name DAVID ROTTKAMP	Preparer's signature DAVID ROTTKAMP	Date 2017-05-15	Check If self-employed	PTIN P01303468
Prepare:	r	Firm's name FGRASSI & CO CPA'S PC			Firm's EIN ► 1:	1-3266576
Use Only		Firm's address ► 50 JERICHO QUADRANG	LE		Phone no (516	) 256-3500
USE OIII	y	JERICHO, NY 11753				

Yes No

3,772,412

3,070,715

0

7b

4,044,439

3,429,835

orm	990 (2015)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🥦	1	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	<b>12</b> a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	1990 (2015)		Page <b>4</b>
Pai	rt IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Form 990 (2015)

Nο

Nο

Nο

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Νo

Nο

**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? .

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

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

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part 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

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

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

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

**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?

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)?

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

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

31

37

instructions for applicable filing thresholds, conditions, and exceptions)

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		V			_
		effect if Seffedule o contains a response of flote to any line in this	· uic	<u> </u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did th	e organization comply with backup withholding rules for reportable payments to	Vend	fore and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	<b>1</b> c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	44			
<b>.</b>	,	s return			2b	Yes	
D		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	year <sup>?</sup>	3a		Νo
ь	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	or other financial	4a		
		nt)?			70		No
Ь		s," enter the name of the foreign country					
	(FBAF	istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank ()	ana	Financial Accounts			
5a	•	·· he organization a party to a prohibited tax shelter transaction at any time durin	ıa the	tax vear?	5a		No
		by taxable party notify the organization that it was or is a party to a prohibited t					No
			an on	citci transaction	5b		
С	IT Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$10	00,00	0, and did the	6a		No
	organi	zation solicit any contributions that were not tax deductible as charitable cont	rıbutı	ons?			
b		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6b		
7		izations that may receive deductible contributions under section 170(c).			OD .		
	_	e organization receive a payment in excess of \$75 made partly as a contributi	on an	d partly for goods and	7a	Yes	
-		es provided to the payor?					
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	<b>7</b> b	Yes	
c		e organization sell, exchange, or otherwise dispose of tangible personal proper	ty for	which it was required to	7c		No
А		rm 8282?	7d		70		110
_		e, maiotic die names, errorme egez met dannig die , ear e e e e					
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal h	enefit contract?	7t		No
		organization received a contribution of qualified intellectual property, did the o					
9	requir		• •		7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did	the organization file a	7h		
8		1098-C?	•		711		
Ü	-	donor advised fund maintaining donor advised runds.	sines	s holdings at any time			
	during	the year?			8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	٠.		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11		on <b>501(c)(12) organizations.</b> Enter					
		Income from members or shareholders	11a				
b	Gross	income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them).......... _	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
12	year Section	n F01/c)/20) qualified control to book incurance incura	120				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state ${}^{\mathbf{N}}$	ote. S	ee the instructions for			
_		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states of the organization is licensed to issue qualified health plans	13b				
С		the amount of reserves on hand	13c				
14a	Did th	L e organization receive any payments for indoor tanning services during the tax		?	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI 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 . . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Yes 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No

10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 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 11a Νo **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . . . 15a Nο 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records
  - ►LESLIE BAYNES 23 PENNSYLVANIA AVENUE NEWARK, NJ 07114 (973) 642-0529

16b

Part VII

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

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

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

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

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

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	lany	current officer, c	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unle	ore t ss pe	han ersor cer tor/t	not one n is and rust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	,,,,,,	and related organizations
(1) MARIA PILAR PARADISO	20 00	×		×				8,968	0	24,558
PRESIDENT AND EXECUTIVE DI										
(2) DAVID FERRY CO-CHAIR OF THE BOARD	1 00	x		×				0	0	0
(3) WENDY LACEY  CO-CHAIR OF THE BOARD	1 00	х		×				0	0	0
(4) ANDREW LACEY VICE CHAIR OF THE BOARD	1 00	x						0	0	0
(5) ERIC KRASNOO TRUSTEE	1 00	x						0	0	0
(6) ELLEN MAHER TRUSTEE	1 00	х						0	0	0
(7) SUMAYYAH WRIGHT TRUSTEE	1 00	х						0	0	0
(8) ED REITZ TRUSTEE	1 00	х						0	0	0
(9) SISTER GERTRUDE E DUNHAM OP TRUSTEE	1 00	х						0	0	0
(10) DREW EKLUND TRUSTEE	1 00	х						0	0	0
(11) NORMAN EIG TRUSTEE	1 00	х						0	0	0
(12) GREGORY PETERS TRUSTEE	1 00	х						0	0	0
(13) EUGENEE CROCKER TRUSTEE	1 00	х						0	0	0
(14) MATTHEW FRANKEL TRUSTEE	1 00	x						0	0	0
										Form <b>990</b> (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore tl	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensate from relate organizatio (W- 2/1099	on d ns	Estim amou oth comper from	nated int of ner nsation the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		organı and re organız	elated
(15) SARAH BERNSTEIN EKLUND TRUSTEE	1 00	Х							0	0		0
(16) GREG SAWERS TRUSTEE	1 00	X							0	0		0
(17) JOHN F GREEN TRUSTEE	1 00	Х							0	0		0
(18) LESLIE CARON MITCHELL COO, TREASURER	25 00	х		х				52,72	1	0		19,554
4b. Cib Tabel				<b>▶</b>								
1b Sub-Total	I, Section A .		· 	<b>&gt;</b>				51,689	0			44,112
Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to thos In the organization	se list n ▶ 0	ed at	00V6	e) w	ho red	ceiv	ed more than				
											Yes	No

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

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Name and business address	Description of services	Compensation

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

Transport   Strain and all outsets   Strain and all owners   Strain	Form 99	0 (20	15)						Page <b>9</b>
1	Part V	Ш							
December			Check If Schedu	ıle O contains a respon	se or note to any lir	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
200,000   200,	s	1a	Federated camp	paigns 1a					
200,000   200,	amt	ь	Membership du	es <b>1b</b>					
200,000   200,	Ę, G	с	Fundraising eve	ents <b>1</b> c	314,097				
200,000   200,	ifts. ar 4	d	Related organiz	ations 1d					
200,000   200,	 ⊒	e	Government grants	(contributions) <b>1e</b>					
200,000   200,	ion I Si	f			500,146				
200,000   200,	but								
200,000   200,	a di	g		ons included in lines					
2a RENT FEES	G B C	h	Total. Add lines	s 1a-1f	▶	814,243			
3   Towestment income (including dividends, interest, and other similar amounts)   8,461   8,461   8,461   1	<del>j</del>				Business Code				
3	¥en	2a	RENT FEES		900099	200,000	200,000		
3	ر غ	b							
3	Š								
3	₹								
3	ran	_	All other progra	ım service revenue					
3	<b>√</b> og		_						
and other similar amounts) .		<u> </u>				200,000			
10			and other simila	aramounts)	•	8,461			8,461
10   10   10   10   10   10   10   10					· · · ·				
10   1   1   1   1   1   1   1   1   1		5	Royalties						
### Spenses		6a	Gross rents	(i) iteur	(ii) i cisonai				
### Spenses		h	Less rental						
Total revenue   Total Add lines   11-11   Total revenue   See Part IV   In   19		_	expenses						
(1) Securities   (11) Other			or (loss)						
7a Gross anount from sales of mos sales other than inventory  b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) -11,777  8a Gross income from fundraising events (not including \$ 314,997 of contributions reported on line 1c) See Part IV, line 18 .  b Less direct expenses . b 91,384 c Net income or (loss) from fundraising events . ▶ -76,957  9a Gross income from gaming activities See Part IV, line 19 .  a b Less direct expenses . b c Net income or (loss) from gaming activities See Part IV, line 19 .  a b Less direct expenses . b c Net income or (loss) from gaming activities . □  Iloa Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a MISCELLANEOUS REVENUE 900099  29,786  29,786  212 Total revenue. See Instructions		a	Net rental incor						
assets other than inventory  b Less cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) -11,777 d Net gain or (loss) -11,777  4 Net gain or (loss) -11,777  5 -11,777  6 Net gain or (loss) -11,777  6 Net gain or (loss) -11,777  6 Net income or (loss) from fundraising events (not including \$ 314,97 or contributions reported on line 1c) See Part IV, line 18 -14,427  9 Less direct expenses -10		7a			(ii) o thei				
b Less cost or other bases and sales expenses c Gam or (loss) d Net gain or (loss) -11,777 -11,			assets other	322,103					
a the bass and sales expenses c Gam or (loss)			than inventory						
The state of the s		ь	other basis and	333,880					
Sa Gross income from fundraising events (not including \$ 314,097 of contributions reported on line 1c) See Part IV, line 18		c	·	-11,777					
events (not including \$\frac{1}{314,097}\$ of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses . b 91,384 c Net income or (loss) from fundraising events . \rightarrow 91,384 c Net income from gaming activities See Part IV, line 19  b Less direct expenses . b c Net income or (loss) from gaming activities See Part IV, line 19  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . \rightarrow  Miscellaneous Revenue Business Code  11a MISCELLANEOUS REVENUE 900099 29,786 29,786  c d All other revenue  e Total. Add lines 11a-11d \rightarrow 29,786		d	Net gain or (los	s)		-11,777			-11,777
c Net income or (loss) from fundraising events	Revenue	8a	events (not incl \$ 314, of contributions	luding ,097 reported on line 1c)					
c Net income or (loss) from fundraising events	Jer			ŀ	14,427				
9a Gross income from gaming activities See Part IV, line 19 a  b Less direct expenses b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances . a  b Less cost of goods sold . b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a MISCELLANEOUS REVENUE 900099  29,786  b  c  d All other revenue	Ö					-76 957			-76 957
See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a MISCELLANEOUS REVENUE 900099 b c d All other revenue					events •	, 0, 53 /			70,337
b Less direct expenses b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11a MISCELLANEOUS REVENUE 900099 29,786  b  c d All other revenue  e Total. Add lines 11a-11d				e 19					
c Net income or (loss) from gaming activities		 		ŀ					
10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold . b c Net income or (loss) from sales of inventory .   Miscellaneous Revenue  Business Code  11a MISCELLANEOUS REVENUE  b c d All other revenue e Total. Add lines 11a-11d				·	vities				
returns and allowances .  a  b Less cost of goods sold . b  c Net income or (loss) from sales of inventory .   Miscellaneous Revenue  Business Code  11a MISCELLANEOUS REVENUE  900099 29,786  c  d All other revenue  e Total. Add lines 11a-11d			·		<b>▶</b>				
b Less cost of goods sold b  c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a MISCELLANEOUS REVENUE 900099  c d All other revenue		10a							
c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a MISCELLANEOUS REVENUE 900099  c d All other revenue  e Total. Add lines 11a-11d				a					
Miscellaneous Revenue  11a MISCELLANEOUS REVENUE  b  c d All other revenue  e Total. Add lines 11a-11d				L					
11a       MISCELLANEOUS REVENUE       900099       29,786       29,786         b       C <td></td> <td>_ <u>_                                   </u></td> <td><u>`</u></td> <td>,</td> <td><u> </u></td> <td></td> <td></td> <td></td> <td></td>		_ <u>_                                   </u>	<u>`</u>	,	<u> </u>				
b c d All other revenue e Total. Add lines 11a-11d		11a				29,786			29,786
d All other revenue				<del></del>					
e Total. Add lines 11a−11d		с							
12 Total revenue. See Instructions		d	All other revenu	ıe					
<b>12</b> Total revenue. See Instructions ▶ 963,756 200,000 0 -50,487		e	Total. Add lines	3 11a-11d	•	29,786			
		12	Total revenue.	See Instructions	<u>·</u> ····	963,756	200,000	0	-50,487

## Part IX Statement of Functional Expenses

vations must complete all column	s All other organizations m	n
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Check if Schedule O contains a response or note to any line in this Part IX								

-	Γ				
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	80,187	9,187	71,000	
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	270,582	435	79,174	190,973
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	80,467	2,906	19,891	57,670
10	Payroll taxes	50,928	1,479	20.084	29,365
11	Fees for services (non-employees)	30,920	1,479	20,004	29,303
a	Management	4,138		2,783	1,355
b	Legal	99		99	1,333
c	Accounting	24,991		24,991	
d	Lobbying	- 1,			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	28,794		14,031	14,763
14	Information technology	13,388		203	13,185
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	37,153		31,884	5,269
20	Interest	167,512		167,512	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	223,302	212,136	5,583	5,583
23	Insurance	3,915		3,915	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUMMER PROGRAMS AND STU	243,649	243,649		
b	REPAIRS AND MAINTENANCE	22,499	22,499		
С	BAD DEBT	14,200		14,200	
d					
е	All other expenses	52,726		45,569	7,157
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,318,530	492,291	500,919	325,320
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Shee	
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Part	X	Balance Sneet					
		Check if Schedule O contains a response or note to any li	ne in thi	s Part X			· · · · <u>· · · · · · · · · · · · · · · </u>
					(A) Beginning of year		<b>(B)</b> End of year
$\overline{}$	1	Cash-non-interest-bearing			659,794	1	164,809
	2	Savings and temporary cash investments			108.253		188,287
	3	Pledges and grants receivable, net			798,726	3	389,707
	4	Accounts receivable, net				4	
	-	Loans and other receivables from current and former offi				_	
	•	key employees, and highest compensated employees C	omplete				
		Schedule L				5	
ts	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see install of Schedule L	(c)(3)(B section	), and 501(c)(9)		5	
Assets or Fund Balances Liabilities 20 10 11 12 13 14 15 16 16 17 18 19 20 21 22 24 25 26 27 28 29 30 30						6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,739	9	71,475
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,554,573			
	b	Less accumulated depreciation	10b	860,341	5,832,306	<b>10</b> c	5,694,232
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 .			52,789	12	334,617
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			16,667	15	
	16	Total assets.Add lines 1 through 15 (must equal line 34	)		7,474,274	16	6,843,127
	17	Accounts payable and accrued expenses			117,813	17	88,073
	18	Grants payable		18			
	19	Deferred revenue	176,626	19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D		21	
ities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d					
Liabilities		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	parties		3,750,000	23	3,684,339
	24	Unsecured notes and loans payable to unrelated third pa	irties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D		, ,		25	
	26	Total liabilities Add lines 17 through 25			4,044,439	26	3,772,412
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check he			4,044,400		0,112,412
Ç		lines 27 through 29, and lines 33 and 34.					
<u>la</u>	27	Unrestricted net assets			3,003,676	27	2,644,556
Ba	28	Temporarily restricted net assets			426,159	28	426,159
PI	29	Permanently restricted net assets				29	
<u>.</u>		Organizations that do not follow SFAS 117 (ASC 958), c	heck he	re ▶ ┌ and			
ō		complete lines 30 through 34.		•			
ets	30	Capital stock or trust principal, or current funds				30	
\$\$1	31	Paid-in or capital surplus, or land, building or equipment	fund			31	
۲	32	Retained earnings, endowment, accumulated income, or	other fu	nds		32	
3	33	Total net assets or fund balances			3,429,835	33	3,070,715

Total liabilities and net assets/fund balances . . . .

6,843,127

7,474,274

34

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2015)

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

Consolidated basis

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

Consolidated basis

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Separate basis

Separate basis

Schedule O

basis, consolidated basis, or both

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

Both consolidated and separate basis

Both consolidated and separate basis

SCHEDULE A Public Charity Status

hospital's name, city, and state

S Filed Data - DLN: 93493135093857

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

2015
Open to Public
Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

22-1896984

Department of the
Treasury
Internal Revenue Service

Name of the organization

LINK EDUCATION PARTNERS INC

990EZ)

Part I

1

2

3

(Form 990 or

► Information about Schedule A (Form 990 or 990-E2) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

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

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

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

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

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

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

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

instructions

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.)

	Part III. If the organiz							ality under
S	ection A. Public Support	acion fans to qu	adin'y ander the	s tests listed be	iow, piedse com	siece i ui e .		
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015		<b>(f)</b> Total
(or	fiscal year beginning in) 🟲	(a)2011	(6)2012	(0)2013	(4)2014	(6)2013	$\rightarrow$	(1)10ta1
1	Gifts, grants, contributions, and				1 022 070	914	1 242	1 027 212
	membership fees received (Do not include any unusual grants )				1,023,070	814	1,243	1,837,313
2	Tax revenues levied for the						-+	
-	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit							
	to the organization without							
	charge							
4	<b>Total.</b> Add lines 1 through 3				1,023,070	814	1,243	1,837,313
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							556,035
	supported organization) included on line 1 that exceeds 2% of the							330,033
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							1 201 270
	from line 4							1,281,278
S	ection B. Total Support		T	1	Г			
(or	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015		<b>(f)</b> Total
7	Amounts from line 4				1,023,070	814	,243	1,837,313
8	Gross income from interest,				, ,		-	<u> </u>
•	dividends, payments received on				06.033		161	105 202
	securities loans, rents, royalties				96,932	8	3,461	105,393
	and income from similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	Carried on						-+	
10	Other income Do not include gain or loss from the sale of							
	capital assets (Explain in Part				67,177	29	,786	96,963
	VI)							
11	Total support. Add lines 7							2,039,669
	through 10						$oldsymbol{\bot}$	2,033,003
12	Gross receipts from related activit	ies, etc (see ins	tructions)			12		400,001
13	First five years. If the Form 990 $$ is	for the organizat	ion's first, secon	d, thırd, fourth, or	fifth tax year as a s	ection 501	(c)(3)	organization,
	check this box and <b>stop here</b>				<u> </u>	<u></u>	$\square$	
	ection C. Computation of Pu							
14	Public support percentage for 201			e 11, column (f))		14		62 820 %
15	Public support percentage for 201	·	•			15		86 180 %
16a	<b>33 1/3% support test—2015.</b> If the	5		•	line 14 is 33 1/3%	or more, ch	eck th	
	and <b>stop here.</b> The organization qu <b>33 1/3% support test—2014.</b> If the	•	, , , ,		and line 1 Fig. 22	1/20/ 25 22	b.	► ✓
U	· • • •				, and time 15 is 55	1/3% 01 11101	e, che	. —
170	box and <b>stop here.</b> The organizatio  10%-facts-and-circumstances test				no 12 162 or 16h	and line 1.4		▶
L/a	is 10% or more, and if the organiza	_						
	in Part VI how the organization me							ted
	organization	ucco u			quaiiiico uo	- pasiicij 3		▶ □
b	10%-facts-and-circumstances test	-2014.If the ora	anization did not	check a box on lu	ne 13, 16a, 16b, or	17a, and li	ne	F
_	15 is 10% or more, and if the orga	-						
	Explain in Part VI how the organiza							y
	supported organization				- '	·	•	<b>▶</b> □
18	Private foundation. If the organizat	tion did not checl	k a box on line 13	3, 16a, 16b, 17a,	or 17b, check this	box and see	٤	•

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and						
U	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		
(or f	iscal year beginning in) ▶	<b>(a)</b> 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						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶□
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	<b>Private foundation.</b> If the organizati						

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of eventual eventual eventual to be discussed by some or the eventual eventu		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		
	509(a)(1) or (2)			
3а	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		
4-	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")?	1		
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	70		
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<b>5</b> C		
_	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> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	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)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11</b> a		
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	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

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

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

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

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

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

#### Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

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

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e  g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
			(F 000 000 F7) /2 0 1 F

Return Reference	Explanation	
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER	OTHER INCOME - 2014 AMOUNT \$ 67,177 2015 AMOUNT \$ 29,786	

INCOME

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## **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

OMB No 1545-0047

DLN: 93493135093857

Open to Public

Department of the Treasury Internal Revenue Service

**SCHEDULE D** 

(Form 990)

Name of the organization

Inspection **Employer identification number** 

ЦN	K EDUCATION PARTNERS INC			•
D-	Overning tions Maintaining Dance	Advised Eunds or Other		-1896984
- 6	Organizations Maintaining Donor Complete if the organization answere	ed "Yes" on Form 990. Part I	V. line 6.	or accounts.
		(a) Donor advised funds	•	)Funds and other accounts
1	Total number at end of year	(.,		,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	_		rised Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			
Pa	rt II Conservation Easements. Comple	te if the organization answei	red "Yes" on For	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that app	ply)	
	Preservation of land for public use (e g , recr			
	education)	•		orically important land area ied historic structure
	Protection of natural habitat Preservation of open space	Prese	ervation of a certifi	ied historic structure
2	Complete lines 2a through 2d if the organization	hold a gualified concervation con	tribution in the for	m of a conservation
2	easement on the last day of the tax year	nelu a quanneu conservation con	ici ibucion in the ior	in of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	nts	2b	
C	Number of conservation easements on a certified	` '	· —	
d	Number of conservation easements included in (o historic structure listed in the National Register	:) acquired after 8/17/06, and no	ot on a <b>2d</b>	
3	Number of conservation easements modified, trai	nsferred, released, extinguished,	or terminated by t	he organization during the
	tax year <b>&gt;</b>			
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b> _		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		pection, handling o	of Yes No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations	, and enforcing co	' '
	<b>▶</b>			
,	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and	l enforcing conserv	vation easements during the year
7	<b>▶</b> \$	3.	-	<i>,</i>
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^2$	ne 2(d) above satisfy the requirer	ments of section 1	70(h)(4)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the organization		·
Par	the organization's accounting for conservation ea t III Organizations Maintaining Collec		easures, or O	ther Similar Assets.
	Complete if the organization answere	ed "Yes" on Form 990, Part I	V, line 8.	
<b>1</b> a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition,	, education, or res	earch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition		
(	(i) Revenue included on Form 990, Part VIII, line 1		▶ ¢	
	i) Assets included in Form 990, Part X			
2	If the organization received or held works of art, h	•	ılar assets for fınaı	
_	following amounts required to be reported under S	oras 110 (ASC 958) relating to	these items	
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$

Assets included in Form 990, Part X

Par	31111	Organizations Maintaining (continued)	Collections of A	rt, Hi	istori	cal T	reas	sures, or (	Oth	er Similar A	ssets	
3		the organization's acquisition, account items (check all that apply)	ession, and other reco	ords,	check a	iny of	the fo	llowing that	are	a sıgnıfıcant us	e of its	
а		Public exhibition		d		Loar	n or e	xchange pro	gran	ns		
b		Scholarly research		e	Г	Oth	er					
c		Preservation for future generations										
4	Provi Part >	de a description of the organization? (III	s collections and exp	laın he	ow they	furth	er the	e organizatioi	n′s ∈	exempt purpose	ın	
5		g the year, did the organization solid s to be sold to raise funds rather th								mılar <b>Ye</b> s	s	o
Pai	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	n 990,	Part	IV, lı	ne 9, or re	por	ted an amoun	t on For	m 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intern	nedıar	ry for co	ontrib	utions	or other as:	sets	not <b>Yes</b>		o
b	If'	Yes," explain the arrangement in Pa	art XIII and complete	the f	ollowing	g table	e		Г	Am	ount	
c	Ве	ginning balance	·			_		10	: [			
d	Αd	ditions during the year						1d				
е	Dis	tributions during the year						1e	:			
f	En	ding balance						1f	:			
<b>2</b> a	Did th	ne organization include an amount o	n Form 990, Part X, Iı	ne 21	, for es	crow	or cus	stodial accou	ınt l	iability? <b>Ye</b> s		o
b	If"Y∈	es," explain the arrangement in Part	XIII Check here if the	ne exp	olanatio	n has	been	provided in	Part	XIII		
Pa	rt V	Endowment Funds. Comple	te if the organizati	on ar	nswere	d "Ye	es" to	Form 990	, Pa	irt IV, line 10.		
			(a)Current year	(b)	Pnor yea	r I	b (c)⊤	wo years back	(d)	Three years back	(e)Four y	ears back
1a	_	nning of year balance										
b	Cont.	ributions 										
c	Net i	nvestment earnings, gains, and										
d	Gran	ts or scholarships										
e		r expenditures for facilities programs										
f	A dmi	nistrative expenses										
g		of year balance										
2	Provi	de the estimated percentage of the	current year end bala	nce (I	ıne 1a,	colun	nn (a)	) held as	-	l		
а		l designated or quasi-endowment <b>&gt;</b>	,	,	٥,		,	•				
ь		anent endowment ►										
c		orarily restricted endowment >										
·		ercentages on lines 2a, 2b, and 2c	should equal 100%									
3a		nere endowment funds not in the pos ization by	ssession of the organ	ızatıor	n that a	re hel	d and	l administere	ed fo	r the	Yes	No
		related organizations					•	•			(i)	<u> </u>
b		elated organizations								<del></del>	(ii)	<u> </u>
4		ribe in Part XIII the intended uses of	·				•				ן טפ	
	t VI	Land, Buildings, and Equip			mene ia							
		Complete if the organization a		orm			√, lịn		For			
		Description of property		(	Cost or o	<b>a)</b> ither ba itment)	isis (	<b>(b)</b> Cost or other ba (other)	isis	Accumulated (c) depreciation	( <b>d)</b> Bo	ok value
<b>1</b> a	Land											
b	Buildin	gs		· <u>L</u>				5,665,4	114	192,44	4	5,472,970
		nold improvements		·  _					$\perp$			
d	Equipn	nent		·  _				850,€	537	629,37	5	221,262

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

<b>(1)</b> Financia	See Form 990, Part X, line 12.			
(1)Financia	(a) Description of security or categor (including name of security)	ory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
	al derivatives			Cost of end of year market valu
<b>(2)</b> Closely <b>(3)</b> Other	-held equity interests			
(3)0 thei				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 12 )	. •		
Part VIII	Investments—Program Related			
	Complete if the organization answer  (a) Description of investment	ed 'Yes' on Form 9	90, Part IV, line 11c. <sub>Se</sub>	ee Form 990, Part X, line 13. (c) Method of valuation
	(a) Description of investment		(b) Book Value	Cost or end-of-year market value
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 13 )	•		
Part IX	·		on Form 990, Part IV, line	
	(a) De	scription		(b) Book value
	40			
	umn (b) must equal Form 990, Part X, col (B) lii  Other Liabilities. Complete if the o		red 'Yes' on Form 990,	
	See Form 990, Part X, line 25.			<u> </u>
1.	(a) Description of liability	(b) Book val	ue	
Federal inc	ome taxes			
	mn (b) must equal Form 990, Part X, col (B) line 25 ) for uncertain tax positions In Part XIII, pro	•		

Schedule D (Form 990) 2015

1

2

990,494

1

-1.929

а	Net unrealized gains (losses) o	on investments		2a		-1,929		
b	Donated services and use of fa	icilities		2b		3,700		
c	Recoveries of prior year grants			<b>2</b> c				
d	Other (Describe in Part XIII )			2d		24,967		
e	Add lines 2a through 2d						2e	26,738
3	Subtract line <b>2e</b> from line <b>1</b> .						3	963,756
4	A mounts included on Form 990	0, Part VIII, line 12, but no	ot on line <b>1</b>					
а	Investment expenses not inclu	uded on Form 990, Part VI	II, 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 3 and	<b>4c.</b> (This must equal Form	990, Part I, line	12)			5	963,756
Part		cpenses per Audited				xpense	s per l	Return.
	•	ization answered 'Yes'						_
1	Total expenses and losses per			•			1	1,347,197
2	A mounts included on line 1 but	•	,		1			
а	Donated services and use of fa			2a		3,700		
b	Prior year adjustments			2b				
C	Other losses			2c				
d	Other (Describe in Part XIII)			<b>2</b> d		24,967		
e	Add lines <b>2a</b> through <b>2d</b>			•			2e	28,667
3	Subtract line $\bf 2e$ from line $\bf 1$ .						3	1,318,530
4	Amounts included on Form 990	), Part IX, line 25, but not	on line <b>1:</b>					
а	Investment expenses not inclu	ıded on Form 990, Part VII	II, line 7b	4a				
b	Other (Describe in Part XIII )			4b				
c	Add lines <b>4a</b> and <b>4b</b>						4c	0
5	Total expenses Add lines <b>3</b> an	ıd <b>4c.</b> (This must equal Fori	m 990, Part I, lır	ne 18	)		5	1,318,530
								_
	Supplemental Info							
Part	ide the descriptions required for l V , line 4 , Part X , line 2 , Part XI , mation							e any additional
	Return Reference		Explanation					
PART	X, LINE 2	THE ORGANIZATION HAP PROVISIONS UNDER FII STANDARDS CODIFICATHAT THERE ARE NO MAD OR DISCLOSURE IN THE	NANICAL ACCO TION ("ASC") T ATERIAL UNCEI	OUNTI OPIC RTAIN	NG STANDAF 740 INCOME I TAX POSITI	RDS BOAF TAXES, A ONS THA	D ("FAS AND HA T REQU	SB") ACCOUNTING S DETERMINED VIRE RECOGNITION

2a |

ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE ORGANIZAION BELIEVES IT IS NO

LONGER SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2013

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

Part XIII Supplemental Information (continued)							
PART XII, LINE 2D - OTHER ADJUSTMENTS	DONATED ITEMS 24,967						

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DLN: 93493135093857

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization INK EDUCATION PARTNERS	S INC					Employer ide	entification number
						22-1896984	1
<b>Part I Fundraising Ac</b> Form 990-EZ file	·		_	ation answered "Yes' his part.	on Form	n 990, Part I\	/, line 17.
Indicate whether the orga	anızatıon raısed fur	nds throug	h any of th	ne following activities (	heck all ti	hat apply	
<b>a</b> Mail solicitations				e Solicitation of r	on-goverr	nment grants	
<b>b</b> Internet and email so	olicitations			f Solicitation of g	jovernmen	t grants	
c Phone solicitations				g	sıng event	s	
d	ns						
Did the organization have or key employees listed i services?							′es
<b>b</b> If "Yes," list the ten high to be compensated at lea				ısers) pursuant to agre	ements un	der which the f	<sup>f</sup> undraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundrai	nount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
•		Yes	No				
1							
2							
2							
3							
4							
5							
6							
7							
8							
9							
.0							
otal			<b></b>				
					1		
3 List all states in which the registration or licensing	organization is reg	istered or	licensed t	o solicit contributions (	or has bee	n notified it is i	exempt from

Part II	Fundraising	Events

Fundraising Events.

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

	receipts greater than \$5,000.	(a)Event #1	<b>(b)</b> Event #2	(c)O ther events	(d)
		GOLF OUTING (event type)	ATON EVENT (event type)	(total number)	Total events (add col (a) through col (c))
ē					
Reverkie	1 Gross receipts	94,660	233,864		328,524
Œ	2 Less Contributions	84,650	229,447		314,097
	3 Gross income (line 1 minus line 2)	10,010	4,417		14,427
	<b>4</b> Cash prizes				
	5 Noncash prizes				
S	<b>6</b> Rent/facility costs	37,063	15,750		52,813
Expenses	<b>7</b> Food and beverages				
å X	8 Entertainment				
	9 Other direct expenses	3,506	35,065		38,571
Direct Cirect	<b>10</b> Direct expense summary Add lines 4	through 9 ın column (d	)		91,384
	11 Net income summary Subtract line 10	0 from line 3, column (d	)		-76,957
Par	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
8	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	<b>6</b> Volunteer labor		├ Yes <u> %</u> ├ No	✓ Yes         %           No         %	
	7 Direct expense summary Add lines 2	through 5 ın column (d	)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organizat	ion conducts gaming ac	tivities		
а	Is the organization licensed to conduct (	gaming activities in eac	h of these states?		Yes No
b	If "No," explain				
l0a					
b			.asa or commuted daring	, and tax year.	⊤Yes  No

SCHEDULE M

**Noncash Contributions** 

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

► Attach to Form 990.

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at <u>www.irs.qov/form990</u>

DLN: 93493135093857 OMB No 1545-0047

2015

Open to Public

	isury rnal Revenue Service					Inspe	ctio	n
lar	ne of the organization				Employer identificat	ion nu	mber	
INK	EDUCATION PARTNERS INC				22 1006004			
Ð	art I Types of Property				22-1896984			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	letermır	_	ts
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 Boats and planes				+			
	Intellectual property				-			
9	' ' '				-			
	Securities—Closely held stock .				+			
	Securities—Partnership, LLC,							
	or trust interests							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
18	Collectibles				1			
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other▶( CTIONITEMS)	Х	88	128,285	FMV			
26	O ther ▶ ()							
	O ther ▶ ()							
	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29			
30	a During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that		Yes	No
	it must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requ	red to be used			
	for exempt purposes for the enti	re holdina p	period?			30a		No
	<b>b</b> If "Yes," describe the arrangem					334		<u>  110</u> 
31	Does the organization have a gif	ft acceptant	ce policy that requires the	review of any non-standard	contributions?	31		No
32	a Does the organization hire or us contributions?	•		to solicit, process, or sell	noncash • • •	32a		No
	h If "Voc " docombo in Dart II							

describe in Part II

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

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

(Form 990 or 990-EZ)  Complete Form		mental Information to Form 990 or 990-  to provide information for responses to specific questions of 1990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  In about Schedule 0 (Form 990 or 990-EZ) and its instructions www.irs.gov/form990.	2015 Open to Public
Name of the organization LINK EDUCATION PARTNERS IN		Em	ployer identification number
		22	-1896984
	-		
990 Schedule O, Supplemental Info Return Reference FORM 990, PART VI, SECTION A, LINE 2		Explanation	
FORM 990, PART VI, SEC	CTION A, LINE 2	WENDY LACEY AND ANDREW LACEY ARE MARRIED AND IN	/IEMBERS OF THE BOARD
FORM 990, PART VI, SEC	TION A, LINE 4	BYLAWS WERE AMENDED IN 2016	

DLN: 93493135093857

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990 Schedule O, Supplemental Information

Return Reference

FORM 990, PART VI, SECTION B. LINE

12C

Experiation
MANAGEMENT AND MEMBERS OF THE BOARD OF TRUSTEES REVIEW THE FORM 990 BEFORE
FILING

Evalanation

FORM 990. PART VI. SECTION B. LINE

JUNE THE

UPON ELECTION TO THE BOARD MEMBERS RECEIVE ORIENTATION WHERE THEY ARE PROVIDED. THE CONFLIC T OF INTEREST DOCUMENT TO REVIEW AND SIGN. THEREAFTER AT THE ANNUAL MEETING EACH

DOCUMENT IS REVIEWED

990 Schedule O, Supplemental Information

Return Reference Explanation

AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT

FORM 990, PART VI, SECTION	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL $\parallel$
C, LINE 19	STATEMENTS AVAILABLE TO THE PUBLIC
FORM 990. PART XII. LINE 2C	THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT

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

DLN: 93493135093857 OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

LINK EDUCATION PARTNERS INC

(Form 990)

▶ Attach to Form 990.

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

Inspection

**Employer identification number** 

				22-1896	984			
Part I Identification of Disregarded Entities Com	plete if the organization	answered "Yes" on	Form 990, Pa	rt IV, line 33.				
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	С	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		ne organization ans	wered "Yes" c	on Form 990, P	art IV, l	line 34 because it l	nad on	е
(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction Public charit (if section 50	y status	<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> n 512(b ontrolle tity?
(1)LINK COMMUNITY CHARTER SCHOOL 23 PENNSYLVANIA AVE NEWARK, NJ 07114 46-5614487	THE ORGANIZATION OPERATES A SCHOOL FOR STUDENTS FROM 5TH TO 8TH GRADE	NJ NJ	501 (C)(3)			N/A	Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.	Cat No 5013	15Y			Schedule R (Forn	n 990) 2	015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	ctivity Legal Direct Predominant Share	Direct Predominant income (related, total variety) Predominant income (related, variety) P	Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	<b>(g)</b> Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or aging	<b>(k)</b> Percentage ownership
				]			Yes	No	]	Yes	No	
									1			
Day IV. Identification of Polated Organizations Tayable s		!	T	ط <b>د ک</b> ر محمامت				111/001		00 5	) 1	TV luna

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

No

No

Yes

1a

1b

Part V	ransactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				<b>1</b> g	İ	No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
on en						
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
$m{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
<b>p</b> Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No
r Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including co	vered relationships	and transaction threshold	st		
(a) Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	(d) Method of determining	amount in	volvad	I
	type (a-s)	74mount mvorved	_		V01VC4	•
(1)LINK COMMUNITY CHARTER SCHOOL	J	200,000	FMV			
			I			

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

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

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

