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**Return of Organization Exempt From Income Tax**

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

**2016**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INTELEOS</b>		<b>D</b> Employer identification number <b>51-0184277</b>
	Doing business as <b>INTELEOS</b>		<b>E</b> Telephone number <b>800-736-1109</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>21,179,366.</b>
	<b>1401 ROCKVILLE PIKE</b>	<b>600</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>ROCKVILLE, MD 20852</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>DALE CYR</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>WWW.INTELEOS.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1975</b>	<b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>INTELEOS CREATES THE GLOBAL STANDARDS OF EXCELLENCE IN HEALTHCARE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>87</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>540</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>172,248.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-500.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,034,920.	16,345,086.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	820,154.	471,549.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	242,836.	323,706.
		15,097,910.	17,140,341.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,785,415.	8,845,711.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)	10,390,409.	10,624,290.
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,175,824.	19,470,001.	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-2,077,914.	-2,329,660.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	27,877,022.	29,795,574.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	9,650,323.	11,202,476.
	18,226,699.	18,593,098.	

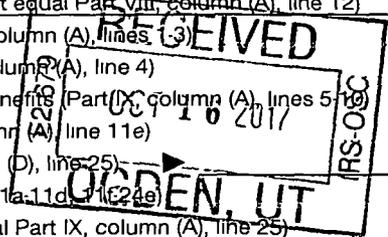
**Part II Signature Block**

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

<b>Sign here</b>	Signature of officer <i>DALE R. CYR</i>	Date <b>2017-09-28</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>FREDERICK LONGWOOD</b>	Preparer's signature <i>Fred Longwood</i>
	Firm's name <b>TATE AND TRYON</b>	Date <b>9/19/2017</b>
	Firm's address <b>2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00439715</b>
		Firm's EIN <b>52-1855942</b>
		Phone no. (202) 293-2200

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED NOV 03 2017



Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:
INTELEOS IS A NON-PROFIT CERTIFICATION ORGANIZATION THAT DELIVERS RIGOROUS ASSESSMENTS AND CULTIVATES A GLOBAL COMMUNITY OF PROFESSIONALS DEDICATED TO THE HIGHEST STANDARDS IN HEALTHCARE AND PATIENT SAFETY.

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

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

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

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
INTELEOS AWARDS CERTIFICATIONS IN MEDICAL IMAGING TO HEALTHCARE PROFESSIONALS WORLDWIDE. INTELEOS, THROUGH ITS COUNCILS THE AMERICAN REGISTRY FOR DIAGNOSTIC MEDICAL SONOGRAPHY (ARDMS) AND THE ALLIANCE FOR PHYSICIAN CERTIFICATION AND ADVANCEMENT (APCA), AWARDS CERTIFICATIONS IN DIAGNOSTIC MEDICAL SONOGRAPHY (RDMS), CARDIAC SONOGRAPHY (RDMS), VASCULAR TECHNOLOGY (RVT), MUSCULOSKELETAL SONOGRAPHY (RMSKS AND RMSK), PHYSICIANS' VASCULAR INTERPRETATION (RPVI AND RPVI-CHINA), CARDIOVASCULAR COMPUTED TOMOGRAPHY (CBCCT), NUCLEAR CARDIOLOGY (CBNC), AND THE EMERGENCY MEDICINE POINT-OF-CARE ULTRASOUND CERTIFICATION. INTELEOS ALSO AWARDS THE MIDWIFE SONOGRAPHY CERTIFICATE AND THE LATIN AMERICAN ULTRASOUND CERTIFICATES.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses

**Part 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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
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>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), values, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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

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

X

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) 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 and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS D. SHIPP, MD CHAIR	5.00	X		X			0.	0.	0.	
(2) DAVID M. STOLTE, MBA, RDMS, RDM VICE CHAIR	3.00	X		X			0.	0.	0.	
(3) MICHAEL P. LILLY, MD, RVT, RPVI TREASURER	3.00	X		X			0.	0.	0.	
(4) HEATHER E. RICHOUX, RT, RDMS, R SECRETARY	3.00	X		X			0.	0.	0.	
(5) ALLEN TAYLOR BOARD MEMBER	3.00	X					0.	0.	0.	
(6) ROBERT EUGENE ZIERLER, MD BOARD MEMBER	3.00	X					0.	0.	0.	
(7) J. OSCAR BARAHONA, BS, RDMS BOARD MEMBER	3.00	X					0.	0.	0.	
(8) PHILIP CARLOCK, BS, MS, MA, EDS BOARD MEMBER	3.00	X					0.	0.	0.	
(9) TERESA MARIE BIEKER, MBA, RT, RDM BOARD MEMBER	3.00	X					0.	0.	0.	
(10) DALE CYR CEO/EXECUTIVE DIRECTOR	37.50			X			355,063.	0.	42,486.	
(11) JAMIE BLIETZ CHIEF OPERATING OFFICER	37.50			X			236,880.	0.	39,716.	
(12) KIM TRAN CHIEF FINANCIAL OFFICER	37.50			X			171,758.	0.	31,627.	
(13) WILLIAM SEIFARTH CHIEF ASSESSMENT OFFICER	37.50				X		157,212.	0.	14,982.	
(14) JESSICA MCLANE GANN CHIEF MARKETING COMMUNICATIONS ENGAG	37.50				X		163,407.	0.	23,191.	
(15) KAREN CARUTH CHIEF BUSINESS DEVELOPMENT OFFICER	37.50					X	160,753.	0.	15,818.	
(16) MICHAEL EASON CHIEF TECHNOLOGY OFFICER	37.50					X	192,877.	0.	39,112.	
(17) ELLEN JULIAN SENIOR DIRECTOR OF MEASUREMENT AND R	37.50					X	257,512.	0.	52,815.	



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	<b>Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>				<b>Business Code</b>				
	2 a	APPLICATION/EXAM FEES		900099	9,214,464.	9,214,464.		
	b	REGISTRANT RENEWALS		900099	7,125,805.	7,125,805.		
	c	PRODUCT SALES		900099	4,817.	4,817.		
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f			16,345,086.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)			487,413.		487,413.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
	6 b	Less rental expenses						
	6 c	Rental income or (loss)						
6 d	Net rental income or (loss)							
7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		4,023,161.						
7 b	Less cost or other basis and sales expenses							
		4,039,025.						
7 c	Gain or (loss)							
		-15,864.						
7 d	Net gain or (loss)				-15,864.		-15,864.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
		b						
8 b	Less direct expenses							
8 c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities See Part IV, line 19	a						
		b						
9 b	Less direct expenses							
9 c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
		b						
10 b	Less cost of goods sold							
10 c	Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
11 a	MANAGEMENT FEE INCOME			541610	133,898.	133,898.		
				900099	107,991.		107,991.	
				900099	43,467.	43,467.		
				900099	38,350.		38,350.	
					323,706.			
11 b	MAIL LIST RENTAL							
11 c	MISCELLANEOUS							
11 d	All other revenue							
11 e	<b>Total.</b> Add lines 11a-11d				323,706.			
12	<b>Total revenue.</b> See instructions.				17,140,341.	16,388,553.	172,248.	579,540.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,253,350.			
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	5,992,440.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	224,036.			
9 Other employee benefits	869,025.			
10 Payroll taxes	506,860.			
11 Fees for services (non-employees):				
a Management				
b Legal	204,407.			
c Accounting	33,600.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	75,120.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	654,856.			
12 Advertising and promotion	102,209.			
13 Office expenses	976,624.			
14 Information technology	10,291.			
15 Royalties				
16 Occupancy	755,451.			
17 Travel	1,479,005.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15,004.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	759,285.			
23 Insurance	112,105.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONTRACTED SERVICES</b>	4,043,203.			
b <b>CLERICAL TEMPORARIES</b>	478,406.			
c <b>STAFF DEVELOPMENT</b>	312,814.			
d <b>EXHIBIT AND RGST FEES</b>	230,952.			
e All other expenses	380,958.			
<b>25 Total functional expenses</b> Add lines 1 through 24e	<b>19,470,001.</b>			
26 <b>Joint costs</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	4,260,787.	2 2,346,632.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	35,474.	4 28,250.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6	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 instr) Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	531,120.	9 336,047.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 7,501,427.	
	10b	Less accumulated depreciation	10b 3,493,364.	10c 4,008,063.
	11	Investments - publicly traded securities	18,656,754.	11 22,043,605.
	12	Investments - other securities See Part IV, line 11		12
	13	Investments - program-related See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets See Part IV, line 11	1,294,431.	15 1,032,977.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	27,877,022.	16 29,795,574.	
Liabilities	17	Accounts payable and accrued expenses	2,642,706.	17 4,059,264.
	18	Grants payable		18
	19	Deferred revenue	6,819,860.	19 7,091,965.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21
	22	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		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties	139,626.	24 0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	48,131.	25 51,247.
	26	<b>Total liabilities.</b> Add lines 17 through 25	9,650,323.	26 11,202,476.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	18,226,699.	27 18,593,098.
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	<b>Total net assets or fund balances</b>	18,226,699.	33 18,593,098.	
34	<b>Total liabilities and net assets/fund balances</b>	27,877,022.	34 29,795,574.	

Form 990 (2016)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,140,341.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,470,001.
3	Revenue less expenses Subtract line 2 from line 1	3	-2,329,660.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,226,699.
5	Net unrealized gains (losses) on investments	5	478,866.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,217,193.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,593,098.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2016)

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No 1545-0047

**2016**

Open to Public Inspection

Name of the organization

**INTELEOS**

Employer identification number  
**51-0184277**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		267,678.		267,678.
b Buildings		662,706.	180,378.	482,328.
c Leasehold improvements				
d Equipment		6,571,043.	3,312,986.	3,258,057.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,008,063.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DEFERRED COMPENSATION</b>	<b>51,247.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>51,247.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	20,226,186.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	478,866.	
b	Donated services and use of facilities	2b	438,014.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	2,244,085.	
e	Add lines 2a through 2d		2e	3,160,965.
3	Subtract line 2e from line 1		3	17,065,221.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,120.	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	75,120.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,140,341.

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

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

1	Total expenses and losses per audited financial statements		1	19,872,027.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	438,014.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	39,132.	
e	Add lines 2a through 2d		2e	477,146.
3	Subtract line 2e from line 1		3	19,394,881.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,120.	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	75,120.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	19,470,001.

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

EQUITY IN EARNINGS OF SUBSIDIARIES	-359,628.
RENTAL INCOME FROM LLC	39,132.
TRANSFER/MERGER OF CCCVI-CVI-GEN	2,564,581.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,244,085.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

LLC RENTAL INCOME	39,132.
-------------------	---------



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

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

**2016**

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

**INTELEOS**

**51-0184277**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

**1 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?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA	0	0	PROGRAM SERVICES	TESTING	80,235.
NORTH AMERICA	0	0	PROGRAM SERVICES	TESTING	40,118.
NORTH AMERICA	0	0	MANAGEMENT & GENERAL ACTIVITIES	ANNUAL SPRING MEETING (MEXICO)	255,272.
<b>3 a</b> Sub-total	0	0			375,625.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
<b>c Totals</b> (add lines 3a and 3b)	0	0			375,625.

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

Schedule F (Form 990) 2016





**Part IV Foreign Forms**

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

Schedule F (Form 990) 2016



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

**2016**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**INTELEOS**

Employer identification number

**51-0184277**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

Schedule J (Form 990) 2016





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

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

OMB No 1545-0047

**2016**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

INTELEOS

Employer identification number

51-0184277

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

INTELEOS DEVELOPED A NEW EXAM FOR NURSE MIDWIVES LEADING TO THE  
MIDWIVES SONOGRAPHY CERTIFICATE. IN ADDITION, THE COUNCIL FOR  
CERTIFICATION IN CARDIOVASCULAR IMAGING, INC. (CCCVI), A NONPROFIT  
ORGANIZATION AGREED TO A PLAN OF MERGER WITH INTELEOS. CCCVI  
WAS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE  
INTERNAL REVENUE CODE. EFFECTIVE JANUARY 1, 2016, THE NET ASSETS OF  
CCCVI WERE TRANSFERRED TO INTELEOS, INC.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

CREDENTIALS AWARDED BY INTELEOS ARE WIDELY ACCEPTED IN THE MEDICAL  
COMMUNITY BY ULTRASOUND AND VASCULAR PROFESSIONAL ORGANIZATIONS,  
INCLUDING THE AMERICAN COLLEGE OF RADIOLOGY, THE AMERICAN INSTITUTE OF  
ULTRASOUND IN MEDICINE, THE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY, THE  
CANADIAN SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHERS, THE INTERNATIONAL  
SOCIETY FOR CARDIOVASCULAR SURGERY, THE JOINT COMMISSION ON ALLIED  
HEALTH PERSONNEL IN OPHTHALMOLOGY, THE SOCIETY FOR VASCULAR SURGERY,  
THE SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHERS, AND THE SOCIETY OF  
VASCULAR TECHNOLOGY.

THE EXAMINATIONS ARE DEVELOPED BY EXAM DEVELOPMENT TASK FORCES MADE UP  
OF VOLUNTEER SUBJECT MATTER EXPERTS. THE TASK FORCES SURVEY JOB  
FUNCTIONS AND PRACTICES IN VARIOUS SPECIALTIES AND DEVELOP TEST  
QUESTIONS BASED UPON A BLUEPRINT OF JOB TASKS IN ULTRASOUND.

TASK FORCES CONSIST OF SONOGRAPHERS, VASCULAR TECHNOLOGISTS,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

INTELEOS

Employer identification number

51-0184277

PHYSICIANS, AND SCIENTISTS. THE MEMBERS OF EACH TASK FORCE ARE KNOWLEDGEABLE IN THE SUBJECT AREA OF THE PARTICULAR EXAMINATION. THE ONLY MEANS OF OBTAINING AN INTELEOS CREDENTIAL IS BY EXAMINATION.

REQUIRED EXAMINATION PREREQUISITES MUST BE MET BEFORE AN APPLICANT CAN TAKE AN INTELEOS EXAMINATION. APPLICANTS ARE THEN REQUIRED TO PASS TWO COMPREHENSIVE EXAMINATIONS TO EARN A CREDENTIAL:

- (1) THE SINGLE PHYSICS PRINCIPLES AND INSTRUMENTATION EXAM, AND
- (2) A SPECIALTY EXAM. EXCEPT FOR PHYSICIANS EXAMINATIONS WHICH REQUIRE ONLY ONE EXAMINATION TO BE PASSED.

AN APPLICANT MAY NOT USE A CREDENTIAL OFFERED BY INTELEOS UNTIL THE CREDENTIAL HAS BEEN EARNED AND THE APPLICANT HAS RECEIVED OFFICIAL NOTIFICATION BY INTELEOS.

ADDITIONAL CREDENTIALS MAY BE EARNED BY SUCCESSFULLY COMPLETING THE SPECIALTY EXAMS. ELIGIBLE CANDIDATES MAY EARN ALL FIVE INTELEOS CREDENTIALS.

INTELEOS PROMOTES QUALITY CARE AND PATIENT SAFETY THROUGH THE CERTIFICATION AND CONTINUING COMPETENCY OF ULTRASOUND PROFESSIONALS.

APPLICATIONS/EXAM FEES: PROVIDE EXAMS THAT TEST MINIMUM COMPETENCY TO PERFORM ULTRASOUND SONOGRAPHY. REGISTRANT RENEWALS: YEARLY RENEWAL FEE TO MAINTAIN ACTIVE STATUS. BROCHURES/PINS/PATCHES: MISCELLANEOUS SALES.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION WAS RESTRUCTURED IN 2016 AND THE GOVERNING DOCUMENTS WERE

Name of the organization

INTELEOS

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CHANGED.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE FORM 990 HAS BEEN PREPARED, A COPY WILL BE PROVIDED TO THE BOARD AND THE FINANCE DEPARTMENT WILL REVIEW THE RETURN BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY WHEN THEY COME ONTO THE BOARD. COMPANY EXECUTIVES AND VOLUNTEERS ARE REQUIRED TO STATE ANY CONFLICTS OF INTEREST. IF A CONFLICT WERE TO BE MENTIONED, WE WOULD INVESTIGATE TO DETERMINE THE NATURE OF THE REPORTED CONFLICT AND TAKE APPROPRIATE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD REVIEWS AND APPROVES THE CEO COMPENSATION YEARLY. THE PROCESS INCLUDES THE REVIEW OF THE COMPARABILITY DATA FROM SIMILAR ORGANIZATIONS.

THE CEO AND EXECUTIVE DIRECTOR'S COMPENSATION REVIEW TAKES PLACE DURING THE LAST QUARTER OF THE YEAR. IN 2010 THE ORGANIZATION FORMED A COMPENSATION COMMITTEE.

ALL EMPLOYEES' SALARIES ARE REVIEWED EVERY 2 YEARS DURING OUR BI-ANNUAL SALARY SURVEY BY A THIRD-PARTY COMPENSATION REVIEW COMPANY.

FORM 990, PART VI, SECTION C, LINE 19:

INTELEOS MAKES ITS GOVERNING DOCUMENTS AND BYLAWS AVAILABLE TO THE PUBLIC. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON A PER REQUEST BASIS.

Name of the organization

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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY IN EARNINGS OF TMC -347,388.

TRANSFER/MERGER OF CCCVI-CVI-GEN 2,564,581.

TOTAL TO FORM 990, PART XI, LINE 9 2,217,193.

FORM 990, PART XII, LINE 2C:

THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

**INTELEIOS**

Employer identification number  
**51-0184277**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ARDMS PROPERTIES, LLC. 1401 ROCKVILLE PIKE, STE 600 ROCKVILLE, MD 20850-2400	REAL ESTATE TITLE HOLDER	MARYLAND			AMERICAN REGISTRY OF DIAGNOSTIC MEDICAL SONOGRAPHY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BREAST CANCER AND WOMEN'S HEALTH ULTRASOUND FOUNDATION, INC. - 22-3749930, 1401 ROCKVILLE PIKE, SUITE 600, ROCKVILLE, MD	INCREASE AWARENESS OF THE ROLE OF ULTRASOUND IN DETECTING BREAST CANCER.	MARYLAND	501(C)(3)	509(A)(3)	AMERICAN REGISTRY OF DIAGNOSTIC MEDICAL		X

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

**SEE PART VII FOR CONTINUATIONS**

Schedule R (Form 990) 2016



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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	THE MONROE COMPANIES	L	133,898.FMV			
(2)						
(3)						
(4)						
(5)						
(6)						



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

BREAST CANCER AND WOMEN'S HEALTH ULTRASOUND FOUNDATION,  
INC.

EIN: 22-3749930

1401 ROCKVILLE PIKE, SUITE 600

ROCKVILLE, MD 20852

DIRECT CONTROLLING ENTITY: AMERICAN REGISTRY OF DIAGNOSTIC MEDICAL  
SONOGRAPHY



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/26/2018	201602502828	AMENDED/RESTATED ARTICLES (AMA)	50 00	100 00	0 00	0 00	0 00

**Receipt**

This is not a bill. Please do not remit payment

GROOM LAW GROUP  
MALCOLM SLEE, ESQ.  
1701 PENNSYLVANIA AVE NW  
WASHINGTON, DC 20006

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
545134

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**INTELEOS, INC.**

and, that said business records show the filing and recording of:

Document(s)

**AMENDED/RESTATED ARTICLES**

Effective Date: 01/25/2016

Document No(s).

**201602502828**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
26th day of January, A.D. 2016.

Ohio Secretary of State

Restated Articles of Incorporation  
of  
Inteleos, Inc.

The undersigned Trustees of the American Registry of Diagnostic Medical Sonographers ("Corporation"), a majority of whom are citizens of the United States, desiring to amend and restate the Corporation's Articles of Incorporation, do hereby certify.

FIRST. The name of the Corporation formerly known as the AMERICAN REGISTRY OF DIAGNOSTIC MEDICAL SONOGRAPHERS shall be INTELEOS, INC

SECOND The place in this state where the principal office of the Corporation is to be located is the City of Cincinnati, Hamilton County, Ohio

THIRD The purposes for which the Corporation is to be formed are to establish, implement, and administer standards, policies and procedures for and relating to certification of health care professionals, to maintain a registry of such certified persons, and to receive, maintain and administer funds for such purposes within the meaning of Section 501(c)(6) of the Internal Revenue Code of 1954, either directly or by contributions to organizations that qualify as exempt organizations under Section 501(c)(6) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended, and to that end to take and hold by bequest, devise, gift, grant, purchase, lease or otherwise any property, real, personal, tangible or intangible, or any undivided interest therein, without limitation as to amount or value; to sell, convey, or otherwise dispose of any such property and to invest, reinvest, or deal with the principal or the income thereof in such manner as, in the judgment of the trustees, will best promote the purposes of the Corporation without limitation, except such limitations, if any, as may be contained in the instrument under which such property is received, these Articles of Incorporation, the By-Laws of the Corporation, or any laws applicable thereto

FOURTH (1) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, any Trustee or Officer of the Corporation, or any member of the Corporation or any other private individual (except that reasonable compensation may be paid

for services rendered to or for the Corporation affecting one or more of its purposes), and no Trustee or Officer of the Corporation, or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the Corporation. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

(2) Notwithstanding any other provision of these Articles of Incorporation, the Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by any organization exempt from taxation under Section 501(c)(6) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended.

(3) Upon the dissolution of the Corporation, the Board of Trustees shall, after paying or making provision for the payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation by payment to a suitable organization for the purposes of maintaining a registry in medical sonography, or, should no such organization exist, to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law), as the Board of Trustees shall determine. Any of such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purpose.