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DLN: 93493145007347

Form 990

Department of the Treasury

**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 <u>www IRS gov/form990</u> Inspection

		ue Servic	el lendar year, or tax year b	eginning 10-01-2015 , and ending 09-30-	2016						
	eck if app		C Name of organization	egining 10 of 2015 , and chaing 05 50	2010	D Emp	loyer ide	entification number			
_	dress ch		CENTRAL ASIA INSTITUTE			51-0	37623	7			
_	ame chai	-	Doing business as			_	, , , , ,	•			
	ıtıal retuı nal	rn				E Tolon	hone num				
	terminat	ted	Number and street (or P O PO BOX 7209	box if mail is not delivered to street address) Room	n/suite		(406) 585-7841				
	nended re			nce, country, and ZIP or foreign postal code		(406	585-	/841			
Ар	plication	pending	BOZEMAN, MT 59771	ice, country, and zir or foreign postar code		<b>G</b> Gross	receipts	\$ 7,665,011			
			<b>F</b> Name and address of	principal officer	H(a) I	s this a grou	ın returr	n for			
			JAMES THADEN			ubordinates	•	⊤ Yes 🗸			
			PO BOX 7209 BOZEMAN,MT 59771			No Are all subor	dinates				
Та	x-exemp	ot status	<b>▼</b> 501(c)(3)	( ) ◀ (insert no )		ncluded?	umates	□Yes □ No			
w	ebsite:	<b>▶</b> ww	/W CENTRALASIAINSTI	TUTE ORG		:		(see instructions)			
_						Group exemples of formation					
Forr	n of orga	anızatıon	✓ Corporation Trust	Association   Other ►	L fear	or rormation .	1996	State of legal domicile Di			
Pa	rt I	Sum	mary					-			
			_	mission or most significant activities			/ <del>-</del>	0.5005071111500			
				F CENTRAL ASIA THROUGH LITERACY A GH EDUCATION AND CONVEY THE IMP				•			
<u>د</u>											
<u> </u>	—										
o vermano.	<b>2</b> CI	heck th	us box ▶ □ If the organiza	ation discontinued its operations or dispos	ed of more th	nan 25% of i	ts net a	ssets			
ಶ ∕^	3 N	umber	of voting members of the g	governing body (Part VI, line 1a)			3	9			
ACHAINES			of independent voting mer		4	9					
3				yed in calendar year 2015 (Part V, line 2a)			5	13			
4			•	ate if necessary)			6 7a	-78,963			
				ome from Form 990-T, line 34			7b	-78,963			
				· · · · · · · · · · · · · · · · · · ·		Prior Year		Current Year			
	8 Contributions and grants (Part VIII, line 1			VIII, line 1h)		2,463	,974	3,760,734			
Ę	9	Progra	am service revenue (Part '	VIII, line 2g)			0	0			
Ravenua	10		•	column (A), lines 3, 4, and 7d)	·		7,720	-536,376			
ш.	11			mn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	18	3,314	75,799			
	12	10tai	revenue—add lines 8 thro	ugh 11 (must equal Part VIII, column (A),	ine	2,850	800,0	3,300,157			
	13	Grants	s and similar amounts pai	d (Part IX, column (A), lines 1-3)		3,651	.,192	2,762,053			
	14		•	(Part IX, column (A), line 4)			0	0			
82	15	Saları 5-10	The state of the s	employee benefits (Part IX, column (A), line	es	1,033	,530	838,572			
NS G	16a		<b>,</b>	Part IX, column (A), line 11e)			0	0			
Expenses	b	Total fu	indraising expenses (Part IX, co	olumn (D), line 25) ▶656,461							
ш	17			nn (A), lines 11a-11d, 11f-24e)		. 1,352,150 2,210,1					
	18	Total	expenses Add lines 13-1	17 (must equal Part IX, column (A), line 25	5)	6,036	,872	5,810,773			
(5)	19	Reven	ue less expenses Subtra	ct line 18 from line 12		-3,186	,864	-2,510,616			
Net Assets of Fund Balances					Beginn	ing of Curren	t Year	End of Year			
sser Salai	20	Total	assets (Part X, line 16)			14,912	,402	12,485,491			
2 2	21	Total	liabilities (Part X, line 26)	)		4,553	,607	3,680,693			
	22	Netas	ssets or fund balances Su	ubtract line 21 from line 20		10,358	795	8,804,798			
Inde ny ki	nowledg	ties of ge and		ave examined this return, including accompand complete Declaration of preparer (othe							
		****			,	2017-05-23					
Sign		Signa	ature of officer			Date					
lere	e		ES THADEN EXECUTIVE DIRECT	OR							
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	I	PTIN				
Paid	Ŀ		BRENDA BLUNT	BRENDA BLUNT	2017-05-23	Check   If self-employed	P0007	5126			
	a parer	r ⊢	irm's name			Fırm's EIN ▶	45-02509				
	Only	1 1	Firm's address ► 1850 N CENTR			Phone no (60	02) 264-5	844			
_	-	- 1	PHOENIX AZ	050044634		1					

orm	990 (2015)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-197$ . If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	<b>12</b> a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current			

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28a

28b

28c

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Yes

Form 990 (2015)

Yes

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Νo

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Nο

Νo

Nο

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

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

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

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

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

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

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

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

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

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

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

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

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

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

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

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

Dart V	Statements	Pegarding	Other	TDS	Filings	and :	Tav	Compliance
	Julellellis	neuai uiiiu	Other	143	I IIIIIU3	anu	101	Combinance

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance				_
		Check if Schedule O contains a response or note to any line in this Part V		<del></del>		
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a	26		Yes	No
		the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0			
		ne organization comply with backup withholding rules for reportable payments to vendors and reporta	able			
	gamın	ng (gambling) winnings to prize winners?		1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered				
		is return	13			
b		east one is reported on line 2a, did the organization file all required federal employment tax returns?	,	2b	Yes	
32		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ne organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b		NO
		y time during the calendar year, did the organization have an interest in, or a signature or other auth	ority			
		a financial account in a foreign country (such as a bank account, securities account, or other financ	ıal	4a		No
b		unt)?	ŀ			NO
_		es," enter the name of the foreign country <b>▶</b>	_ unts			
	(FBAF	R)				
		the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	ŀ	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b		No
С	If"Ye	es," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	ŀ	6a		No
	organi	nization solicit any contributions that were not tax deductible as charitable contributions?				
b		es," did the organization include with every solicitation an express statement that such contributions not tax deductible?	s or gifts	6b		
7	_	nizations that may receive deductible contributions under section 170(c).				
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for good ces provided to the payor?	ds and	7a		No
		es," did the organization notify the donor of the value of the goods or services provided?	ŀ	7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was re orm 8282?	quired to	<b>7</b> c		No
d	If"Ye	es," indicate the number of Forms 8282 filed during the year				
e	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	act?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7</b> f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the organization file Form red?	8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at an	ıy tıme			
	_	g the year?	•	8		
		ne sponsoring organization make any taxable distributions under section 4966?		9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	•	9b		
10 a		on 501(c)(7) organizations. Enter tion fees and capital contributions included on Part VIII, line 12   10a				
		s receipts, included on Form 990, Part VIII, line 12, for public use of club  10b				
	facılıtı	ties		, ,	'	
11		on 501(c)(12) organizations. Enter s income from members or shareholders				
		s income from other sources (Do not net amounts due or paid to other sources				
-		st amounts due or received from them )				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041	.7	<b>12</b> a		
b		es," enter the amount of tax-exempt interest received or accrued during the				
13	year <b>Sectio</b>	on 501(c)(29) qualified nonprofit health insurance issuers.				
a		e organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instruct	ions for			
Ь		ional information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states		13a		
U		ich the organization is licensed to issue qualified health plans 13b				
c	Enter	the amount of reserves on hand				
		ne organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If"Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	•	14b		

orm	990 (2015)			Page
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI		Ob belo	w, <b>.</b>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_	No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		No

•	year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	even	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	<b>15</b> a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its			

TN , SC , RI , WI , WV

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

Section C. Disclosure

AL,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MD,MA, MI,MN,MS,NH,NJ,OK,NM,OH,NY,OR,PA,UT, TN,SC,RI,WI,WV

**16**b

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-1 (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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶JENNIFER SIPES PO BOX 7209 BOZEMAN, MT 59771 (406) 585-7841

Part VII

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

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

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

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

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

compensated employees, and former such personal Check this box if neither the organization no		ganıza	tion	com	pen	sated	any	current officer, o	lirector, or truste	e	
(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	note bo	chec x, unle n offic rustee	ess er	from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		
(1) STEVE BARRETT BOARD MEMBER (THRU 4/16)	2 00	х						0	0	0	
(2) SANDRA COOK BOARD MEMBER (THRU 4/16)	2 00	×						0	0	0	
(3) TALAT KHAN BOARD MEMBER	2 00	х						0	0	0	
(4) GEORGE MCCOWN BOARD MEMBER	2 00	×						0	0	0	
(5) SABAHAT RAFIQ BOARD MEMBER	2 00	х						0	0	0	
(6) FARID SENZAI BOARD MEMBER	2 00	х						0	0	0	
(7) IRAM SHAH BOARD MEMBER (THRU 1/16)	2 00	х						0	0	0	
(8) HOWARD T SLAYEN BOARD MEMBER	2 00	x						0	0	0	
(9) MOEED YUSUF BOARD MEMBER	2 00	х						0	0	0	
(10) JOHN E WILLIAMSON BOARD CHAIR	2 00	х		х				0	0	0	
(11) ASIF CHAUDHRY BOARD VICE CHAIR	2 00	х		х				0	0	0	
(12) PETER THATCHER BOARD SECRETARY/TREASURER	2 00	х		х				0	0	0	
(13) JIM THADEN EXECUTIVE DIRECTOR	40 00			х				150,000	0	21,610	
(14) JENNIFER SIPES OPERATIONS DIRECTOR	40 00			х				83,740	0	15,540	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	Misey	Мосу	and related organizations
(15) GREG MORTENSON	40 00					х		196,151	0	35,597
COFOUNDER (THRU 1/16)										
1b Sub-Total				▶						ı
c Total from continuation sheets to Part VII	•			•						
d Total (add lines 1b and 1c)	<u></u>		•	<b>&gt;</b>			42	29,891	0	72,747
Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	bove	e) wl	ho red	eive	ed more than		

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

### 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) Name and business address	(B) Description of services	(C) Compensation
CHRISTOPHER D KOLENDA	CONSULTING SERVICES	155,514
1301 N COURTHOUSE RD APT 1206 ARLINGTON, VA 22201		

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 ▶ 1

- OHIII 95								Page 9
Part V	<u> </u>	Statement o						
		Check if Sched	ule O contains a respoi	nse or note to any lir				<u> </u>
					(A) Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated cam	paigns 1a					512-514
nts nts	Ь		ies 1b					
Grai nou		•						
ts. (	°	_	ents <b>1</b> c					
Gif	d	_	zations 1d					
ns, Sim	e	Government grant						
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions and all other contributions are similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	3,760,734				
g ig	g	Noncash contributi 1a-1f \$	ons included in lines	1,198,491				
Cont	h	Total. Add lines	s 1a-1f		3,760,734			
				Business Code				
Program Service Revenue	2a							
g. Š	ь							
ac e	C							
Ser.	d							
am	e							
rogr	f	All other progra	am service revenue					
<u>σ</u>	g		s 2a-2f					
	3		ome (including dividen ar amounts)		152,263		-78,963	231,226
	4	Income from inves	stment of tax-exempt bond	proceeds ►				
	5	Royalties .		•				
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(i) Securities	(II) Other				
		from sales of assets other than inventory	3,676,215					
	ь	Less cost or other basis and	4 364 954					
		sales expenses	4,364,854					
	d	Gain or (loss)	-688,639 SS)		-688,639			-688,639
4	1	Gross income f			333,033			
venue		events (not inc \$	luding s reported on line 1c)					
Ϋ́		See Part IV, Ir	ne 18					
Other Revenue	ь	less directex	penses b					
	c		(loss) from fundraising	events <b>&gt;</b>				
	9a		from gaming activities ne 19 a					
	Ь	Less directex	penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of	inventory less	<b>•</b>				
		returns and allo	owances .					
	h		a	20,799				
	b c		oods sold <b> b</b> (loss) from sales of inv	entory ►	20,799	20,799		
		Miscellaneou		Business Code				
	11a	INSURANCE P	ROCEEDS	900099	55,000			55,000
	ь							<del></del>
	C .							
	d e	All other reven  Total. Add lines		•				
				• • • •	55,000			
	12	Total revenue.	See Instructions .	•	3,300,157	20,799	-78,963	-402,413

### Part IX Statement of Functional Expenses

	I <b>✓</b>				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,762,053	2,762,053		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	274,912	152,669	94,322	27,921
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	414,044	268,173		145,871
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,079	11,834		7,245
9	Other employee benefits	81,099	55,677	66	25,35€
10	Payroll taxes	40 429	20 505	E 012	12.020
11	Fees for services (non-employees)	49,438	30,595	5,913	12,930
а	Management				
b	Legal	100,425	44,089	43,591	12,745
С	Accounting	190,101	83,459	82,516	24,126
d	Lobbying			,	•
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	67,337		67,337	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,060,302	465,498	460,237	134,567
12	Advertising and promotion	71,127	40,958	291	29,878
13	Office expenses	244,929	115,280	21,478	108,171
14	Information technology	126,990	53,661	9,529	63,800
15	Royalties				
16	Occupancy	48,983	19,845	19,615	9,523
17	Travel	108,218	45,206	42,352	20,660
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,333	3,986		2,347
20	Interest	11,745		11,745	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,386		20,386	
23	Insurance	91,818		91,818	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FEES AND PERMITS	47,299	4,680	13,429	29,190
b	STAFF DEVELOPMENT	7,430	4,598	890	1,942
c	REPAIRS AND MAINTENANCE	6,725	990	5,546	189
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	5,810,773	4,163,251	991,061	656,461
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

274,342

337,193

45,689

764,265

1,013,112

9,004,523

1.913

12,485,491

498,751

261,629

3,680,693

8,804,798

8,804,798

12,485,491 Form 990 (2015)

2,920,313

1,044,454

(A)

Beginning of year

334,386

660,323

1,155

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33

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180.342

782,719

4.436.431

8,509,383

7 663

14,912,402

761.352

292,255

4,553,607

10,358,795

10.358.795

14,912,402

3,500,000

809 321

45,056

10a

10b

Part X	ваі	an	ce	Si	1e	e

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

Form 990 (2015)

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10a

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Net Assets or Fund Balances

X	Balan	ce Sheet

Schedule L .

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

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

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

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

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

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 . . . . . .

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

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

Pledges and grants receivable, net

Accounts receivable, net . .

Part X	Balance	Sheet

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Net unrealized gains (losses) on investments . . . .

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

Consolidated basis

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

Consolidated basis

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

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

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

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

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

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

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

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

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

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

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2 3 -2,510,616 4 10,358,795

1

9

10

Page 12

3,300,157

5,810,773

956,619

8,804,798

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

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

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-004 Open to Public Inspection

DLN: 93493145007347

Employer identification number

51-0376237

Treasury Internal Revenue Service Name of the organization CENTRAL ASIA INSTITUTE

(Form 990 or

990EZ)

Part I

1

2

3

Department of the

www.irs.gov/form990.

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

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

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

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

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

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

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

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

_ ((	omplete only if you chec	ked the box on line 5	5, 7, or 8 of Part I or ıf tl	he organization failed to	ວ qualify unde
Pa	irt III. If the organizatior	fails to qualify unde	r the tests listed below,	please complete Part II	I.)

S	ection A. Public Support	ation rails to qu	iality under the	tests listed beit	ow, please com	piete F	ait III.)	
	Calendar year	(-)2011	(1)2012	4-12012	(4)2044	1-12	0.1.5	/63T - b - 1
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2	015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do	4,004,168	2,476,825	2,221,398	2,463,974	:	3,760,734	14,927,099
2	not include any unusual grants ) Tax revenues levied for the				+			
2	organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
,	furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	4,004,168	2,476,825	2,221,398	2,463,974		3,760,734	14,927,099
5	The portion of total contributions by each person (other than a							· · ·
	governmental unit or publicly supported organization) included							838,556
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4							14,088,543
S	ection B. Total Support							
(or	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2	015	<b>(f)</b> Total
7	Amounts from line 4	4,004,168	2,476,825	2,221,398	2,463,974		3,760,734	14,927,099
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	130,720	206,581	244,980	279,190		231,226	1,092,697
	and income from similar sources							
9	Net income from unrelated business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include gain or loss from the sale of							
	capital assets (Explain in Part	560,000	161,938	1,200,000			55,000	1,976,938
	VI)							
11	<b>Total support.</b> Add lines 7 through 10							17,996,734
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12		86,508
13	First five years.If the Form 990 is			third, fourth, or fi	fth tax vear as a s		L 501(c)(3)	
	check this box and <b>stop here</b>	5		, ,	,		. , , ,	,
S	ection C. Computation of Pu	blic Support F	Percentage				•	
14	Public support percentage for 201	5 (line 6, column	(f) divided by line	11, column (f))		14		78 280 %
15	Public support percentage for 201	4 Schedule A, Pa	rt II, line 14			15		89 750 %
16a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more	, check th	
b	and <b>stop here.</b> The organization qu <b>33 1/3% support test—2014.</b> If the	•	, , ,		and line 15 is 33	1/3% or	more, che	<b>▶ √</b> eck this
	box and <b>stop here.</b> The organization							▶
17a	10%-facts-and-circumstances test is 10% or more, and if the organizin Part VI how the organization me	ation meets the fa	icts-and-circums	ances test, checl	k this box and <b>sto</b>	p here.	Explain	ted
b	organization  10%-facts-and-circumstances test 15 is 10% or more, and if the orga	ınızatıon meets th	e "facts-and-cırc	umstances" test,	check this box ar	nd stop I	nere.	▶┌
	Explain in Part VI how the organize	ation meets the "f	acts-and-circums	stances" test The	e organization qua	ilifies as	a publicly	<u></u>
18	supported organization  Private foundation. If the organiza	tion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and	see	<b>▶</b>
	instructions							▶ □

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in) ▶		(-,	(-/	( -,	(-)	(-,
1	Gifts, grants, contributions, and membership fees received (Do	I					
	not include any "unusual grants")	I					
2	Gross receipts from admissions,	 [					
_	merchandise sold or services	I					
	performed, or facilities furnished	I					
	in any activity that is related to	I					
	the organization's tax-exempt	I					
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or	I					
	business under section 513	I					
4	Tax revenues levied for the						
•	organization's benefit and either	I					
	paid to or expended on its behalf						
5	The value of services or facilities	I					
	furnished by a governmental unit	1					
_	to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified	1					
	persons	I					
b	Amounts included on lines 2 and	ĺ					
	3 received from other than	I					
	disqualified persons that exceed	1					
	the greater of \$5,000 or 1% of	I					
	the amount on line 13 for the year						
	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c						
8	from line 6 )	1					
Se	ction B. Total Support						
	Calendar year		T		I		
or f	iscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on Other income Do not include						
L2	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c,						
L4	11, and 12)  First five years.If the Form 990 is f	or the organizati	on's first second	third fourth or	fifth tay year ac a	soction FO1/a	\(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
.4	•	or the organization	on s mst, second	, tilila, louitii, oi	ilitii tax yeal as a	section 301(c	
50	check this box and stop here	lic Support B	orcontago				<b>•</b>
	ction C. Computation of Pub			12 (6)			
L5	Public support percentage for 2015	•	• •	13, column (f))		15	
L6	Public support percentage from 201	.4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
	33 1/3% support tests—2015.If the				l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						Ma III € 17 13 110€
b	33 1/3% support tests—2014.If the	-				-	•
	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organizati		-	·			•

### Part IV Supporting Organizations

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

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

Part IV	Supporting	Organizations	(continued)

				9 9		(
Section	R	Tyne	T	Supporting	Orgai	nizations

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

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting O	rganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	ov 20,1970 <b>See inst</b>	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	ections	A through E	Г
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, , ,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	organization (see

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

1	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10,	INSURANCE PROCEEDS - 2012 AMOUNT \$ 161,938 2013 AMOUNT \$ 1,200,000 2015

AMOUNT \$ 55,000 SETTLEMENT EXPENSE REIMBURSEMENT - 2011 AMOUNT \$ 560,000

EXPLANATION OF OTHER

INCOME

DLN: 93493145007347

### SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

## **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Open to Public Inspection

	me of the organization NTRAL ASIA INSTITUTE		Employer identification number
- [_]	VINAL ASIA INSTITUTE		51-0376237
Рā		Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.	
	Tatal number at and of year	(a) Donor advised funds	(b)Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor a funds are the organization's property, subject to t	2	or advised <b>Yes No</b>
	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?		
а	rt II Conservation Easements. Comple	ete if the organization answered "Yes" o	n Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)	
	Preservation of land for public use (e g , recreeducation)		n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in t	he form of a conservation
			Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme	ents	2b
C	Number of conservation easements on a certified	, ,	2c
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d
	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminate	d by the organization during the
	tax year ▶		
	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>	
	Does the organization have a written policy regar violations, and enforcement of the conservation e	· · · · · · · · · · · · · · · · · ·	lling of <b>Yes No</b>
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforci	ng conservation easements during the
	<b>-</b>		
	A mount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations, and enforcing co	onservation easements during the year
	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of sec	tion 170(h)(4)
	In Part XIII, describe how the organization report	ts conservation easements in its revenue and	' '

# 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.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- 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
  - 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

Assets included in Form 990, Part X

**▶**\$\_\_\_\_\_

Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, His	torical	Trea	sures, o	r Ot	her Simil	ar As	sets
3		g the organization's acquisition, acce ction items (check all that apply)	ession, and other reco	rds, ch	eck any	of the	following th	nat ar	e a significa	nt use	of its
а		Public exhibition		d	L r	oan or	exchange	progra	ams		
b		Scholarly research		e	Г о	ther					
c		Preservation for future generations									
4	Provi Part )	de a description of the organization's KIII	s collections and expla	ain how	they fur	rther th	ne organiza	ition's	exempt pu	rpose II	n
5		g the year, did the organization solic s to be sold to raise funds rather tha								_ Yes	□ No
Pai	t IV		ngements.	•							<u> </u>
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	ediary	for contr	rıbutıor	ns or other	asse		Yes	∏ No
b	īf'	'Yes," explain the arrangement in Pa	art XIII and complete	the foll	owing ta	hle				A mo	unt
c		ginning balance	me XIII and complete	ciic ioii	owing to	ibic	1	<b>1</b> c			
d		ditions during the year					T	1d			
e		stributions during the year					<u> </u>	1e			
f		ding balance					F	1f			
2a		ne organization include an amount or	n Form 990, Part X, lin	e 21, f	or escro	w or cu	L ustodial ac		L : liability?	Yes	
b	If"Y∈	es," explain the arrangement in Part	XIII Check here If the	e expla	nation h	ıas bee	n provided	l ın Pa	art XIII .		🗆
Pa	rt V	Endowment Funds. Complete									
			(a)Current year	<b>(b)</b> Prio	or year	b (c)	Two years b	ack (	<b>d)</b> Three years	back	(e)Four years back
<b>1</b> a	Begir	nning of year balance									
b	Cont	ributions									
c	Net i	nvestment earnings, gains, and									
d	Gran	ts or scholarships									
e		r expenditures for facilities programs									
f	A dmi	inistrative expenses									
g	End	of year balance									
2		de the estimated percentage of the o	current vear end balan	ce (line	e 1a. col	Lumn (a	a)) held as			<u> </u>	
a		i designated or quasi-endowment <b>&gt;</b>		(,,,,,	9,		.,,				
b		anent endowment									
С		orarily restricted endowment <b>&gt;</b> percentages on lines 2a, 2b, and 2c s	should equal 100%								
3a		here endowment funds not in the pos iization by	session of the organiz	ation t	hat are I	held an	ıd admınıst	ered	for the		Yes No
	(i) un	related organizations					•			3a(	
	` '	elated organizations					•			3a(i	<del>-                                     </del>
ь 4		es" on 3a(II), are the related organiza ribe in Part XIII the intended uses o						•		. 3b	
	rt VI	Land, Buildings, and Equip		idowine	int lullus	•					
		Complete if the organization a		rm 99	0, Part	IV, lı	ne 11a.S	ee Fo	rm 990, P	art X,	line 10.
		Description of property		Co	(a) st or othe (investme		(b) Cost or othe (othe	er bası		ulated ciation	(d)Book value
1a	Land			.	•	 128,706	<del>                                     </del>				128,706
b	Buildin	ıgs					6	37,254	1	26,914	<del> </del>
c	Leasel	nold improvements									
d	Equipn	nent						43,361	L	18,142	25,219

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

764,265

	Investments—Other Securities. Co	omplete if the org	janization answered 'Yes	' on Forr	m 990, Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or categor	у	(b)Book value		c)Method of valuation
(1)Financi	(including name of security) al derivatives			Cost	or end-of-year market value
(2)Closely	r-held equity interests				
(3)O ther (A) PARTN	NERSHIP INVESTMENTS		7,806,032		F
(B) BENEF	ICIAL INTEREST IN TRUST		1,198,491		F
(= / = = : = :					·
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 12)	•	9,004,523		
Part VII	Investments—Program Related.	d 'Vas' on Form C			
	Complete if the organization answere  (a) Description of investment	d res on Form s	(b) Book value		90, Part X, line 13.
			, ,	Cost	or end-of-year market value
Part IX	mn (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organizati	on answered 'Yes' o		ld See Fo	orm 990, Part X, line 15
	(a) Desc				(b) Book value
T-1-1 (C-1)	(h) man h man l Farra (000 Brah V mal (B) line	45.)			
Part X	umn (b) must equal Form 990, Part X, col (B) line  Other Liabilities. Complete if the org		red 'Yes' on Form 990, P		ne 11e or 11f.
	See Form 990, Part X, line 25.  (a) Description of liability	(b) Book val			
1.	(a) Description of Hability	(D) Book van			
Federal inc	come taxes				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>			
2. Liability	for uncertain tax positions In Part XIII, prov	ide the text of the fo	otnote to the organization's	financial	statements that reports the

1

2

b

d

е

3

3

information

PART X, LINE 2

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

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

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . .

Recoveries of prior year grants . . .

Donated services and use of facilities .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

4,446,957

1,214,137

3,232,820

257,518

67,337

Schedule D (Form 990) 2015

5,743,436

4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 67,337		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	67,337
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	3,300,157
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	6,000,954
2	Amounts included on line 1 but not on Form 990. Part IX, line 25		

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY INCOME TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT

956,619

257,518

257,518

2e

3

2e

3

4c

### Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII ) . . . . . .

Add lines 4a and 4b . . . .

Prior year adjustments . .

Other (Describe in Part XIII) .

Other losses . . .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

67,337

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . 5 5,810,773 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

ARE MATERIAL TO THE FINANCIAL STATEMENTS

Explanation

# Part XIII

Return Reference

chedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
		_

SCHEDULE F

DLN: 93493145007347

OMB No 1545-0047

2015

Statement of Activities Outside the United States

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

► Attach to Form 990.

(d) Activities conducted in

region (by type) (e g,

fundraising, program

services, investments, grants

to recipients located in the

region)

GRANTS TO

REGION

0 GRANTS TO

REGION

RECIPIENTS

LOCATED IN THE

0 PROGRAM SERVICES

RECIPIENTS

LOCATED IN THE

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

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number

(e) If activity listed in (d) is a

program service, describe

specific type of

service(s) in region

EMPOWERS

THROUGH

SALARIES, SCHOLARSHIPS, VOCATIONAL CENTERS, PUBLIC HEALTH, WATER PROJECTS AND DISASTER RELIEF

**EMPOWERS** 

THROUGH

SALARIES, SCHOLARSHIPS, VOCATIONAL CENTERS, PUBLIC HEALTH, WATER PROJECTS AND DISASTER RELIEF

COMMUNITIES

EDUCATIONAL PROGRAMS BY PROVIDING GRANTS FOR BUILDING MATERIALS,LABOR, EQUIPMENT, SUPPLIES, TEACHER

COMMUNITIES

EDUCATIONAL PROGRAMS BY PROVIDING GRANTS FOR BUILDING MATERIALS,LABOR, EQUIPMENT, SUPPLIES, TEACHER

51-0376237

				-	_	=
CENTR	ALA	ASIA	INSI	1	ΙU	[
CENTR	A 1 A	A C T A	TNICT	т-		TE

(Form 990)

Part I General Information on Activities Outside the United States.

offices in the

region

0

0

0

0

0

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

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

(f) Total expenditures

for and investments

in region

2,612,053

150,000

180,076

5,630

2,947,759

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other

assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(c) Number of

employees,

agents, and

ındependent

contractors in

region

(a) Region (b) Number of

(1) SOUTH ASIA

(2) RUSSIA AND NEIGHBORING

STATES

(	3)	SO	UT	Η /	\SI	Α

(4)	RUSSIA AND NEIGHBORING
	STATES
(5)	
3a	Sub-total
h	Total from continuation choose

### c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

to Part I

0

0

0

O PROGRAM SERVICES GRANT MONITORING

GRANT MONITORING,

LEGAL ASSISTANCE AND CONSULTING

· F 13	Grants and Other Assistance to Organizations or Entities Outside the United States.
	g diants and other Assistance to organizations of Entitles outside the officed States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) A mount of	(f) Manner of	(g) A mount	(h) Description	(i) Method of
organization	section and EIN (if applicable)	(e) Region	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
( 4)								
( 5)								
(6)								
(7)								
(8)								
(9)								
( 10)								
( 11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country,	
tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter.	 <b>•</b>

	her Assistance t duplicated if additi			ed States. Complete	f the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,
(2)							
( 3)							
(4)							
(5)							
(6)							
(7)							

( 3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
( 10)				
(11)				
( 12)				
( 13)				
( 14)				
(15)	I	I		

(15) (16) (17) (18) Schedule F (Form 990) 2015

- Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes

(see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form Yes 5713, do not file with Form 990) Νo

√ No

Page 5

# (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

### 990 Schedule F. Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION HAS AFFILIATIONS WITH INDIVIDUALS AND NGOS IN AFGHANISTAN, PAKISTAN, AND
	TAJIKISTAN CAI CONTRACTS WITH INDEPENDENT PUBLIC ACCOUNTANTS AND CONSULTING FIRMS IN THOS
	E COUNTRIES WHO MONITOR AND REPORT GRANT FUNDS USED OUTSIDE OF THE UNITED STATES

990 Schedule F, Supplemental Information
Return Reference

ORT)

PART I. LINE 3

NTEES) THAT ENGAGE IN ACTIVITIES AND PROGRAMS THAT FURTHER THE STATED CHARITABLE PURPOSES
OF THE ORGANIZATION OR THAT OTHERWISE ENGAGE IN ACTIVITIES AND PROGRAMS CONSISTENT WITH TH
E ORGANIZATION'S STATED CHARITABLE PURPOSES MONITORING AND REPORTING IS CONDUCTED THROUGH
THE ORGANIZATION'S PERSONNEL VISITS TO HOST COUNTRIES, MEETINGS BETWEEN THE ORGANIZATION'
S PERSONNEL AND GRANTEES, AND/OR MEETINGS BETWEEN INDEPENDENT ACCOUNTING FIRMS AND CONSULT
ING FIRMS RETAINED BY THE ORGANIZATION AND GRANTEES, TO UNDERSTAND THE ACTIVITIES AND STRU
CTURE OF THE OPERATIONS IN HOST COUNTRIES, DOCUMENTING THE GENERALLY ACCEPTED BUSINESS MET
HODS AND ACCOUNTING FOR TRANSACTIONS THIS INCLUDES AN UNDERSTANDING OF PAYMENT FLOWS AND
DOCUMENTATION OF FORMAL CONTRACTS WITH THOSE INVOLVED IN PROGRAM ACTIVITIES, AND BUSINESS

Explanation

THE ORGANIZATION DISTRIBUTES FUNDS AND OFFERS ASSISTANCE TO LOCAL, INDIGENOUS PARTIES (GRA

METHODS WITH RESPECT TO CONTRACTS AND INVOICE DOCUMENTATION FOR PROGRAM ACTIVITIES IN THE AREA WHERE THE PROGRAMS ARE DELIVERED (SCHOOL BUILDINGS, WATER PROJECTS, HEALTHCARE, SCHOL ARSHIPS, TEACHER SUPPORT, WOMEN'S VOCATIONAL CENTERS, LITERACY CENTERS, AND COMMUNITY SUPP

Software ID: **Software Version:** 

**EIN:** 51-0376237

Name: CENTRAL ASIA INSTITUTE

Form 990 Schedu	ile F Part II	- Grants or Entiti	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	EMPOWERS COMMUNITIES THROUGH EDUCATIONAL PROGRAMS BY PROVIDING GRANTS FOR BUILDING MATERIALS,LABOR, EQUIPMENT, SUPPLIES, TEACHER SALARIES, SCHOLARSHIPS, VOCATIONAL CENTERS, PUBLIC HEALTH, WATER PROJECTS AND DISASTER RELIEF	350,000				
		SOUTH ASIA	EMPOWERS COMMUNITIES THROUGH EDUCATIONAL PROGRAMS BY PROVIDING GRANTS FOR BUILDING MATERIALS,LABOR, EQUIPMENT, SUPPLIES, TEACHER SALARIES, SCHOLARSHIPS, VOCATIONAL CENTERS, PUBLIC HEALTH, WATER PROJECTS AND DISASTER RELIEF	880,000				
		SOUTH ASIA	EMPOWERS COMMUNITIES THROUGH EDUCATIONAL PROGRAMS BY PROVIDING GRANTS FOR BUILDING MATERIALS, LABOR, EQUIPMENT, SUPPLIES, TEACHER SALARIES, SCHOLARSHIPS, VOCATIONAL CENTERS, PUBLIC HEALTH, WATER PROJECTS AND DISASTER RELIEF	60,000				
		SOUTH ASIA	EMPOWERS COMMUNITIES THROUGH EDUCATIONAL PROGRAMS BY PROVIDING GRANTS FOR BUILDING MATERIALS,LABOR, EQUIPMENT, SUPPLIES, TEACHER SALARIES, SCHOLARSHIPS, VOCATIONAL CENTERS, PUBLIC HEALTH, WATER PROJECTS AND DISASTER RELIEF	1,072,053				

Form 990 Schedule F Part II - Grants or Entities Outside The United States (b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of section (e) A mount of (f) Manner of valuation (d) Purpose of grant (c) Region cash non-cash organization and EIN(If cash grant (book, FMV, cash disbursement assistance assistance appraisal, other) applicable) SOUTH ASIA lempo wers 250,000 COMMUNITIES THROUGH **EDUCATIONAL** PROGRAMS BY PROVIDING GRANTS FOR BUILDING MATERIALS, LABOR, EQUIPMENT, SUPPLIES, TEACHER SALARIES, SCHOLARSHIPS, VOCATIONAL CENTERS, PUBLIC HEALTH, WATER PROJECTS AND DISASTER RELIEF RUSSIA AND EMPOWERS 150,000 NEIGHBORING COMMUNITIES STATES THROUGH EDUCATIONAL PROGRAMS BY PROVIDING GRANTS FOR BUILDING MATERIALS, LABOR, EQUIPMENT, SUPPLIES, TEACHER SALARIES, SCHOLARSHIPS, VOCATIONAL CENTERS, PUBLIC HEALTH, WATER PROJECTS AND DISASTER RELIEF

**Compensation Information** 

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

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

Open to Public

OMB No 1545-0047

DLN: 93493145007347

Department of the

Schedule J (Form 990)

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

reas nterr	ury nal Revenue Service		Insp	ectio	n	
	me of the organization	Employer identifica	tion nur	mber		
CEN	NTRAL ASIA INSTITUTE	51-0376237				
Pa	rt I Questions Regarding Compensatio					
				Yes	No	
<b>1</b> a	Check the appropriate box(es) if the organization pro	ovided any of the following to or for a person listed on Form				
	990, Part VII, Section A, line 1a Complete Part II	I to provide any relevant information regarding these items				
	First-class or charter travel	Housing allowance or residence for personal use	ļ	ļ	<u> </u>	
	Travel for companions	Payments for business use of personal residence		ļ	ļ	
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees		ļ	ļ	
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)		 	 	
b		rganization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain	1b			
2	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?					
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	·				
	✓ Compensation committee	Written employment contract				
	Independent compensation consultant	▼ Compensation survey or study				
	<b>✓</b> Form 990 of other organizations	lacksquare Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990 or a related organization	, Part VII, Section A , line 1a with respect to the filing organizatio	n			
а	Receive a severance payment or change-of-control	payment?	4a	Yes		
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		No	
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	itions must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	A , line 1a, did the organization pay or accrue any				
а	The organization?		5a		Νo	
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III		5b		No	
_	·					
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any				
а	The organization?		<b>6</b> a		Νo	
b	Any related organization?		6b		Νo	
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 67 If "Yes,"	$\lambda$ , line $1a$ , did the organization provide any non-fixed describe in Part III	7		No	
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regulations section 53 4958-4(a)(3)7 If "Yes," describe	8		No	
9	If "Yes" on line 8, did the organization also follow th	ne rebuttable presumption procedure described in Regulations				

section 53 4958-6(c)?

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	. ,	
		Base (ı) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 JIM THADEN EXECUTIVE DIRECTOR	(i)	150,000	0	0	9,000	12,610	171,610	0	
	(ii)	0	0	0	0	0	0	0	

11.880

23.717

40,000

2 GREG MORTENSON

COFOUNDER (THRU 1/16)

156.151

0 Schedule J (Form 990) 2015

231.748

Schedule J (Form 990) 2015	Page <b>3</b>							
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 J (Form 990) 2015

Cahadula 1 (Farm 000) 201 F

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

► Attach to Form 990.

(Form 990)

DLN: 93493145007347

**Noncash Contributions** 

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

2015

OMB No 1545-0047

Open to Public Inspection

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

Treasury Internal Revenue Service Name of the organization

Employer identification number

	TRAL ASIA INSTITUTE				Emplo	yer identification i	iumber	
					51-03	376237		
P	art I Types of Property			<b>.</b>				
		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	<b>(d)</b> Method of deteri oncash contributio		ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests	Х	1	1,198,491	SUBS	EQUENT RECEIP	ΓS	
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	O ther ► ()							
	O ther ▶ ()							
27	O ther ▶ ()							
	O ther ▶ ()				<u> </u>	1		
29	Number of Forms 8283 received for which the organization comple				29		_	0
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 thro	ough 28, that	Yes	No
	it must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not reau	ired to	be used		
	for exempt purposes for the enti			· ·				   N: ~
						30	1	No
•	If "Yes," describe the arrangem	ent in Part I	1.1					ļ

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

contributions? . . .

**b** If "Yes," describe in Part II

31

32a

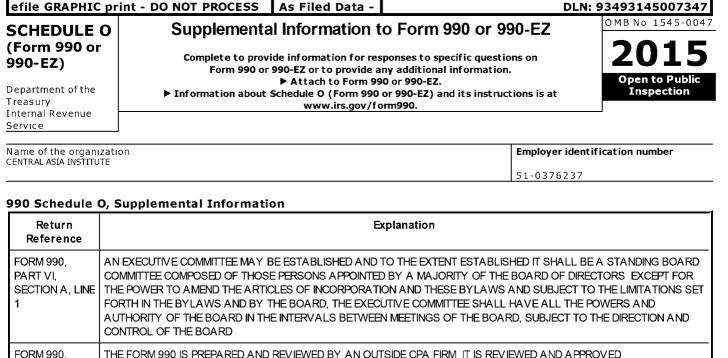
Νo

Νo

Return Reference Explanation

PART I, COLUMN (B) THE NUMBER OF CONTRIBUTIONS IS USED FOR COL (C)

Schedule M (Form 990) (2015)



BY CAI MANAGEMENT, THE AUDIT COMMITTEE, AND LEGAL COUNSEL A FINAL DRAFT IS PRESENTED TO T

PART VI.

11

SECTION B, LINE

HE BOARD OF DIRECTORS PRIOR TO FILING

990 Schedule O, Supplemental Information

HE OPERATING BUDGET

1 '	BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND SIGN THE CONFLICT OF INTEREST POLICY AND AGREEMENT CALALSO HAS LEGAL COUNSEL REVIEW ALL CONTRACTS WITH OUTSIDE PARTIES
FORM 990. PART VI.	THE BOARD OF DIRECTORS OF CALACTS AS THE COMPENSATION COMMITTEE. WITH THE USE OF SALARY S

URVEYS AND ADVICE FROM LEGAL COUNSEL FOR THE EXECUTIVE DIRECTOR AND CO-FOUNDER THE ORGANI ZATION HAS A WRITTEN EMPLOYMENT CONTRACT WITH THE CO-FOUNDER AND EXECUTIVE DIRECTOR THAT I NCLUDES COMPENSATION AND WHICH WAS APPROVED BY THE BOARD OF DIRECTORS COMPENSATION OF OTHER EMPLOYEES IS PRESENTED TO THE BOARD OF DIRECTORS ANNUALLY DURING THE REVIEW OF THE OPER ATING BUDGET PROPOSED BY MANAGEMENT COMPENSATION IS THEN APPROVED BY FORMAL APPROVAL OF T

Explanation

SECTION B, LINE 15

Return Reference

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE BY REQUEST TO THE PUBLIC THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE
--	--

FORM 990, PART IX, LINE CONTRACT/CONSULTING PROGRAM SERVICE EXPENSES 465,498 MANAGEMENT AND GENERAL EXPENSES 460

11G .237 FUNDRAISING EXPENSES 134.567 TOTAL EXPENSES 1.060.302