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# Form **990**

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

<u>A</u>	For the	20 16 cale	nuar year, or tax year begi	ınnıng		, 2016,	and ending	<u> </u>	_		, 20			
В	Check if a	applicable	C Name of organization Skinr	ner Leader	ship Institute	, Inc			D Er	nployer	identification number			
	Address	change	Doing business as Skinne								52-1830868			
	Name ch	-	Number and street (or P O b				Room/suit	te	E Te	lephone	number			
$\overline{\Box}$	Initial retu	_	P.O. Box 190								301.261.9800			
$\vec{\Box}$		n/terminated		e, country,	and ZIP or foreig	n postal code			1					
	Amended	d return	Tracy's Landing, MD 207	79					<b>G</b> G	ross rec	eipts \$ 417,605			
	Application	on pendina	F Name and address of princip					H(a) Is this	us a group return for subordinates? Tyes Vo					
	, ,	, ,						1	ncluded? Yes No					
$\overline{}$	Tax-exen	npt status	✓ 501(c)(3)	501(c) (	) ◀ (insert no	4947(a)(1) or	527				st (see instructions)			
J	Website:				·····	7 - 1.77		H(c) Gro	up exem	nption n	umber ▶			
ĸ			Corporation Trust	Association	Other ▶	L Ye	ar of formation				f legal domicile			
_	art I	Summ												
			escribe the organization's	mission	or most sian	ificant activities	: The Ins	titute brin	nas toa	ether l	leaders of diverse			
æ	1	=	d cultures seeking reconcil		_				-=					
Governance			omically under-served and							991191				
e.			nis box ▶□ if the organiz						an 259	% of its	s net assets.			
Š	1		of voting members of the			-	•		<u></u>	3	8			
			of independent voting me					• •	·	4	8			
es	Į.		mber of individuals emplo		_	• • •		•	·	5	2			
<u>viti</u>	1		mber of volunteers (estim	-	-	2010 (1 411 4, 1111	o zu,	• •	·	6	0			
Activities &	1		related business revenue						·	7a				
•	1		lated business taxable in			, ,			·  -	7b	0			
_	+	110t dillo	iated business taxable in	OUTILE TO	11 1 01111 000	1,1110 04 .	<del></del>	Prior	Year	<del>'''</del>	Current Year			
	8	Contribu	itions and grants (Part VII	l line 1h\			-			,145				
ĕ	1		service revenue (Part VII				· ·		_		104,719			
Revenue	1	-	ent income (Part VIII, colu		 nec 3 / and	7d)	· ·		317	,139	102			
æ			venue (Part VIII, column (/				·  -			48	102			
			enue—add lines 8 through				_			,484	11,690			
			nd similar amounts paid (					<del></del>	410	,806	417,605			
	1		paid to or for members (F											
	1		other compensation, empl			•	· —		152	700	141.002			
ses	ı		onal fundraising fees (Par	-			3 <sup>2</sup> 10)		153	708	141,963			
Expenses	I		onal fundraising lees (Part I											
Ř			penses (Part IX, column (								054.407			
	18	Total ave	penses (Fait IX, Column (	(must sau	ina—inu, ini	7246) 3860 (A) June (J	ر <del>ا</del>			2,077	251,167			
	19	Doverno	penses. Add lines 13–17 (	linusi equ	an Fait IA, Ct		<sup>9</sup> 2017—	S		,785	393,130			
		nevenue	less expenses. Subtract	ille to it	om line 12	60	· · ·	legining of		979) Year	24,475 End of Year			
Assets or Ralances	00	Total see	nato (Dant V. luna 10)			OCIDE	N 107	egunting or		-				
Sse.	20		sets (Part X, line 16) .	• •					97	,498	121,973			
Net/	-'		oilities (Part X, line 26)	tunnt linn		<i>.</i>	· · ·  -			01	0			
_			ets or fund balances. Sub	tract line	Z i irom line	20	<u> </u>		97	,498	121,373			
	art II		ture Block								<del></del>			
			ury, I declare that I have examine lete Declaration of preparer (oth								y knowledge and belief, it is			
		T k		···			- Properci	Tido dily Kito	, m.cago					
o:.		<del> </del>		<del>/</del>	<del></del>					,				
Sig		Sign	nature of officer	// .	/11.				Date	5/	15/17			
пе	ere	<u> </u>	1XV. TO	<u>ea</u>	/lon									
_		Type or print name and title Rev. Ida MOSS, Accountant									Iorin			
Pa	nid	Frinvis	ype preparer's name	Pre	parer's signatur	ਰ	Da	ı <del>u</del>		heck [				
Pr	epare							Т	se	elf-emple	oyed [			
	se Onl	y Firm's i						F	ım's El	N <b>►</b>				
		Firm's a	address ►			<del></del>		F	hone no	0				
Ma	y the IR	is discus	s this return with the prep	parer sho	wn above? (	see instructions	<u> </u>		· ·	• •	· · Yes No			
_			A! A . A Al . A! Al								- 000 (00.40)			

Form **990** (2016)

Form 990	0 (2016)	Page 2
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	<u> L</u>
	Briefly describe the organization's mission:  The Institute brings together leaders of diverse races and cultures seeking reconciliation based on the teachings and leaders.	esons of
	Jesus Christ. The goal is to train and empower the economically under-served and spiritually neglected to impact and	
	the world through moral and technical leadership excellence.	
	Did the organization undertake any significant program services during the year which were not listed on the	
	<del>-</del>	]Yes ☑No
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program	
		]Yes ☑No
	If "Yes," describe these changes on Schedule O.	,,,,,
	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
	Tom Skinner Campus Ministry: Our Campus ministries equip students with the key skills for morally excellent leadersh	nip. We host
	student leadership retreats, leadership excellence programs and power lunches with professionals who model moral	
	excellence in their lives and careers. The lunches demonstrate how faith is expressed in different professions such as	
	medicine and education. Noonday prayer gatherings where students pray for the power and presence of God to impact the University campus including the President and his administration, faculty, students and their families.	t all areas of
	the officer sty compass meading the resource and meadaministration, radiaty, statistics and their rannings.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
	Master's series for Distinguished Leaders: MSDL serves as a unique program for this generation of leaders. It is concu	
	a six month period where young executive leaders learn to practice moral excellence, character strength, integrity and	
	service. Participants receive a mentor/coach from veteran leaders and role models. They must complete a community to learn that true success comes from serving the under-served.	service project
	to really that the bacocs comes from serving the united served.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	General Programs: OUr general leadership programs produce a pipeline of high performing middle managers and execution of high performance managers and high perfo	
	to meet the needs of under-served communities. These programs allow a group of gifted and talented young leaders to intangible skills of leadership including strength of character, integrity, resiliency and the value of empowering relation	
	Participants also spend time serving in local community service programs.	1311123.
		.,
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶	
70	i otal program service expenses	

art	Checklist of Required Schedules			
4	In the organization described in postion E01(a)(2) or 4047(a)(1) (other than a private foundation)? If "Voc."		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>\</b>	
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		<b>✓</b>
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		<b>√</b>
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? If "Yes," complete Schedule C,			<u> </u>
_	Part III	5		<b>✓</b>
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		<b>√</b>
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		<b>\</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>~</b>
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		<b>√</b>
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	180,740.20	<b>√</b>
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? If "Yes," complete Schedule D, Part VII	11b		<b>√</b>
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	11c		<b>√</b>
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>✓</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		<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
-	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		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
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		1
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		1
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			
24a	employees? If "Yes," complete Schedule J	23		✓
2-14	\$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		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		✓
	to defease any tax-exempt bonds?	24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		✓
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>✓</b>
	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		1
26	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? If "Yes," complete Schedule L, Part II	26		/
27	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? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedulé R, Part II, III, or IV, and Part V, line 1	33		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		<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)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	/	

				aye C
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is contended to contains a response of note to any line in this hart v	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_==_	<u> </u>	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>\</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	~_		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7с		<b>✓</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		7
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	Ì		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	<u> </u>	<b></b>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
IJ	the approximation is becaused to prove expedient booths along			
С	_			
14a	Enter the amount of reserves on hand	14-	ļ	<u> </u>
14a b	reme ne le company de la compa	14a 14b	<del> </del>	<b>✓</b>
	. Too, has killed at our report these payments: if two, provide an explanation in schedule O.	140	I	ı

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
ecti	on A. Governing Body and Management			
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	1		
	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.			Ì
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			Г
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 <b>7</b> -	Did the organization have members or stockholders?	6		1
7a	one or more members of the governing body?	70		L
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	_	<b> </b>
~	stockholders, or persons other than the governing body?	7b		,
В	Did the organization contemporaneously document the meetings held or written actions undertaken during			Ť
	the year by the following:			_
а	The governing body?	8a	✓	L
Ъ	Each committee with authority to act on behalf of the governing body?	8b	✓_	┞
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	ا ۾ ا		١.
cti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	Ode	<u> </u>
	on b. I dides (This decitor B requests information about policies not required by the internal riever	ac o	Yes	<u> </u>
0a	Did the organization have local chapters, branches, or affiliates?	10a		17
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			Γ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a	<b>/</b>	⊢
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	✓	⊢
С	describe in Schedule O how this was done.	12c		,
3	Did the organization have a written whistleblower policy?	13		Ť
4	Did the organization have a written document retention and destruction policy?	14		Ž
5	Did the process for determining compensation of the following persons include a review and approval by			Г
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			L
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	\ ✓
b	Other officers or key employees of the organization	15b	<u> </u>	Ľ
6a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		
ua	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104	<del>                                     </del>	╀
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		}	1
	organization's exempt status with respect to such arrangements?	16b		
cti	on C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ► Maryland			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section symbols for public representation Indicate however made those symbols. Check all that peaks	n 501(	(c)(3)s	) OI
	available for public inspection. Indicate how you made these available. Check all that apply.			
9	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretation of the conflict	oraet	nolio	., .
•	financial statements available to the public during the tax year.	.c. 531	PUIL	y, c
0	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: <b>•</b>	
	-,,			

Part VII	Compensation of Officers, Dire	ectors, Trustees,	Key Employees,	Highest Compensated Emp	oloyees, 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 employees."
- 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 no	or any relate	d org	anız	atıo	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	officer and a director/trustee)					an ee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Highest compensated employee Key employee Officer		rmer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Rev. John Jenkins Chairman	2	1				<u>-</u>		0	0	0
(2) Mr. Mark Christinsen Vice-Chairman	22	/							0	0
(3) Pastor Bruce Clark Treasurer	2	/						0	0	0
(4) Ms, Rosemary Tribble Treasurer	2	1						0	0	0
(5) Bishop Donald Hilliard Director	2	1						0		0
(6) Mr. Robert Brown Director	2	1							0	0
(7) Rev H. Beacher Hicks Director	2	1						0	0	0
(8) Dr. Barbara Williams-Skinner Executive Director	40				1			70,000	0	0
(9)						]				
(10)								-		
(11)			-							
(12)		-	<del>.</del>							
(13)		!			-					
(14)		-				<del>                                     </del>				

Part	Section A. Officers, Directors, Trust	tees, Key E	mpio	yee:			lignes	ST C	ompensated E	i <b>mpioyees</b> (co	ntinuec	<u>"                                    </u>		
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe	erson Irrect	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation fi	rtable Est		(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	ensatio m the nizatior related nization	1
(15)						_								
(16)											-			
(17)														
(18)														
(19)														
(20)														
(21)						-								<del></del>
(22)														
(23)											-			
(24)													_	
(25)				-									<del></del>	
1b		· · · ·		•	<u> </u>			<b>&gt;</b>						
d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio					•	<b>&gt;</b>						
2	Total number of individuals (including but reportable compensation from the organi		d to th	iose	lıst	ted	above	e) w	ho received m	ore than \$100	0,000 o	f		
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i>							-	oloyee, or high	•	sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npei	nsatio	n a	nd other comp	ensation fror		4	_	<b>✓</b>
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv		5		<b>V</b>
Section	on B. Independent Contractors				-				· · · · · · · · · · · · · · · · · · ·				I	<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	fress							(B) Description of s	ervices	Co	(C) mpens	ation	
None		<del></del>						_						
								-						
												•		
2	Total number of independent contractor							th	nose listed ab	ove) who	<del></del>	-		
	received more than \$100,000 of compens	ation from	ıne or	gan	ızat	ion								

Form **990** (2016)

Part	VIII						
		Check if Schedule O contains a re	esponse or note to			<u> </u>	
ı			:	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	3				
ìrar our	b	Membership dues 11	)				
s, G Am	С	Fundraising events	;				
Sift lar,	d	Related organizations 10	t l				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1	•				
tior er S	f	All other contributions, gifts, grants,					
t t		and similar amounts not included above 1	f 104,719				
d tr	g	Noncash contributions included in lines 1a-1f	\$				
_	h	Total. Add lines 1a-1f		104,719			
Jue .			Business Code	-		_	
Ş.	2a	Seminars and Registrations	194,007	194,007	194,007	0	0
e K	b	Consulting Fees	107,086	107,086	107,086	0	0
Ż	С						
Se	d						
Ta I	е			-			
Program Service Revenue	f	All other program service revenue.					
	<u>g</u> 	Total. Add lines 2a-2f  Investment income (including div	. , . , <b>&gt;</b>	301,093	<del></del> 1		
	3	and other similar amounts)			_		
	4	Income from investment of tax-exempt		102	0	0	0
	5	Royalties					
	,	(i) Real	(ii) Personal				
	6a	Gross rents	(1), 1 51 55 11				
	b	Less: rental expenses	<del></del>				
	C	Rental income or (loss)	<del></del>				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	ь	Less: cost or other basis	<u> </u>				
		and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)				_	
_		- , ,					
enne	8a	Gross income from fundraising	į l				
		events (not including \$					
Other Rev		of contributions reported on line 1c)					
ř		See Part IV, line 18	a				
₹		Less: direct expenses	b				
		Net income or (loss) from fundraising					
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	ı	Less: direct expenses	b				
		Net income or (loss) from gaming a					<del></del>
	10a	Gross sales of inventory, less					
		returns and allowances					
		Less: cost of goods sold	b[		i		
	<u>c</u>	Net income or (loss) from sales of ii  Miscellaneous Revenue					
	<u> </u>		Business Code	,			
	11a			11,691	11,691	0	<u>_</u>
	b				<del></del>		<del></del>
	C	All other revenue	-		<del></del>		<del></del>
	d	All other revenue					<del></del>
	12	Total revenue. See instructions.		44- 85-			
	14			417.605	312.784	0	l o

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			s must complete col	umn (A).						
	Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
_	and domestic governments See Part IV, line 21										
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	70,000	60,250	9,750	0						
7 8	Other salaries and wages	60,000	51,600	8,400	0						
9	Other employee benefits	1,966	1,803	163							
10	Payroll taxes	9,996	8,597	1,399							
11	Fees for services (non-employees):										
а	Management	10,531	9,057	1,474	0						
b	Legal										
C	Accounting	20,895	17,970	2,925	0						
d e	Lobbying										
f	Investment management fees				<del></del>						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)										
12	Advertising and promotion	6,454	5,550	904	0						
13	Office expenses	10,590	9,107	1,483	0						
14	Information technology										
15	Royalties										
16	Occupancy	62,152	53,451	8,701	0						
17 18	Travel	23,931	20,581	3,350							
	for any federal, state, or local public officials										
19 20	Conferences, conventions, and meetings Interest	36,621	36,621	0	0						
21	Interest		<del></del>		<del></del>						
22	Depreciation, depletion, and amortization .										
23	Insurance	7,007	7,007	0							
24	Other expenses. Itemize expenses not covered	.,567									
	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	Contributions	18,603	15,999	2,604	0						
b	Printing, Publications & Subscriptions	11,501	9,892	1,609	0						
C	Telephone, Fax & Internet	12,609	10,844	1,765	0						
d	All other expenses	7,483	6,435	1,048	0						
е 25	All other expenses	22,791 393,130	19,325 344,089	3,466 49,041	0						
26	Joint costs. Complete this line only if the		344,065	43,041							
_ <del>-</del>	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)	1	:	ļ							

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X	<u></u> _	🗆
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	97,498	1	71,973
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	50,000
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	ļ 	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			
Assets		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		i	
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b	-	10c	
	11	Investments—publicly traded securities		11	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	97,498		121,973
	17	Accounts payable and accrued expenses	37,430	17	121,973
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<del></del>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			· · · · · · · · · · · · · · · · · · ·
ŧ	22	trustees, key employees, highest compensated employees, and			
<u> </u>		disqualified persons. Complete Part II of Schedule L		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25			
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	U	20	
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
aga	28	Temporarily restricted net assets		28	<del></del>
8	29	Permanently restricted net assets		29	
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	<del></del>	25	
Ē		complete lines 30 through 34.			
ō	200	•	II.	20	
ets	30	Capital stock or trust principal, or current funds		30	<del></del>
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
) te	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ž	33	Total net assets or fund balances	97,487		121,973
_	_34	Total liabilities and net assets/fund balances	97,498	34	

Form 9	90 (2016)			Pa	age <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	17,605
2	Total expenses (must equal Part IX, column (A), line 25)	2		39	3,130
3	Revenue less expenses. Subtract line 2 from line 1	3			24,475
4		1			7,498
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	3			
7	Investment expenses	7			
8	Prior period adjustments	3			
9	• · · · · · · · · · · · · · · · · · · ·	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0		12	21,973
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:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O	in in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	<b>/</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compile				
	reviewed on a separate basis, consolidated basis, or both.	<b>u</b> 0.			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		7
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	20		<b>-</b>
	separate basis, consolidated basis, or both:	J., u			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	siaht	-		
·	of the audit, review, or compilation of its financial statements and selection of an independent accounts		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain		120	┡	<del></del> -
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	-		
Ja	the Single Audit Act and OMB Circular A-133?		За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	) the	Ja		<del>  •</del>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud		3ь		

Form **990** (2016)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

20

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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Name	of the organization					Employer identification	number
	kinner Leadership Institute, Inc. 52.1830868						
Par			<del></del>				ns
	organization is not a private founda		•		•	•	
1	A church, convention of church						
2	A school described in section					•	
3 4	☐ A hospital or a cooperative hos ☐ A medical research organization						iii) Enter the
	hospital's name, city, and state	):	•				-
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II.)	_				al unit described in
6	A federal, state, or local govern						
7	An organization that normally described in section 170(b)(1)		•	port from	a goveri	nmental unit or from	the general public
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II)			
9	An agricultural research organi or university or a non-land-grai university:						
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt fui income and unr	nctions—subject to co related business taxal	ertain exc ole incom	eptions, le (less se	and (2) no more that ection 511 tax) from	1 331/3% of its
11	An organization organized and	operated exclus	sively to test for public	safety. S	See <b>secti</b>	on 509(a)(4).	
12	An organization organized and						
	of one or more publicly suppo Check the box in lines 12a thro						
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	control or management of t	the supporting o	rganization vested in	the same			
	organization(s). You must o	-	•				
C							ally integrated with,
	its supported organization(		· ·				
d	Type III non-functionally integrated that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е	Check this box if the organ functionally integrated, or 1						e II, Type III
f	Enter the number of supported of	organizations .					
9	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)	<del> </del>						
(C)							
(D)							
(E)							<del></del>
Tota				<u> </u>			

18

						<del> </del>	
Part							
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		Į			,	
	include any "unusual grants.")	141,573	96,073	102,015	80,135	104,719	524,516
2	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf		ĺ			ĺ	
3	The value of services or facilities					<del></del>	
·	furnished by a governmental unit to the						
	organization without charge		ĺ			1	
4	Total. Add lines 1 through 3	141,573	96,073	102,015	80,135	104,719	524,516
•	_	141,573	90,073	102,013	60,135	104,719	524,516
5	The portion of total contributions by		i				
	each person (other than a						
	governmental unit or publicly					1	
	supported organization) included on line 1 that exceeds 2% of the amount					,	
	shown on line 11, column (f)	ļ					
6 Sooti	Public support. Subtract line 5 from line 4	<u> </u>					524,516
	on B. Total Support	(-) 0040	(I-) 0010	(-) 0014	(4) 0015	(-) 0010	40 T-4-1
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	141,573	96,073	102,015	80,135	104,719	524,516
8	Gross income from interest, dividends,	1				1	
	payments received on securities loans,	, ,					
	rents, royalties and income from similar						
	sources	0	0	0	48	102	150
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on		L	<u>-</u>			
10	Other income. Do not include gain or						
	loss from the sale of capital assets			l l		1	
	(Explain in Part VI.)	387	2,226	5,569	19,484	11,691	39,357
11	Total support. Add lines 7 through 10						563,872
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	-	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	<u>···</u> ▶ □
Secti	on C. Computation of Public Support						
14	Public support percentage for 2016 (line					14	93.0 %
15	Public support percentage from 2015 Sch					15	95.5 %
16a	331/3% support test-2016. If the organ						
	box and stop here. The organization qua						لت
b	331/3% support test—2015. If the organi						ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		<b>&gt;</b> 🗅
17a	10%-facts-and-circumstances test-2	<b>016.</b> If the orga	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and <mark>stop here.</mark>	Explain in
	Part VI how the organization meets the '	'facts-and-circ	umstances" te	est. The organi	zation qualifie:	s as a publicly	supported
	organization						<b>&gt;</b> 🗀
b	10%-facts-and-circumstances test-2	<b>015.</b> If the ora	anization did n	ot check a bo	x on line 13. 1	16a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization	_					
	Explain in Part VI how the organization in						
	supported organization				-		

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

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

(Complete only if you checked the box on line 10 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.)	

Secti	on A. Public Support				-		
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")		1		]		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	l .		ļ	· {		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			<del>                                     </del>	<del>                                     </del>		<del></del>
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3		-				
	received from disqualified persons .			]	]		
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<u></u>				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)	<u> </u>					
	on B. Total Support				<del>,                                     </del>		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	<u> </u>				<del></del>	ļ <u> </u>
10a	Gross income from interest, dividends,		i				
	payments received on securities loans, rents, royalties and income from similar sources						
	•		<del>-</del>	<del>-</del>			<del></del>
р	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	· ·	<u> </u>	<del>  -</del>	<del> </del>	<del> </del>		<del> </del>
14	Add lines 10a and 10b		-	<del> </del>			<del></del>
11	Net income from unrelated business activities not included in line 10b, whether	]					
	or not the business is regularly carried on	]					
10	Other income. Do not include gain or		<u> </u>	<del>                                     </del>	<del>  </del>		<del> </del>
12	loss from the sale of capital assets	1		1			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			<del> </del>	<del> </del>		<del>                                     </del>
. •	and 12.)	[					
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	n, or fifth tax ve	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he	=			· <u></u>		, , , ,
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2016 (line						%
16	Public support percentage from 2015 Sc	_		<u></u>	<u>.</u>	16	%
	on D. Computation of Investment In					<del>, ,</del>	
17	Investment income percentage for 2016					17	%
18	Investment income percentage from 201					18	<u>%</u>
19a	331/3% support tests—2016. If the organ						
	17 is not more than 33½%, check this box		-			-	
þ	331/3% support tests – 2015. If the organization 18 is not more than 231 n/4 shock this						
	line 18 is not more than 331%, check this						
20	Private foundation. If the organization d	ю пот спеск а	box on line 14	, 19a, or 19b,	cneck this box	and see inst	ructions 🕨 🔲

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization
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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 are proported to proportion was described in section 509(a)(1) or (2).		 
_	organization was described in section 509(a)(1) or (2).	2	
3a	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	 
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c	 
4a		4a	 
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	 
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	 
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

Build the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

- 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 Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) 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 **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **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.)

9a

9b

9c

10a

10b

0	W. Supporting Occasional designs (see )			raye <b>o</b>
Part	IV Supporting Organizations (continued)		V	NI.
11	Has the organization accepted a dift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		<u>ز</u> ا
h	A family member of a person described in (a) above?	11b		<b>√</b>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		1
	ion B. Type I Supporting Organizations	110	L	
			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.			ļ
		1		L
2	Did the organization operate for the benefit of any supported organization other than the supported			İ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ł		
	supervised, or controlled the supporting organization.			ļ—
Soct	ion C. Type II Supporting Organizations	2		
3600	on o. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u> </u>	163	NO
•	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		
Sect	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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).	<u> </u>		
•		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	ļ		
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations	1 3	1	L
		··		_1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	cuon	S)
a	The organization satisfied the Activities Test. Complete line 2 below			
b	<ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.</li> </ul>	'ooo in	otavoi	'onel
·	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity	366 III		10113)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	}
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		}	
	that these activities constituted substantially all of its activities.			
h	·	2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	-	l
3	Parent of Supported Organizations. Answer (a) and (b) below.		<del>                                     </del>	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ļ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vas " describe in Part VI the role played by the organization in this regard	1 25	!	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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	·	<u></u>
3 Other gross income (see instructions)	3		<u></u>
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		<u> </u>
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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 Distributable Amount. 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-functional instructions).	y in	tegrated Type III supporti	ng organization (see

Part		) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.		' ' ' '	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
_			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		<del></del>	
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016.			
а	1			
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017 Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### SCHEDULE O (Form 990 or 990-EZ)

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

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

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	Employer identification number
Skinner Leadership Institute, Inc.	52-1830868
Part 6-11b - Review of the 990 - With our input, a draft of the 990 is prepared by our accountant and provided for our review.	
Any changes are noted and forwarded to the accountant for modification and finalization.	
Part 6 - 19 - All governing documents, financial statements, and policies are provided to the public upon request.	
A listing of the Board of Directors is attached.	
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