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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/foi/m990](http://www.irs.gov/foi/m990)

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 08-01-2015, and ending 07-31-2016**

|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>StudentsFirst New York Inc<br>Doing business as<br>_____<br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br>345 7th Avenue No 501 _____<br>City or town, state or province, country, and ZIP or foreign postal code<br>New York, NY 10001 | <b>D</b> Employer identification number<br>45-4296699<br><b>E</b> Telephone number<br>(212) 257-4411<br><b>G</b> Gross receipts \$ 2,408,229   |
| <b>F</b> Name and address of principal officer<br>Jennifer Sedlis<br>345 7th Avenue No 501<br>New York, NY 10001   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | <b>L</b> Year of formation 2012 <b>M</b> State of legal domicile NY  |
| <b>J</b> Website: ▶ www.studentsfirstny.org  |  |  |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |  |

**Part I Summary**

| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities<br>To speak for New York Students who depend on public education for the skills they need to succeed<br>_____<br>_____<br>_____<br><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
|------------------------------------|---|--|---------------------------|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|--|
|                                    | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .<br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .<br><b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .<br><b>6</b> Total number of volunteers (estimate if necessary) . . . . .<br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .<br><b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><b>3</b></td><td style="text-align: right;">11</td></tr> <tr><td><b>4</b></td><td style="text-align: right;">11</td></tr> <tr><td><b>5</b></td><td style="text-align: right;">91</td></tr> <tr><td><b>6</b></td><td style="text-align: right;">11</td></tr> <tr><td><b>7a</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>7b</b></td><td style="text-align: right;">0</td></tr> </table>  | <b>3</b>                  | 11           | <b>4</b>  | 11        | <b>5</b>  | 91        | <b>6</b>  | 11        | <b>7a</b> | 0         | <b>7b</b> | 0         |            |            |  |
| <b>3</b>                           | 11  |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| <b>4</b>                           | 11  |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| <b>5</b>                           | 91  |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| <b>6</b>                           | 11  |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| <b>7a</b>                          | 0   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| <b>7b</b>                          | 0   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| <b>Revenue</b>                     | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .<br><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .<br><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .<br><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="width: 15%;">Prior Year</th><th style="width: 15%;">Current Year</th></tr> <tr><td style="text-align: right;">3,694,079</td><td style="text-align: right;">2,376,932</td></tr> <tr><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">82,602</td><td style="text-align: right;">31,297</td></tr> <tr><td style="text-align: right;">3,776,681</td><td style="text-align: right;">2,408,229</td></tr> </table>  | Prior Year                | Current Year | 3,694,079 | 2,376,932 | 0         | 0         | 0         | 0         | 82,602    | 31,297    | 3,776,681 | 2,408,229 |            |            |  |
| Prior Year                         | Current Year  |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 3,694,079                          | 2,376,932   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 0                                  | 0   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 0                                  | 0   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 82,602                             | 31,297  |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 3,776,681                          | 2,408,229   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| <b>Expenses</b>                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .<br><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .<br><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .<br><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 224,608<br><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .<br><b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)<br><b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . . | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">1,005,000</td><td style="width: 15%;">15,000</td></tr> <tr><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">2,565,755</td><td style="text-align: right;">2,943,442</td></tr> <tr><td style="text-align: right;">0</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">2,697,447</td><td style="text-align: right;">1,774,540</td></tr> <tr><td style="text-align: right;">6,268,202</td><td style="text-align: right;">4,732,982</td></tr> <tr><td style="text-align: right;">-2,491,521</td><td style="text-align: right;">-2,324,753</td></tr> </table> | 1,005,000                 | 15,000       | 0         | 0         | 2,565,755 | 2,943,442 | 0         | 0         | 2,697,447 | 1,774,540 | 6,268,202 | 4,732,982 | -2,491,521 | -2,324,753 |  |
| 1,005,000                          | 15,000  |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 0                                  | 0   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 2,565,755                          | 2,943,442   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 0                                  | 0   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 2,697,447                          | 1,774,540   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 6,268,202                          | 4,732,982   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| -2,491,521                         | -2,324,753  |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| <b>Net Assets or Fund Balances</b> | <b>20</b> Total assets (Part X, line 16) . . . . .<br><b>21</b> Total liabilities (Part X, line 26) . . . . .<br><b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="width: 15%;">Beginning of Current Year</th><th style="width: 15%;">End of Year</th></tr> <tr><td style="text-align: right;">4,824,810</td><td style="text-align: right;">2,453,501</td></tr> <tr><td style="text-align: right;">144,858</td><td style="text-align: right;">98,302</td></tr> <tr><td style="text-align: right;">4,679,952</td><td style="text-align: right;">2,355,199</td></tr> </table>   | Beginning of Current Year | End of Year  | 4,824,810 | 2,453,501 | 144,858   | 98,302    | 4,679,952 | 2,355,199 |           |           |           |           |            |            |  |
| Beginning of Current Year          | End of Year   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 4,824,810                          | 2,453,501   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 144,858                            | 98,302  |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |
| 4,679,952                          | 2,355,199   |  |                           |              |           |           |           |           |           |           |           |           |           |           |            |            |  |

**Part II Signature Block**

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

|                               |  |   |
|-------------------------------|--|---|
| <b>Sign Here</b>              | *****<br>Signature of officer<br>_____<br>Jennifer Sedlis Executive Director<br>Type or print name and title | 2017-06-13<br>Date  |
| <b>Paid Preparer Use Only</b> | Prnt/Type preparer's name<br>Katy Brown<br>Preparer's signature<br>Katy Brown<br>Date<br>_____               | Check <input type="checkbox"/> if self-employed<br>PTIN P00650274<br>Firm's name ▶ Armanino LLP<br>Firm's EIN ▶ 94-6214841<br>Firm's address ▶ 12657 Alcosta Blvd Ste 500<br>San Ramon, CA 945834600<br>Phone no (925) 790-2600 |

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

OUR MISSION IS TO BE THE LEADING VOICE FOR STUDENTS IN NEW YORK WHO DEPEND ON PUBLIC EDUCATION FOR THE SKILLS THEY NEED TO SUCCEED, BUT WHO ARE TOO OFTEN FAILED BY A SYSTEM THAT PUTS SPECIAL INTERESTS, RATHER THAN THE INTERESTS OF CHILDREN, FIRST

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 1,866,567 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 2,182,444 including grants of \$ 15,000 ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 4,049,011

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

|  |            |     |    |
|--|------------|-----|----|
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  | Yes |    |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  |     | No |
| <b>23</b> 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> . . . . .  | <b>23</b>  | Yes |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                           | <b>24a</b> |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   | <b>24b</b> |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | <b>24c</b> |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   | <b>24d</b> |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | <b>25a</b> |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25b</b> |     | No |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |            |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28a</b> |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28b</b> |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28c</b> |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | <b>34</b>  | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <b>35a</b> | Yes |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  | <b>35b</b> | Yes |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  | <b>36</b>  |     |    |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>  |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, 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 . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed NY, CT, NJ; 18 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); 19 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; 20 State the name, address, and telephone number of the person who possesses the organization's books and records Elisabeth Williams 345 7th Ave Suite 501 New York, NY 10001 (212) 257-4411

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

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

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

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

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

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

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

| (A)<br>Name and Title                                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MIKAEL Andren<br>.....<br>DIRECTOR                    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) DOUGLAS Band<br>.....<br>DIRECTOR                     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) DAVID BOIES<br>.....<br>DIRECTOR                      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) TIFFANY DUFU<br>.....<br>DIRECTOR                     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) Carl Icahn<br>.....<br>DIRECTOR (thru 11/5/15)        | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) GAIL GOLDEN ICAHN<br>.....<br>DIRECTOR (thru 11/5/15) | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) MICHELLE JOHNSON FRMRLY RHEE<br>.....<br>DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) Paul Tudor Jones II<br>.....<br>DIRECTOR              | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) JOEL Klein<br>.....<br>Chairman/DIRECTOR              | 1 00<br>.....  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (10) DANIEL Loeb<br>.....<br>DIRECTOR                     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) Eva Moskowitz<br>.....<br>DIRECTOR                   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) JABALI SAWICKI<br>.....<br>DIRECTOR (thru 10/6/15)   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) Dan Senior<br>.....<br>DIRECTOR                      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) Michael Sullivan<br>.....<br>DIRECTOR                | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| (15) JENNIFER SEDLIS<br>EXECUTIVE DIRECTOR                     | 39 00<br>1 00  |   |                       | X       |              |                              |         | 382,000   | 0  | 8,133   |
| (16) GLEN WEINER<br>Deputy EXECUTIVE DIRECTOR                  | 39 00<br>1 00  |   |                       | X       |              |                              |         | 219,167   | 0  | 23,403  |
| (17) Tenicka T Boyd<br>Sr Dir of Organizing                    | 40 00  |   |                       |         | X            |                              |         | 185,500   | 0  | 22,729  |
| (18) Michael Nitzky<br>Sr Dir of Communications                | 40 00  |   |                       |         |              | X                            |         | 106,667   | 0  | 0   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |         |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |         |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 893,334 | 0   | 54,265   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| The Glover Park Group LLC<br>1025 F Street NW 9<br>Washington, DC 20004      | Advertising services           | 776,519             |
| Tusk Strategies Inc<br>251 Park Avenue South 8th Floor<br>New York, NY 10010 | Consulting services            | 390,000             |
| Douglas E Schoen Esq<br>1111 Park Avenue<br>New York, NY 10128               | Consulting services            | 188,500             |
| Kauffmann Public Affairs LLC<br>32-17 33rd Street<br>Astoria, NY 11106       | CONSULTing services            | 180,000             |

**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 ▶ 4

**Part VIII Statement of Revenue**

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

|  |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |        |
|--|--|--|----------------------|--|---|---|--------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>  | <b>1a</b>  | Federated campaigns . . . . . <b>1a</b> _____  |                      |  |   |   |        |
|  | <b>b</b>   | Membership dues . . . . . <b>1b</b> _____  |                      |  |   |   |        |
|  | <b>c</b>   | Fundraising events . . . . . <b>1c</b> _____   |                      |  |   |   |        |
|  | <b>d</b>   | Related organizations . . . . . <b>1d</b> _____  |                      |  |   |   |        |
|  | <b>e</b>   | Government grants (contributions) <b>1e</b> _____  |                      |  |   |   |        |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 2,376,932   |                      |  |   |   |        |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f \$ _____   |                      |  |   |   |        |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>   | 2,376,932            |  |   |   |        |
| <b>Program Service Revenue</b>                                 | <b>2a</b>  | _____ Business Code _____  |                      |  |   |   |        |
|  | <b>b</b>   | _____  |                      |  |   |   |        |
|  | <b>c</b>   | _____  |                      |  |   |   |        |
|  | <b>d</b>   | _____  |                      |  |   |   |        |
|  | <b>e</b>   | _____  |                      |  |   |   |        |
|  | <b>f</b>   | All other program service revenue _____  |                      |  |   |   |        |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>   |                      |  |   |   |        |
| <b>Other Revenue</b>   | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>  |                      |  |   |   |        |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>  |                      |  |   |   |        |
|  | <b>5</b>   | Royalties . . . . . <b>▶</b>   |                      |  |   |   |        |
|  | <b>6a</b>  | (i) Real   |                      |  |   |   |        |
|  |  | (ii) Personal  |                      |  |   |   |        |
|  |  | Gross rents  | 31,297               |  |   |   |        |
|  |  | Less rental expenses   | 0                    |  |   |   |        |
|  | <b>c</b>   | Rental income or (loss)  | 31,297               |  |   |   |        |
|  | <b>d</b>   | Net rental income or (loss) . . . . . <b>▶</b>   | 31,297               |  |   |   | 31,297 |
|  | <b>7a</b>  | (i) Securities   |                      |  |   |   |        |
|  |  | (ii) Other   |                      |  |   |   |        |
|  |  | Gross amount from sales of assets other than inventory   |                      |  |   |   |        |
|  |  | Less cost or other basis and sales expenses  |                      |  |   |   |        |
|  | <b>c</b>   | Gain or (loss)   |                      |  |   |   |        |
|  | <b>d</b>   | Net gain or (loss) . . . . . <b>▶</b>  |                      |  |   |   |        |
|  | <b>8a</b>  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |                      |  |   |   |        |
|  |  | Less direct expenses . . . . . <b>b</b>  |                      |  |   |   |        |
|  |  | Net income or (loss) from fundraising events . . . . . <b>▶</b>  |                      |  |   |   |        |
|  | <b>9a</b>  | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>  |                      |  |   |   |        |
|  |  | Less direct expenses . . . . . <b>b</b>  |                      |  |   |   |        |
| Net income or (loss) from gaming activities . . . . . <b>▶</b> |  |  |                      |  |   |   |        |
| <b>10a</b>   | Gross sales of inventory, less returns and allowances . . . . . <b>a</b> |  |                      |  |   |   |        |
|  | Less cost of goods sold . . . . . <b>b</b>                               |  |                      |  |   |   |        |
|  | Net income or (loss) from sales of inventory . . . . . <b>▶</b>          |  |                      |  |   |   |        |
| Miscellaneous Revenue  |  | Business Code  |                      |  |   |   |        |
| <b>11a</b>   | _____  |  |                      |  |   |   |        |
| <b>b</b>   | _____  |  |                      |  |   |   |        |
| <b>c</b>   | _____  |  |                      |  |   |   |        |
| <b>d</b>   | All other revenue . . . . .  |  |                      |  |   |   |        |
| <b>e</b>   | <b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>                       |  |                      |  |   |   |        |
| <b>12</b>  | <b>Total revenue.</b> See Instructions . . . . . <b>▶</b>                | 2,408,229  | 0                    | 0  | 31,297                                  |   |        |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 15,000                       | 15,000                                 |   |                                    |
| <b>2</b>  | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                              |  |   |                                    |
| <b>3</b>  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  |                              |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .  | 589,297                      | 507,878                                | 29,541  | 51,878                             |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b>  | Other salaries and wages . . . . .  | 1,777,591                    | 1,559,681                              | 149,976                                       | 67,934                             |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 66,240                       | 56,668                                 | 6,429   | 3,143                              |
| <b>9</b>  | Other employee benefits . . . . .   | 317,475                      | 271,596                                | 30,813  | 15,066                             |
| <b>10</b>   | Payroll taxes . . . . .   | 192,839                      | 164,972                                | 18,716  | 9,151                              |
| <b>11</b>   | Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .  | 196,733                      | 107,319                                | 55,024  | 34,390                             |
| <b>b</b>  | Legal . . . . .   | 117,621                      | 102,330                                | 9,410   | 5,881                              |
| <b>c</b>  | Accounting . . . . .  | 133,092                      | 115,790                                | 10,647  | 6,655                              |
| <b>d</b>  | Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b>  | Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| <b>f</b>  | Investment management fees . . . . .  |                              |  |   |                                    |
| <b>g</b>  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 491,065                      | 491,065                                |   |                                    |
| <b>12</b>   | Advertising and promotion . . . . .   | 109,178                      | 109,178                                |   |                                    |
| <b>13</b>   | Office expenses . . . . .   | 95,038                       | 82,706                                 | 7,588   | 4,744                              |
| <b>14</b>   | Information technology . . . . .  | 27,417                       | 23,852                                 | 2,193   | 1,372                              |
| <b>15</b>   | Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .   | 217,209                      | 190,866                                | 16,211  | 10,132                             |
| <b>17</b>   | Travel . . . . .  | 133,116                      | 115,808                                | 10,649  | 6,659                              |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .  | 62,324                       | 54,222                                 | 4,986   | 3,116                              |
| <b>20</b>   | Interest . . . . .  | 125                          | 109                                    | 10  | 6                                  |
| <b>21</b>   | Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .   | 7,011                        | 6,099                                  | 561   | 351                                |
| <b>23</b>   | Insurance . . . . .   | 23,852                       | 20,751                                 | 1,908   | 1,193                              |
| <b>24</b>   | 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.)   |                              |  |   |                                    |
| <b>a</b>  | UNCOLLECTIBLE PLEDGES   | 100,000                      |  | 100,000                                       |                                    |
| <b>b</b>  | Dues and subscriptions  | 44,640                       | 38,837                                 | 3,571   | 2,232                              |
| <b>c</b>  | Miscellaneous   | 16,119                       | 14,284                                 | 1,130   | 705                                |
| <b>d</b>  |   |                              |  |   |                                    |
| <b>e</b>  | All other expenses  |                              |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e   | 4,732,982                    | 4,049,011                              | 459,363                                       | 224,608                            |
| <b>26</b>   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)               |           | (B)         |       |
|---|--|-------------------|-----------|-------------|-------|
|   |  | Beginning of year |           | End of year |       |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 2,228,297         | <b>1</b>  | 1,978,127   |       |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                   | <b>2</b>  |             |       |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 2,501,201         | <b>3</b>  | 378,098     |       |
|   | <b>4</b> Accounts receivable, net . . . . .  | 7,030             | <b>4</b>  |             |       |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                   |           | <b>5</b>    |       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                   |           | <b>6</b>    |       |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                   | <b>7</b>  |             |       |
|   | <b>8</b> Inventories for sale or use . . . . .   |                   | <b>8</b>  |             |       |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 31,760            | <b>9</b>  | 47,850      |       |
|   | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .  | 35,743            |           |             |       |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | 28,040            | 14,713    | <b>10c</b>  | 7,703 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                   | <b>11</b> |             |       |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                   | <b>12</b> |             |       |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                   | <b>13</b> |             |       |
|   | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b> |             |       |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 41,809            | <b>15</b> | 41,723      |       |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 4,824,810  | <b>16</b>         | 2,453,501 |             |       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 138,339           | <b>17</b> | 94,623      |       |
|   | <b>18</b> Grants payable . . . . .   |                   | <b>18</b> |             |       |
|   | <b>19</b> Deferred revenue . . . . .   |                   | <b>19</b> |             |       |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b> |             |       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                   | <b>21</b> |             |       |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                   | <b>22</b> |             |       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                   | <b>23</b> |             |       |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b> |             |       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 6,519             | <b>25</b> | 3,679       |       |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 144,858           | <b>26</b> | 98,302      |       |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |           |             |       |
|   | <b>27</b> Unrestricted net assets . . . . .  | 1,776,723         | <b>27</b> | 1,861,970   |       |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 2,903,229         | <b>28</b> | 493,229     |       |
|   | <b>29</b> Permanently restricted net assets . . . . .  |                   | <b>29</b> |             |       |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |           |             |       |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b> |             |       |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b> |             |       |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b> |             |       |
| <b>33</b> Total net assets or fund balances . . . . .                         | 4,679,952  | <b>33</b>         | 2,355,199 |             |       |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 4,824,810  | <b>34</b>         | 2,453,501 |             |       |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 2,408,229  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 4,732,982  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -2,324,753 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 4,679,952  |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 2,355,199  |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>c</b>  | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>b</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   |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 45-4296699

**Name:** StudentsFirst New York Inc

### Form 990, Part III, Line 4a

---

**4a** (Code ) (Expenses \$ 1,866,567 including grants of \$ ) (Revenue \$ )

STUDENTSFIRST NEW YORK, INC WORKED TO EMPOWER PARENTS THROUGHOUT NEW YORK THROUGH A COMPREHENSIVE MEMBERSHIP RECRUITMENT CAMPAIGN WITH THE GENERAL PUBLIC THAT PROVIDED AWARENESS AND INFORMATION REGARDING ITS MISSION AND EDUCATION REFORM POLICIES IT ALSO HOSTED PRIVATE MEETINGS AND PUBLIC EVENTS AIMED AT GIVING VOICE TO PARENTS IN THE EDUCATION DEBATE

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**Form 990, Part III, Line 4b**

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**4b** (Code ) (Expenses \$ 2,182,444 including grants of \$ 15,000 ) (Revenue \$ )

STUDENTSFIRST NEW YORK, INC ENGAGED IN PUBLIC POLICY DEVELOPMENT AND RESEARCH THAT EDUCATED THE PUBLIC ON REAL AND MEANINGFUL REFORMS ACROSS NEW YORK STUDENTSFIRST NEW YORK, INC PROVIDED INFORMATION ABOUT EDUCATION REFORM TO THE GENERAL PUBLIC THROUGH MATERIALS AND PUBLICATIONS AND NEW AND TRADITIONAL MEDIA OUTLETS THE PURPOSE OF THESE COMMUNICATIONS WAS TO ENSURE THE INTERESTS OF CHILDREN IN PUBLIC EDUCATION ARE WELL UNDERSTOOD BY TEACHERS, PARENTS, POLICYMAKERS AND THE GENERAL PUBLIC

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**Form 990, Part III, Line 4c**

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**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

Department of the  
Treasury  
Internal Revenue  
Service

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

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

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

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

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

Name of the organization  
StudentsFirst New York Inc

Employer identification number

45-4296699

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check  if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a) Filing organization's totals****(b) Affiliated group totals**

| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying)  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying)   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b)   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b>   | Other exempt purpose expenditures   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d)   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b>   | Lobbying nontaxable amount Enter the amount from the following table in both columns  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000   | 20% of the amount on line 1e  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000  | \$1,000,000   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f)   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b>   | Subtract line 1g from line 1a If zero or less, enter -0-  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b>   | Subtract line 1f from line 1c If zero or less, enter -0-  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b>   | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |

 **Y e s**  **N o****4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | <b>(a)</b> 2012 | <b>(b)</b> 2013 | <b>(c)</b> 2014 | <b>(d)</b> 2015 | <b>(e)</b> Total |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>2a</b> Lobbying nontaxable amount                             |                 |                 |                 |                 |                  |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |                 |                 |                 |                 |                  |
| <b>c</b> Total lobbying expenditures                             |                 |                 |                 |                 |                  |
| <b>d</b> Grassroots nontaxable amount                            |                 |                 |                 |                 |                  |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |                 |                 |                 |                 |                  |
| <b>f</b> Grassroots lobbying expenditures                        |                 |                 |                 |                 |                  |



**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

**Name of the organization**  
StudentsFirst New York Inc  
**Employer identification number**  
45-4296699

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year                       |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year                    |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|   | Held at the End of the Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements   |                             |
| <b>b</b> Total acreage restricted by conservation easements   |                             |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   |                             |
| <b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |                             |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1  \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X  \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1  \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X  \$ \_\_\_\_\_

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Table with 3 columns: Question, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii)...

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests  |                |   |
| (3) Other  |                |   |
|  |                |   |
|  |                |   |
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|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) | ▶              |   |

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
|  |                |   |
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|  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) | ▶              |   |

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
|  |                |
|  |                |
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|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) | ▶              |

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| Federal income taxes   |                |
| CAPITAL LEASE  | 3,679          |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | ▶ 3,679        |

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

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

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

|          |   |           |           |           |
|----------|---|-----------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |           | <b>1</b>  | 2,408,229 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> |           |           |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |           |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  | 2,408,229 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> | 0         |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>  | 2,408,229 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|          |  |           |           |           |
|----------|--|-----------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     |           | <b>1</b>  | 4,732,982 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |           |           |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |           |           |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  | 4,732,982 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> | 0         |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . |           | <b>5</b>  | 4,732,982 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 45-4296699

**Name:** StudentsFirst New York Inc

## Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| Part X, Line 2   | StudentsFirst NY is exempt from federal income taxes under Internal Revenue Code Section 501(c)(4) StudentsFirst NY has evaluated its current tax positions and has concluded that as of July 31, 2016 and 2015, it does not have any significant uncertain tax positions for which a reserve would be necessary |

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization StudentsFirst New York Inc

Employer identification number

45-4296699

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) Somos El Futuro Inc, 22-3128393, 501(c)(3), 15,000, Education Advocacy.

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

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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| Part I, Line 2          | The Organization monitors the use of the grant funds through reports from the grantee organizations and the visible impact that the grantee organizations have on public education |

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

|  |  |
|--|--|
| Name of the organization<br>StudentsFirst New York Inc | Employer identification number<br>45-4296699 |
|--|--|

**Part I Questions Regarding Compensation**

|   | Yes   | No   |  |  |   |   |   |  |  |  |
|---|---|--|--|--|---|---|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use            |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence            |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |  |  |  |   |   |   |  |  |  |
| <p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>   | <b>1b</b>   |  |  |  |   |   |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>  | <b>2</b>  |  |  |  |   |   |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input type="checkbox"/> Compensation committee                                     | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |  |  |  |   |   |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input checked="" type="checkbox"/> Compensation survey or study                    |  |  |  |   |   |   |  |  |  |
| <input checked="" type="checkbox"/> Form 990 of other organizations   | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |  |  |   |   |   |  |  |  |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>   |   |  |  |  |   |   |   |  |  |  |
| <p><b>a</b> Receive a severance payment or change-of-control payment?</p>   | <b>4a</b>   | No   |  |  |   |   |   |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>   | <b>4b</b>   | No   |  |  |   |   |   |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br/>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4c</b>   | No   |  |  |   |   |   |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>  |   |  |  |  |   |   |   |  |  |  |
| <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>  |   |  |  |  |   |   |   |  |  |  |
| <p><b>a</b> The organization?</p>   | <b>5a</b>   | No   |  |  |   |   |   |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," on line 5a or 5b, describe in Part III.</p>   | <b>5b</b>   | No   |  |  |   |   |   |  |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>  |   |  |  |  |   |   |   |  |  |  |
| <p><b>a</b> The organization?</p>   | <b>6a</b>   | No   |  |  |   |   |   |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," on line 6a or 6b, describe in Part III.</p>   | <b>6b</b>   | No   |  |  |   |   |   |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>   | <b>7</b>  | No   |  |  |   |   |   |  |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>  | <b>8</b>  | No   |  |  |   |   |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>  | <b>9</b>  |  |  |  |   |   |   |  |  |  |

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

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

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

| (A) Name and Title                            |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 JENNIFER SEDLIS<br>EXECUTIVE DIRECTOR       | (i)  | 382,000<br>-----                                   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 8,133<br>-----          | 390,133<br>-----                | 0<br>-----   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 2 GLEN WEINER<br>Deputy EXECUTIVE<br>DIRECTOR | (i)  | 219,167<br>-----                                   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 23,403<br>-----         | 242,570<br>-----                | 0<br>-----   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 3 Tenicka T Boyd<br>Sr Dir of Organizing      | (i)  | 185,500<br>-----                                   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 22,729<br>-----         | 208,229<br>-----                | 0<br>-----   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |

**Part III** **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

Department of the  
Treasury  
Internal Revenue  
Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
StudentsFirst New York Inc

**Employer identification number**

45-4296699

**990 Schedule O, Supplemental Information**

| Return Reference                     | Explanation  |
|--------------------------------------|--|
| Form 990, Part VI, Section A, line 2 | Carl and Gail Icahn are related by marriage. Mikael Andren serves as president of the Paul Tudor Jones II family office. Paul Tudor Jones II is also a director of the organization. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>              | <b>Explanation</b>  |
|--------------------------------------|---|
| Form 990, Part VI, Section A, line 3 | StudentsFirst and StudentsFirst Institute provided legal, accounting and other administrative services to StudentsFirst NY pursuant to a management agreement through June 30, 2016. For the year ended July 31, 2016, StudentsFirst NY paid \$196,733 for these services and received no donated services. |

## 990 Schedule O, Supplemental Information

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| Form 990, Part VI, Section B, line 11 | The StudentsFirst New York, Inc return was prepared by a public accounting firm and then forwarded to the executive director for review Any revisions are provided to the licensed CPA and, once revised, the final draft IRS Form 990 is reviewed by the organization's board of directors prior to submission and filing with the Internal Revenue Service |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| Form 990, Part VI, Section B, line 12c | DIRECTORS AND OFFICERS SHALL DISCLOSE TO THE BOARD ANY FINANCIAL INTEREST WHICH THE DIRECTOR OR OFFICER DIRECTLY OR INDIRECTLY HAS IN ANY PERSON OR ENTITY WHICH IS A PARTY TO A TRANSACTION UNDER CONSIDERATION BY THE BOARD THE INTERESTED DIRECTOR OR OFFICER SHALL ABSTAIN FROM VOTING ON THE TRANSACTION |

## 990 Schedule O, Supplemental Information

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| Form 990, Part VI, Section B, line 15 | THE REVIEW AND APPROVAL OF THE SALARY FOR THE EXECUTIVE DIRECTOR TAKES PLACE UPON HIRE USING COMPARABILITY DATA SUCH AS INDUSTRY SURVEYS AND DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN COMPARABLE ORGANIZATIONS |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| Form 990, Part VI, Section C, line 19 | The organization makes its governing documents available as required by law |

**990 Schedule O, Supplemental Information**

| Return Reference            | Explanation  |
|-----------------------------|--|
| Form 990, Part IX, line 11g | Consultants Program service expenses 491,065 Management and general expenses 0 Fundraising expenses 0 Total expenses 491,065 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>     | <b>Explanation</b>                               |
|-----------------------------|--|
| Form 990, Part XII, Line 2c | This process has not changed from the prior year |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
StudentsFirst New York Inc

Employer identification number

45-4296699

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> StudentsFirst New York Advocacy Inc<br>345 7th Avenue Ste 501<br><br>New York, NY 10001<br>46-1837043   | EDUCATION ADVOCACY      | NY   | 501(c)(4)                  |   | STUDENTSFIRST NEW YORK INC       | Yes  |    |
| <b>(2)</b> New Yorkers for a Balanced Albany<br>345 7th Avenue Ste 501<br><br>New York, NY 10001<br>47-1763251     | EDUCATION ADVOCACY      | NY   | 527                        |   | STUDENTSFIRST NEW YORK INC       | Yes  |    |
| <b>(3)</b> New Yorkers for Putting StudentsFirst<br>345 7th Avenue Ste 501<br><br>New York, NY 10001<br>45-5500314 | EDUCATION ADVOCACY      | NY   | 527                        |   | STUDENTSFIRST NEW YORK INC       | Yes  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                         |  |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |

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

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

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

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

**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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> |     | No |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
|           |     |    |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
|           |     |    |
| <b>1k</b> |     | No |
| <b>1l</b> | Yes |    |
|           |     |    |
| <b>1m</b> |     | No |
| <b>1n</b> | Yes |    |
| <b>1o</b> | Yes |    |
|           |     |    |
| <b>1p</b> |     | No |
| <b>1q</b> | Yes |    |
|           |     |    |
| <b>1r</b> |     | No |
| <b>1s</b> |     | No |

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

| (a)<br>Name of related organization            | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| <b>(1)</b> StudentsFirst New York Advocacy Inc | L                             |                        | Below 50,000 Reporting Threshold             |
| <b>(2)</b> StudentsFirst New York Advocacy Inc | N                             |                        | Below 50,000 Reporting Threshold             |
| <b>(3)</b> studentsFirst New York Advocacy Inc | O                             |                        | Below 50,000 Reporting Threshold             |
| <b>(4)</b> StudentsFirst New York Advocacy Inc | Q                             |                        | Below 50,000 Reporting Threshold             |
|  |                               |                        |  |
|  |                               |                        |  |



**Part VII** **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|-------------------------|--------------------|