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DLN: 93493241007437 OMB No. 1545-0047 Return of Organization Exempt From Income Tax

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

9
Department of the Internal Revenue

Do not enter social security numbers on this form as it may be made public Open to Public ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization BENEFICENT TECHNOLOGY INC D Employer identification number ☐ Address change 77-0555413 ☐ Name change Doing business as BENETECH ☐ Initial return ☐eturn/terminated E Telephone number Number and street (or P O $\,$ box if mail is not delivered to street address) 480 CALIFORNIA AVE NO 201 ☐ Amended return (650) 644-3400 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code PALO ALTO, CA 94306 G Gross receipts \$ 13,033,440 Name and address of principal officer H(a) Is this a group return for JAMES R FRUCHTERMAN ☐Yes ☑No subordinates? 480 CALIFORNIA AVE NO 201 H(b) Are all subordinates PALO ALTO, CA 94306 ☐Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BENETECH ORG L Year of formation 2000 M State of legal domicile CA Summary 1 Briefly describe the organization's mission or most significant activities BENETECH EMPOWERS COMMUNITIES WITH SOFTWARE FOR SOCIAL GOOD Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 95 1,600 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,574,088 1,663,309 **9** Program service revenue (Part VIII, line 2g) . . . 10,689,996 11,300,100 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7,010 5,042 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -4,980 -7,827 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,266,114 12,960,624 168,256 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 374,681 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 7,533,640 6,593,069 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶4,977 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 5,336,952 5,722,731 12,304,702 13,424,627 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -464,003 19 Revenue less expenses Subtract line 18 from line 12 . 961,412 Assets or d Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 5,126,976 4.848.400 1,952,970 21 Total liabilities (Part X, line 26) 1,767,543 ${f 22}$ Net assets or fund balances Subtract line 21 from line 20 . 3,359,433 2,895,430 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 2017-08-28 Signature of officer Sign Here SUKHI NAGESH CFO Type or print name and title Print/Type preparer's name ALEXSIS H WONG Preparer's signature ALEXSIS H WONG Date PTIN Check \Box if P00604756 Paid self-employed

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ▶ 90 NEW MONTGOMERY STREET 11TH

Firm's name

Preparer

Use Only

► LINDQUIST VON HUSEN & JOYCE LLP

SAN FRANCISCO, CA 94105

Form **990** (2016) Cat No 11282Y

✓ Yes 🗆 No

Firm's EIN ▶ 94-1250261

Phone no (415) 957-9999

Form	990 (20	016)					Page 2
Par	t III	Statement of	f Program Service	e Accomplisi	nments		
		Check If Schedu	le O contains a respo	nse or note to a	ny line in this Part II		🗹
1	Briefly	describe the org	anızatıon's mıssıon				
HOW	PEOPLE	WITH DISABILI	TIES READ AND LEAR	N, MAKES IT SA	AFER FOR HUMAN RIC	OCIAL GOOD THE ORGANIZATION SHTS DEFENDERS TO PURSUE THE SHOOT OF THE	RUTH AND JUSTICE, AND
2	Did the	e organization ur	ndertake any significai	nt program serv	vices during the year	which were not listed on	
	the pri	or Form 990 or 9	990-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe these	new services on Sch	edule O			
3	Did the	e organization ce	ase conducting, or ma	ake significant o	changes in how it con-	ducts, any program	
	service	es?					. □ Yes ☑ No
	If "Yes	s," describe these	changes on Schedule	e O			
4	Section	n 501(c)(3) and		ns are required	to report the amount	e largest program services, as m of grants and allocations to othe	
4a	(Code) (Expenses \$	9,501,086	including grants of \$) (Revenue \$	10,451,462)
	See Ad	ditional Data					
4b	(Code) (Expenses \$	1,477,806	ıncludıng grants of \$	168,256) (Revenue \$	800,545)
	See Ad	ditional Data					
4c	(Code) (Expenses \$	216,429	ıncludıng grants of \$) (Revenue \$	44,208)
	See Ad	dıtıonal Data					
	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$	3,885)
	ADULT EFFECT TO ONE	BEGINNING READE TVE FEEDBACK WIT INTERACTION, RO	RS WITH DEVELOPMENTA TH A UNIQUE TEACHER-TO	AL DISABILITIES T JTOR MODEL-ONE	TO READ THE PROGRAM THAT REQUIRES NO SP	IT EASY FOR ANY LITERATE PERSON COMBINES ENGAGING, AGE-APPROPE ECIAL TRAINING BY INCORPORATING DERS TO GAIN INDEPENDENCE AND TO	RIATE LESSONS, EXERCISES AND EXPERT PEDAGOGY AND ONE
4d	Other	program services	s (Describe in Schedu	le O)			
	(Exper	nses \$	ınclu	iding grants of :	\$) (Revenue \$	3,885)
4e	Total	program servic	e expenses >	11,195,3	21		

Yes

Page 3

No

No

No

Nο

Nο

No

No

No

Νo

Nο

No

No

Νo

No

No

Nο

Form **990** (2016)

or X as applicable

Section 501(c)(3) organizations.

Form 990 (2016) **Checklist of Required Schedules** 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ঙ 뉰

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

for public office? If "Yes," complete Schedule C, Part I 💆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

3

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14h

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16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

2

No

Yes

29

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

instructions for applicable filing thresholds, conditions, and exceptions)

				Ye
es? If "Yes," complete Schedule H			20a	

20b

20a Did the organization operate one or more hospital facilities b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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

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

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

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

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

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

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

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

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

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

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22

Yes

Nο

Nο

Νo

Nο

Nο

Nο

No

Nο

Νo

Nο

Nο

No

Nο

Nο

No

Νo

Nο

Page 4

No

No

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of 24a 24b 24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2016)

orm !	990 (2016)			Page
Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
	5		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 50 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
		.		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
L	this return	2 _b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	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		No
b	If "Yes," enter the name of the foreign country Gee 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? \cdot .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
•		5c		
	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?	6 a		No
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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
-	Section 4047(a)(1) non-avanuat aboutable truste. In the avanuation filing Form 000 in liquid Form 10412	1,,,		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
		14a		No
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
		, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 12			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 11			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2	Yes	
3		ne organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		No
4		ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No No
5	Did +h	re organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		ne organization have members or stockholders?	6		No
		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more	-		110
	memb	pers of the governing body?	7a 7b	Yes	N.
	perso	ns other than the governing body?	7 b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by illowing			
а	The g	overning body?	8 a	Yes	
		committee with authority to act on behalf of the governing body?	8 b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
		г		Yes	No
		ne organization have local chapters, branches, or affiliates?	10a		No
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a		ne organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in full O how this was done	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?		V	
14	Did th	' '	13	Yes	
15		ne organization have a written document retention and destruction policy?	13 14	Yes	
		·			
а	perso	ne organization have a written document retention and destruction policy?			
	perso The o	ne organization have a written document retention and destruction policy?	14	Yes	No
	perso The o Other	ne organization have a written document retention and destruction policy?	14 15a	Yes	No
b	perso The o Other If "Ye Did th	ne organization have a written document retention and destruction policy?	14 15a	Yes	No No
b 16a	perso The o Other If "Ye Did th taxab If "Ye in join	the organization have a written document retention and destruction policy?	14 15a 15b	Yes	
b 16a b	perso The o Other If "Ye Did th taxab If "Ye in join status	the organization have a written document retention and destruction policy?	14 15a 15b	Yes	
b 16a b	perso The o Other If "Ye Did th taxab If "Ye In joir status	the organization have a written document retention and destruction policy?	14 15a 15b	Yes	
b 16a b	perso The o Other If "Ye Did th taxab If "Ye In joir status	the organization have a written document retention and destruction policy?	14 15a 15b	Yes	
b 16a b Se 17	The o Other If "Ye Did th taxab If "Ye In join status ction List th	ne organization have a written document retention and destruction policy?	14 15a 15b	Yes	
b 16a b Se 17	The of Other of The of Other of The of Other of The Other	the organization have a written document retention and destruction policy?	14 15a 15b	Yes	
b 16a b	The o Other If "Ye Did the taxab If "Ye In Join status ection List the Section of	the organization have a written document retention and destruction policy?	14 15a 15b	Yes	

(11) SAMUEL BRIGHT

(13) SUKHI NAGESH

(14) MARK ROBERTS

(16) JANE POOLE

VP HR & ADMIN

(17) ANH QUYNH BUI

VP BENETECH LABS

(12) JAMES R FRUCHTERMAN

(15) ELIZABETH BEAUMON PRESIDENT

DIRECTOR

CEO

CFO

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors

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

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

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

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

organization, more than \$10,000 of reportable co	mpensation fro	m the	organ	ızatı	on a	and ar	ny re	elated organization	S	
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	tutior	nal t	rust	ees, o	office	ers, key employees	s, highest	
\square Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	che x, u n an	eck m nless office ustee	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) JAMES KLECKNER SECRETARY	1 00	X		х				0	0	0

	any hours	and	a dır	ecto	or/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) JAMES KLECKNER SECRETARY	1 00	х		х				0	0	C	
(2) G GERVAISE DAVIS III DIRECTOR	1 00	х						0	0	C	
(3) J LEIGHTON READ MD DIRECTOR	1 00	х						0	0	C	
14)	1 00									1	

0 0 (4) ROBERT WEXLER DIRECTOR 1 00 (5) BRIAN BEHLENDORF 0 0 Χ 0 DIRECTOR 1 00 (6) CHRISTY CHIN Х 0 0 0 DIRECTOR 1.00 (7) YOGEN DALAL 0 DIRECTOR 1 00 (8) GERARDO CAPIEL 0 Х 0 DIRECTOR 1 00 (9) JENNIFER MCFARLANE Х 0 0 0 DIRECTOR 1.00 (10) KEVIN LO 0 DIRECTOR

1 00

40 00

40.00

40 00

40 00

40 00

40 00

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Х

0

338,275

170,744

213.762

223,049

179,905

163,392

0

0

0

0

35,823

24,501

26.024

13,946

4,278

21.775

Form 990 (2016)

Part VII

WORTH TRUST

KATPADI IN

48 NEW THIRUVALAM ROAD

compensation from the organization ▶ 11

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

BOOK VALIDATION

Page **8**

Section A. Officers, Directors	, Trustees, K	ey Em	pioy	ees	<u>, an</u>	<u>10 mig</u>	<u>jnes</u>	st Compensated	Employees (con	tinuea)	
(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, ι an of	ot che unles fficer		son a	compensation from the organization (W-	(E) Reportable compensation from related organizations	Estim amount comper from	the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	- 2/1099-MISC)	(W- 2/1099- MISC)	organiza rela organiz	ited
(18) BRADLEY TURNER VP GLOBAL LITERACY	40 00					х		167,018	0		3,340
(19) FRED SLONE DIRECTOR OF OPS	40 00					х		159,064	0	J	29,516
(20) DAVID MURPHY ENGINEERING DIRECTOR	40 00					х		163,235	0	,	35,848
(21) CHARLES LAPIERRE TECHNICAL LEAD	40 00					х		148,719	0		3,376
				_							
1b Sub-Total	VII, Section A			<u>.</u>	•			1,927,163	0		198,427
Total number of individuals (including but of reportable compensation from the organization)	t not limited to t						ceiv	ed more than \$100),000		
3 Did the organization list any former officience line 1a? If "Yes," complete Schedule J for									• •	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	sum of reporta eater than \$150	able com 0,000? <i>1</i>	npens If "Ye	satio	on an comp	nd othe plete S	er co S <i>che</i>	ompensation from t edule J for such	:he 3		No
5 Did any person listed on line 1a receive o services rendered to the organization? If "											No
Section B. Independent Contractors	,				_						
Complete this table for your five highest of from the organization. Report compensation	ion for the caler								s tax year		
Name and b	(A) ousiness address							Descrip	(B) otion of services		C) nsation
DAPROIM AFRICA LTD 2ND FLR HAILE SELASSIE AVE NAIROBI								BOOK VALIDAT	TION		158,240
KE CADEN HOWELL, 928 JENNIFER ST MADISON, WI 53703								ENGINEERING	SERVICES		148,495
FLEXION INC 1500 W MAIN ST 500								ENGINEERING	SERVICES		144,777
SUN PRAIRIE, WI 53590 JAKE BROWNELL, 4318 N ROSEMEAD DR								ENGINEERING	SERVICES		141,713
PEORIA, IL 61614 WORTH TRUST					—			BOOK VALIDAT	TION	+	126.354

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

126,354

Part	VII												
		Check if Schedul	le O contains	a respo	nse or i	note to any		hıs Part VII A)	Ι.	(B)		 (c)	⊔ (D)
							•	revenue	e fu	lated or xempt unction evenue	Un bu	related siness	Revenue excluded from tax under sections 512-514
10	1a	Federated campaig	ns	1a		I				- Veride			312 314
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues		1 b									
Gra mo	С	: Fundraising events		1c									
ffs. ≓A	d	Related organizatio	ns	1d									
<u>.</u>	e	Government grants (co	ontributions)	1e									
Sin	f	All other contributions and similar amounts n	, gifts, grants, ot included										
uti her		above		1f		1,663,309							
즐물	g	Noncash contribution in lines 1a-1f \$	ons included										
Con	 	Total.Add lines 1a-1	ıf				4	662.200					
	J-"	Totali/(dd iiiles 1d 1			•	Business		.,663,309					
Program Service Revenue	2a	BOOKSHARE					900099	10,	451,462	10,45	1,462		
Pev V	b	HUMAN RIGHTS					900099	į	800,545	80	0,545		
4Ce		BENETECH LABS					900099		44,208		4,208		
Ser		ENGINEERING & CONSU	JLTING FEES				900099		3,390 495		3,390 495		
an		ROUTE 66					900099		493		493		
rogr	f	All other program se	rvice revenue			11.	 300,100						'
<u> </u>		Fotal. Add lines 2a-21			<u> </u>		_						
		investment income (ii imilar amounts) .		ends, ı •	nterest,	and other	.	5,04	2				5,042
	4 I	ncome from investme	ent of tax-exe	mpt bo	ond prod	eeds Þ	•						
	5 R	Royalties				. >	•						
	6-	Gross rents	(ı) Rea	l	(11)	Personal	4						
	va	Gross rents		64,989									
	b	Less rental expenses 72,816											
	С	Rental income or		-7,827			1						
	_	(loss)					_	-7,82	7				7.027
	a	Net rental income o	(i) Securit		· ·	Other		-7,62					-7,827
		Gross amount	(i) Securit	.163	(11)	Ciriei	-						
		from sales of assets other											
		than inventory											
	b	Less cost or other basis and											
	С	sales expenses Gain or (loss)					1						
	d	Net gain or (loss) .		•		>							
47		Gross income from for (not including \$	_	ents of									
n G		contributions reporte	ed on line 1c)										
eve		See Part IV, line 18 Less direct expense		a b			-						
r R		Net income or (loss)			ents .								
Other Revenue	9a	Gross income from g	jaming activiti	es									
U		See Part IV, line 19		a l									
	b	Less direct expense	s	b			1						
	С	Net income or (loss)	from gaming	activit	ies .	. •							
		Gross sales of invent returns and allowand											
				а									
	b	Less cost of goods s	sold	b									
	С	Net income or (loss)		invent									
	11a	Miscellaneous	Revenue		Busir	ess Code	-						
													
	b												
	_												
	С				•								
	d	All other revenue .											
	e	Total. Add lines 11a	-11d			>							
	12	Total revenue. See	Instructions					12,960,62	4	11,300,100		0	-2,785
								12,300,62	7	11,300,100	'1	U	-2,785 Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must comple	te all columns All other orga	inizations must comp	olete column (A)	
Check if Schedule O contains a response or note	to any line in this Part IX			<u> </u>
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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations domestic governments See Part IV, line 21	and			
2 Grants and other assistance to domestic individuals Se IV, line 22	ee Part			
3 Grants and other assistance to foreign organizations, for governments, and foreign individuals. See Part IV, line and 16		168,256		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, as key employees	nd 1,230,307	461,616	764,729	3,962
6 Compensation not included above, to disqualified perso defined under section 4958(f)(1)) and persons describe section 4958(c)(3)(B)	ins (as ed in			
7 Other salaries and wages	4,115,351	3,604,976	510,375	
8 Pension plan accruals and contributions (include section (k) and 403(b) employer contributions)	1 401 126,639	110,934	15,705	
9 Other employee benefits	2,061,343	1,805,701	255,642	
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				_
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
<u> </u>				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, colu (A) amount, list line 11g expenses on Schedule O)	mn			
12 Advertising and promotion				
13 Office expenses	95,215	89,677	5,538	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	433,631	392,401	41,230	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings	162,673	156,799	5,874	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204,106	155,418	48,688	-
23 Insurance	12,772		12,772	
24 Other expenses Itemize expenses not covered above (miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule O)	List		,	
a OUTSIDE SERVICES	2,043,293	1,872,285	171,008	
b facility and other offi	1,972,698	1,606,032	365,651	1,015
c BOOK COLLECTION & DEVEL	470,276	470,276		
d COMMUNICATIONS	224,673	220,828	3,845	
e All other expenses	103,394	80,122	23,272	
25 Total functional expenses. Add lines 1 through 24e	13,424,627	11,195,321	2,224,329	4,977
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2016)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2016)

14

15

32

33

34

Net

Intangible assets

Other assets See Part IV, line 11 .

1	Cash-non-interest-bearing	534,810	1	616,804
2	Savings and temporary cash investments	846,325	2	1,080,251
3	Pledges and grants receivable, net	1,614,785	3	923,117
4	Accounts receivable, net	842,220	4	1,352,103
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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . . Inventories for sale or use . 8 23.582 9 29,444 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 417,053 basis Complete Part VI of Schedule D 10a 396,350 71.068 10c 20,703 b Less accumulated depreciation 10b 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments-program-related See Part IV, line 11

5,126,976 4.848.400 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 17 Accounts payable and accrued expenses 1,252,431 17 1,446,303 18 Grants payable . . 18 19 159,757 19 151,312 Deferred revenue . . 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

281.858

912.328

14

15

32

33

34

3,359,433

5.126.976

128,118

697,860

2,895,430

4.848.400

Form **990** (2016)

- persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 355.355 25 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D
- 355.355 1,767,543 26 Total liabilities. Add lines 17 through 25 . 26 1,952,970 Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and complete lines 27 through 29, and lines 33 and 34. 27 438,234 27 660.586 Unrestricted net assets
- 28 2,921,199 28 2.234.844 Temporarily restricted net assets
- Fund Balances 29 29 Permanently restricted net assets
- Organizations that do not follow SFAS 117 (ASC 958), check here

 and complete lines 30 through 34.
- Assets or 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12	,960,624
2	Total expenses (must equal Part IX, column (A), line 25)	2		13	,424,627
3	Revenue less expenses Subtract line 2 from line 1	3			464,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,359,433
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,895,430
Par	t 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			_
	☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

3b

Yes

Yes (2016)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 77-0555413

Name: BENEFICENT TECHNOLOGY INC.

Form 990 (2016)

Form 990, Part III, Line 4a:

GIOBAL LITERACY RENETECH'S GLOBAL LITERACY PROGRAM STRIVES TO MAKE LITERACY AVAILABLE TO EVERYONE THIS IS DONE THROUGH THREE

ACCESS THEM IN THE SAME WAY AS THEIR PEERS. WITHOUT HAVING TO LOOK FOR A REMEDIATED COPY

INITIATIVESBOOKSHARE BOOKSHARE IS THE WORLD'S LARGEST ONLINE LIBRARY OF BOOKS AND NEWSPAPERS ACCESSIBLE TO PEOPLE WHO HAVE PRINT DISABILITY BLINDNESS, LOW VISION, A MOBILITY IMPAIRMENT OR A LEARNING DISABILITY THAT AFFECTS THEIR ABILITY TO READ PRINTED MATERIAL OPERATING UNDER AN
EXEMPTION IN COPYRIGHT LAW AND WITH THE PERMISSION OF OVER 800 PUBLISHERS, BOOKSHARE HAS DELIVERED OVER 11,000,000 COPIES OF BOOKS AROUND THE
WORLD BOOKSHARE WAS LAUNCHED IN FEBRUARY 2002 AND HAS OVER 456,000 ELIGIBLE MEMBERS AS OF DECEMBER 31, 2016 IN THE US AND OVER 70 OTHER
COUNTRIES. THROUGH THE ACTIVE PARTICIPATION OF THOUSANDS OF VOLUNTEERS, PARTINERS, UNIVERSITIES AND PUBLISHERS AROUND THE WORLD. BOOKSHARE

COUNTRIES THROUGH THE ACTIVE PARTICIPATION OF THOUSANDS OF VOLUNTEERS, PARTNERS, UNIVERSITIES AND PUBLISHERS AROUND THE WORLD, BOOKSHARE PROVIDES PEOPLE WITH PRINT DISABILITIES INSTANT ACCESS TO MORE THAN 540,000 BOOKS SPANNING 33 LANGUAGES AND 150 DAILY NEWSPAPERS, IN WAYS THAT WORK FOR THEM DIAGRAM CENTER A COMPLEMENTARY INITIATIVE TO BOOKSHARE, THE DIGITAL IMAGE AND GRAPHIC RESOURCES FOR ACCESSIBLE MATERIALS (DIAGRAM) CENTER IS DEDICATED TO REVOLUTIONIZING HOW STUDENTS WITH DISABILITIES ACCESS EDUCATIONAL CONTENT, ESPECIALLY SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) MATERIALS IN 2016, DIAGRAM EXPANDED ITS WORK BY GROWING ITS COMMUNITY OF CROSS-SECTOR EXPERTS IN ASSISTIVE TECHNOLOGY, EDUCATION FOR STUDENTS WITH DISABILITIES, AND PUBLISHING OF EDUCATIONAL CONTENT BORN ACCESSIBLE THE BORN ACCESSIBLE INITIATIVE IS DRIVING SYSTEMIC CHANGE IN THE PUBLISHING INDUSTRY BY HELPING PUBLISHERS CREATE ACCESSIBLE BOOKS FROM THE START THIS IS WHERE THE NEXT EQUILIBRIUM CHANGE WILL BE SEEN WHEN COMPANIES BEGIN TO PUBLISH BOOKS IN AN ACCESSIBLE FASHION, AND ANYONE WITH DISABILITY WILL BE ABLE TO

Form 990, Part III, Line 4b:

EFFECTIVE, SECURE, AND OPEN INFORMATION MANAGEMENT AND DATA COLLECTION TECHNOLOGY FOR RIGHTS DEFENDERS, FIELDWORKERS, RESEARCHERS, AND JOURNALISTS THE HRP'S FLAGSHIP TOOL IS MARTUS, WHICH ENABLES GRASSROOTS NON-GOVERNMENTAL ORGANIZATIONS TO SECURELY COLLECT, CATALOGUE AND STORE THEIR RECORDS ON OFF-SITE SERVERS WITH EASY-TO-USE SOFTWARE, PRESERVING CRUCIAL EVIDENCE FOR RESEARCH, INVESTIGATION AND PROSECUTIONS THE APPLICATION WAS DEVELOPED BY BENETECH, IS AVAILABLE IN THIRTEEN LANGUAGES (ENGLISH, RUSSIAN, SPANISH, ARABIC, FRENCH, THAI, NEPALI, BURMESE, ARMENIAN, FARSI/DARI, KHMER, VIETNAMESE, AND CHINESE [MANDARIN, SIMPLIFIED]) AND IS MADE AVAILABLE AT NO COST FOR HUMAN RIGHTS DEFENDERS MARTUS

HUMAN RIGHTS PROGRAM BENETECH'S HUMAN RIGHTS PROGRAM (HRP) ADVANCES THE GLOBAL HUMAN RIGHTS MOVEMENT BY PROVIDING AND SUPPORTING

AUTOMATICALLY ENCRYPTS THE INFORMATION AND COPIES IT TO A NETWORK OF SECURE SERVERS AROUND THE WORLD. THE SYSTEM IS DESIGNED SO THAT ONLY THE USER WHO CREATED IT - NOT EVEN BENETECH - IS GIVEN ACCESS TO THE ENCRYPTED DATA SINCE THE DATA IS BACKED UP, USERS CAN RETRIEVE THEIR INFORMATION WHEN AND WHERE IT IS SAFE TO DO SO MARTUS HELPS THOSE WHO COLLECT THIS VALUABLE HUMAN RIGHTS INFORMATION STAY SAFE. WHILE ALSO

PROTECTING THE IDENTITIES OF THOSE WHO WOULD OTHERWISE FACE VIOLENCE AND REPRESSION FOR TELLING THEIR STORIES. THE MARTUS SOFTWARE HAS BEEN DOWNLOADED BY PEOPLE AND ORGANIZATIONS IN OVER 100 COUNTRIES AND IS AVAILABLE FOR WINDOWS. MAC OS. AND LINUX IN ADDITION TO THE DESKTOP APPLICATION, THE MARTUS ECOSYSTEM ALSO INCLUDES ADDITIONAL TOOLS SUCH AS MOBILE MARTUS - BENETECH'S FREE, OPEN SOURCE SECURE ANDROID-BASED MOBILE DOCUMENTATION APPLICATION, BUILT ON MARTUS TECHNOLOGY - AND SECUREAPP, A CUSTOMIZABLE, SECURE DATA COLLECTION TOOL IN ADDITION TO DEVELOPING SOFTWARE FOR THE HUMAN RIGHTS FIELD, THE BENETECH HUMAN RIGHTS PROGRAM TEAM PROVIDES TRAINING AND SUPPORT TO GRASSROOTS AND INSTITUTIONAL PARTNERS IN OVER 50 COUNTRIES

BENETECH LABS BENETECH LABS (LABS) CREATES NEW SCALABLE TECHNOLOGY ENTERPRISES FOR SOCIAL IMPACT IN PARTNERSHIP WITH COMMUNITIES OF FIELD LEADERS AND STAKEHOLDERS, TECHNOLOGISTS, AND SOCIAL ENTREPRENEURS, LABS IS WHERE THE BENETECH TEAM EXPERIMENTS AND PROTOTYPES HIGH-IMPACT TECHNOLOGY SOLUTIONS THAT CHANGE LIVES SOME EXAMPLES OF PROJECTS INCLUDE- SERVICE REFERRAL OUR SERVICE REFERRAL PROJECT MAKES IT EASIER TO

Form 990, Part III, Line 4c:

CERT CHECKING, USING TOR, ETC.

FOOD, SHELTER, HEALTHCARE, JOB TRAINING, CHILD CARE, LEGAL, AND FAMILY SUPPORT SERVICES AT THE HEART OF OUR MODEL IS AN OPEN STANDARDS EXCHANGE PLATFORM (OPEN REFERRAL) THAT ENABLES RESOURCE DATA TO BE SHARED IN REAL-TIME BY SUCCESSFULLY COORDINATING DATA AMONG MULTIPLE STAKEHOLDERS, OUR OPEN REFERRAL PROJECT CAN GENERATE TOOLS AND PRACTICES THAT YIELD TRANSFORMATIVE CHANGE FOR COMMUNITIES THAT NEED THESE SERVICES DIGITAL SECURITY TRAINING ALTERNATE REALITY GAMES) ASKS TRAINING PARTICIPANTS TO INVESTIGATE

SHARE AND MAINTAIN INFORMATION ON LOCAL SERVICES THAT ARE AVAILABLE FOR PEOPLE THAT NEED THEM THE MOST. THESE CRITICAL SERVICES CAN INCLUDE

AND COMPLETE FICTITIOUS TASKS THROUGH THEIR REAL-WORLD DEVICES AND INTERACTIONS WITH EACH OTHER OUR CONCEPTUAL ARG WOULD ALLOW LEADERSHIP AT HUMAN RIGHTS ORGANIZATIONS TO ENROLL THEIR FIELD WORKERS INTO A SIMULATED TRAINING AND ASSESSMENT ENVIRONMENT THE PLATFORM CAN INCLUDE THE PLATFORM CAN INC

SEVERAL EXERCISES THAT GUIDE USERS TO COMPLETE TASKS WITHIN THE DIGITAL SECURITY SPACE MODULES COULD INCLUDE - IDENTIFYING PHISHING, MALWARE PREVENTION, CREATING STRONG PASSWORDS, SECURE PHONE CALLS, OFF THE RECORD CHAT, SECURE EMAIL, REMOVING IDENTIFYING METADATA FROM MEDIA, HTTPS

efile	e GRA	APHIC prii	nt - DO NOT PROCE	SS	As Filed Data -			DLN: 9	3493241007437
SCH	IED	ULE A	Publ	ic C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(For	m 990			he org	janization is a secti	ion 501(c)(3) d	organization o		2016
990E	(Z)			4	4947(a)(1) nonexe ▶ Attach to Form 9				2010
•		the Treasury	► Information	about	Schedule A (Form			ıctions is at	Open to Public Inspection
Name	e of th	ue Service ne organiza			<u> </u>	<u>54/101111990</u> .		Employer identific	<u>_</u>
SENEF	ICENT	TECHNOLOGY	INC					77-0555413	
Pai			for Public Charity S					See instructions.	
ne o 1	rganız		a private foundation bed		`	•	•	/A)/:)	
		•	onvention of churches,					(A)(I).	
2			scribed in section 170			,	• • • • • • • • • • • • • • • • • • • •		
3		•	or a cooperative hospita		-				
4	Ш		esearch organization op and state	erated	in conjunction with	a hospital descri	bed in section	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the b (iv). (Complete Part II		of a college or univer	sity owned or op	erated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governme	nt or g	governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	۸)(v).	
7	✓		ation that normally recell ${\tt O(b)(1)(A)(vi).}$			s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust described in se	ction	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization rant college of agricultu						ege or university or a
LO		from activit	ation that normally rece les related to its exemp income and unrelated l See section 509(a)(2)	t func ousine	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
l 1	П	•	ation organized and ope	•		r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and ope ly supported organizati through 12d that desci	ons de	escribed in section 5	09(a)(1) or sec	tion 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization n(s) the power to regula	operat	ted, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by	
b		Type II. A manageme	Part IV, Sections A are supporting organization nt of the supporting org	n supe Janizat	ion vested in the san				
С		Type III f	plete Part IV, Section unctionally integrated	l. A su	ipporting organization				ted with, its
d		Type III n	organization(s) (see inst on-functionally integ integrated The organi i) You must complete	rated . zation	A supporting organi generally must satisf	zation operated fy a distribution	ın connection wi	th its supported organ	
e		Check this	box if the organization i	eceive	ed a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		or Type III non-functio of supported organizat		ntegrated supporting	organización			
g	Provid	de the follow	ing information about t	he sup	ported organization(s)			
(i)Na	ame of	f supported o	organization (ii)EIN	N T	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				+					
Total			tion Act Notice, see t			Cat No 11285		 Schedule A (Form 9	

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

organization

instructions

supported organization

▶□

Schedule A (Form 990 or 990-EZ) 2016

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

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Schedule A (Form 990 or 990-EZ) 2016

6

7

8

10a

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 Organizations Yes No

Page 4

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

_	If "No," describe in Part VI 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 Part VI how the organization determined that the supported organization was described		
	ın 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 Part VI when and how the organization made the		

эa	Did the organization have a supported organization described in section 301(c)(4), (5), or (6), it res, 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 Part VI when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
	Supervised by or in connection with its supported organizations		

	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 Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b	
С	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	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 Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	5a	

U	bld the organization have ditinate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	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 Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

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

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗀	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate analysis to each of the growth of annual to the last the cold of the cold of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	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?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported	n 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 Part VI how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	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		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		

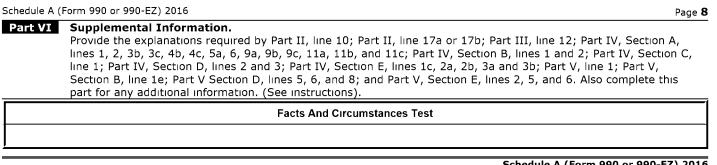
d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 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	

b Excess from 2013.

d Excess from 2015.

e Excess from 2016. . . .

c Excess from 2014.



efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No 1545-0047

DLN: 93493241007437

Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ) ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Department of the Treasury www.irs.gov/form990.

• S • S • S f the	ection 501(c)(3) organizations Cor Section 501(c) (other than section 5 Section 527 organizations Complet corganization answered "Yes" of Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Form t t have filed Form 5768 (election under	e Part I-C is I-A and C below 990-EZ, Part VI, I II section 501(h)) Co	Do not complete Part I- ne 47 (Lobbying Activit omplete Part II-A Do not	B ies), then complete Part II-B
		t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Ta			
Prox	ky Tax) (see separate instruction	s), then	x) (see separate i	instructions, or i onli 3	30-LZ, Fait V, illie 33C
	Section 501(c)(4), (5), or (6) organia	zations Complete Part III		Encularion : d	
	ne of the organization EFICENT TECHNOLOGY INC			77-0555413	entification number
Par	t I-A Complete if the orga	nization is exempt under secti	on 501(c) or is	a section 527 orga	nization.
1 2	Provide a description of the organ Political expenditures	nization's direct and indirect political ca	mpaign activities ii	n Part IV	\$
3	Volunteer hours				
Par		nization is exempt under section			
1	Enter the amount of any excise to	ax incurred by the organization under s	ection 4955	•	\$0
2	Enter the amount of any excise to	ax incurred by organization managers i	ınder section 4955	▶	\$0
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
	If "Yes," describe in Part IV	nization is exempt under section	on 501(c) eve	ent section 501(c)(31
	<u> </u>	-			<i>5</i>
1 2	, ,	ed by the filing organization for section anization's funds contributed to other	•		*
2	function activities	anization's funds contributed to other	organizacions for si	ection 327 exempt	\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and c	on Form 1120-POL,	line 17b	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly delive see (PAC) If additional space is needed	ount paid from the red to a separate p	e filing organization's fun political organization, suc	ds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds If none, enter -0-	contributions received
2					
3					
1					
5					
5					
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule	C (Form 990 or 990-EZ) 2016

columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

(a) 2013

793,226

191,384

198,307

(b) 2014

796,526

174,603

199,132

(c) 2015

765,235

121,772

191,309

(d) 2016

821,231

166,933

205,308

16,081

Schedule C (Form 990 or 990-EZ) 2016

(e) Total

3,176,218

4.764.327

654,692

794,056

1.191.084

16,081

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE D

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.

DLN: 93493241007437 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	me of the organization IEFICENT TECHNOLOGY INC			Employer Ide	ntification num	ber
				77-0555413		
Pa	Organizations Maintaining Donor Complete if the organization answere			or Accounts.		
	complete in the organization unione.	(a) Donor advised fu		(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 funds are the organization's property, subject to t			advised	☐ Yes	 □ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	and donor advisors in writin benefit of the donor or dono	g that grant funds ca or advisor, or for any	an be other purpose	☐ Yes	□ No
Pa	rt III Conservation Easements. Complet	e if the organization ans	wered "Yes" on Fo	orm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all tha	t apply) —			
	\square Preservation of land for public use (e g , rec	reation or education)	Preservation of	an historically impo	rtant land area	
	Protection of natural habitat		Preservation of	a certified historic s	tructure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	neld a qualified conservation	contribution in the		ion t the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easemen	ts		2b		
C	Number of conservation easements on a certified		• •	2c		
d	Number of conservation easements included in (c) structure listed in the National Register	•		2d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguis	hed, or terminated b	by the organization	during the	
4	Number of states where property subject to conse	ervation easement is located	I ⊳			
5	Does the organization have a written policy regar and enforcement of the conservation easements i		, inspection, handlin	g of violations,	☐ Yes ☐	No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of viola	ations, and enforcing	conservation easer	ments during the	year
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations	, and enforcing cons	ervation easements	during the year	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the rec	uirements of section	170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				☐ Yes ☐	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organ				
Pai	**Organizations Maintaining Collect Complete if the organization answere			ther Similar Ass	sets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, edu	cation, or research ii	n furtherance of pul		of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	AS 116 (ASC 958), to repo	t in its revenue state	ement and balance		
((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, following amounts required to be reported under			nancıal gaın, provıd	e the	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		
b	Assets included in Form 990, Part X			> \$		
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat N	o 52283D Sche	dule D (Form 9	90) 2016

Page 2

Part	3111	Organizations M	aintaining Col	lections o	of Art, H	istori	cal T	reası	ıres, o	r Other	Similar A	Assets (co	ntınued)	
3		the organization's acq (check all that apply)	uisition, accessio	n, and other	records,	check a	any of	the fo	llowing	that are a	significant	use of its o	ollection	
a		Public exhibition				d		Loan	or exch	ange prog	grams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	e generations											
4	Provid Part X	le a description of the	organızatıon's col	lections and	l explain h	now the	y furtl	ner the	e organi	zation's e	xempt purp	ose in		
5		g the year, dıd the org s to be sold to raise fur									nılar	☐ Yes		No
Par	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.									Part				
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										No			
b	If "Ye	s," explain the arrange	ment in Part XIII	and comple	ate the fol	lowing	table					Amount		_
c		ning balance	inche in rate XIII	and comple	tic the for	iowing	cabic			1c	•			_
d	_	ons during the year								1d				
e			_							1e				_
f		outions during the year g balance								1f				_
	•	-	an amount on Fo	000 Day	+ V l.m.s. 7	11 60"			احامطما		- h.l.t			_
2a	Dia th	e organization include	an amount on Fo	iim 990, Par	rt X, iine 2	21, 101 (escrow	or cu	istouiai a	account III	ability	∐ Yes		lo
b	If "Yes	s," explain the arrange	ment in Part XIII	Check here	e if the ex	planati	on has	been	provide	d in Part	XIII		. Ц	
Pai	rt V	Endowment Fun	ds. Complete ıf	the organ	ızatıon a	nswer	ed "Y	es" or	n Form	990, Pa	rt IV, lıne	10.		
				(a)Curren	nt year	(b) Pr	rior yea	r	(c)Two y	ears back	(d)Three ye	ears back (e) Four yea	ars back
1a	Beginni	ng of year balance .												
b	Contrib	utions												
c i	Net inv	estment earnings, gair	ns, and losses											
d (Grants	or scholarships	•											
		expenditures for facilities	es											
		ograms												
f /	Adminis	strative expenses .												
g	End of	year balance												
2 a		le the estimated perce designated or quasi-e	=	ent year end	d balance ((line 1g	g, colu	mn (a)) held a	as				
b	Perma	anent endowment 🕨												
С	Tempo	orarily restricted endo	wment 🕨											
	The po	ercentages on lines 2a	, 2b, and 2c shou	ild equal 100	0%									
3a		ere endowment funds	not in the posses	sion of the	organizati	on that	are h	eld an	d admın	iistered fo	r the			
	_	ization by											Yes	No
		related organizations					•					3a(-	<u> </u>
L		elated organizations s" on 3a(ii), are the re										3a(i		
ь 4		ibe in Part XIII the inte						•					'	<u> </u>
	Descri				II 3 CIIGOW	inicine i	unus							
1.1	+ VT	Land Buildings	and Equipme	n+										
	t VI	Land, Buildings, Complete if the or			on Form	n 990,	Part :	IV, lır	ne 11a.	See For	m 990, Pa	rt X, line	10.	
		Land, Buildings, Complete If the or		vered 'Yes' ner basis	on Form (b)Cost o						m 990, Pa depreciation		10.)Book valu	ıe
	Descrip	Complete if the or	ganization ansv (a) Cost or oth	vered 'Yes' ner basis										ie
1a	Descrip	Complete if the ori	ganization ansv (a) Cost or oth	vered 'Yes' ner basis										le
1a b	Descrip Land Building	Complete If the orderion of property	ganization ansv (a) Cost or oth	vered 'Yes' ner basis			basıs (d	other)			depreciation	(d		
1a b c	Descrip Land Building Leaseho	Complete if the ori	ganization ansv (a) Cost or oth	vered 'Yes' ner basis			basis (d					(d		18,858 1,845

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

Part VII		organizati	on answ	ered 'Yes' on Fo	rm 990, I	Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value			f valuation ear market value
(1)Financial	derivatives		value	C031 01	ena-or-ye	ear market value
(2)Closely-h (3)Other	neld equity interests	<u></u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the See Form 990, Part X, line 13.	organiza	tion ans	wered 'Yes' on F	orm 990,	Part IV, line 11c.
	(a) Description of investment	(b) Boo	k value			of valuation ear market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	•				
Part IX	Other Assets. Complete if the organization answered 'Yes (a) Description	s' on Form	990, Par	t IV, line 11d See	Form 990	, Part X, line 15 (b) Book value
(1) DEPOSIT	rs					58,595
(3) RELATED	CONTRIBUTION RECEIVABLE D-PARTY RECEIVABLE					384,617 244,648
(4) BENGINI (4)	EERING STOCK					10,000
(5)						
(6)						
(7)						
(8)						
(9)						
	umn (b) must equal Form 990, Part X, col (B) line 15)				. •	697,860
Part X	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.					
1.	(a) Description of liability		(b) Bo	ok value		
(1) Federal (ncome taxes					
DEPOSITS				5,355		
TERM ENDO	WMENT			350,000		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)	•		355,355		
	or uncertain tax positions In Part XIII, provide the text of the 's liability for uncertain tax positions under FIN 48 (ASC 740)					

1

2

а

b

c

d

е

3

4

1

2

b

d

Schedule D (Form 990) 2016

2e

3

4c

Page 4

Part	XIII	Rec	oncili	atio	on c
5	Total revenue	Add lines	3 and	4c.	(Thi
C	Add lines 4a a	nd 4b .			
b	Other (Describ	•	•		

Subtract line 2e from line 1 .

Add lines 4a and 4b	4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
TXII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, Iir		
Total expenses and losses per audited financial statements	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities 2a		
Prior year adjustments		
Other losses	Ī	
Other (Describe in Part XIII)	Ī	
Add lines 2a through 2d	2e	
Subtract line 2e from line 1	3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:		

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Donated services and use of facilities . .

Add lines 2a through 2d

Recoveries of prior year grants Other (Describe in Part XIII)

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4a 4b

Explanation

'es' or	For	n 99	90,	Part	IV, I	ne	12a
							1
2a							
2b							
2c							
2d							
							2e
							3
						ſ	
4a							
4b							
							4c

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}		
С		
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ny	addıtıonal	ınformatıon

Schedule D (Form 990) 2015

See Additional Data Table

Page 5		Schedule D (Form 990) 2015			
	tal Information <i>(continued)</i>	Part XIII Supplemental Info			
xplanation		Return Reference			

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 77-0555413

Name: BENEFICENT TECHNOLOGY INC.

Supplemental Information Return Reference Explanation

BASED ON AN ANALYSIS PREPARED BY THE ORGANIZATION, IT WAS DETERMINED THAT THE TAX POSITION

PART X, LINE 2

S TAKEN OR EXPECTED TO BE TAKEN HAD NO MATERIAL EFFECT ON THE RECORDED TAX ASSETS AND LIAB ILITIES OF THE ORGANIZATION THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR T HE YEARS 2012 THROUGH 2015 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FO R THREE YEARS AND FOUR YEARS AFTER THEY ARE FILED FOR FEDERAL AND STATE RESPECTIVELY

efile GRAPHIC prin	t - DO NOT I	PROCESS	As Filed Data	-	DLN	: 93493241007437
SCHEDULE F (Form 990)	State	ement of	Activities (ited States	OMB No 1545-0047	
(i o ooo)		► Complet	e if the organization	on answered "Yes" to Form	990,	2016
Department of the Treasury Internal Revenue Service	vw.irs.gov/form990.	Open to Public Inspection				
Name of the organization BENEFICENT TECHNOLO					Employer ide	ntification number
DENEFICENT TECHNOLO	GT INC				77-0555413	
	Information , Part IV, line		o Outside the U	Jnited States. Comple	ete if the organization a	answered "Yes" to
1 For grantmaker	s.Does the org	ganızatıon maıı	ntain records to	substantiate the amount	of its grants and	
•	-	- '	ne grants or assi	stance, and the selection	criteria used	
to award the gra	nts or assistan	ce?				🗹 Yes 🗌 No
2 For grantmaker outside the Unite		Part V the org	anızatıon's proce	dures for monitoring the	use of its grants and ot	her assistance
3 Activites per Regio	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents and independent contractors in region	(d) Activities conducted in region (by type) (e g , 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 region	a (f) Total expenditures for and investments in region
(1) See Add'l Data						
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continua Part I	ition sheets to	1	0 0)		1,755,723
c Totals (add lines 3			0 0		No 50082W Schedu	1,755,723 ule F (Form 990) 2016

(15) (16)

Schedule I (Form 330)	2010							rage z
		ssistance to Organi cipient who received					on answered "Yes" t	to Form 990, Part
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data	a							
(2)								
(3)								
(4)								
2 ⁵⁾ Enter total numb	per of recipient	t organizations listed	above that are recog	nized as charities by	the foreign country,	recognized as tax-		0
		the grantee or cour			Ivalency letter			<u> </u>
3 Enter total numb	Jer or other ort	Janizacions or endices						8
(8)							Schedule	F (Form 990) 2016
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								-

(4) (5) (6)

(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3**

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Type of grant or assistance (b) Region (a) Description

(a) Type of grant of assistance	(D) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							
(2)	•						

			assistance	assistance	(book, FMV, appraisal, other)
(1)					
(2)					

(1)				
(2)				
(3)				

Sche	dule F (Form 990) 2016		Page 4
Par	t 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)		
	2.1.3.1. decidens for 1 5.1.1.5 GS2G and GS2G Try	☐ 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)		
	Corporations (see Instructions for Form 5471)	\square 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)		
	(see Instructions for Form 6003)	☐ 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)	∐ Yes	✓ No

Schedule F (Fo	rm 990) 2016 Page 5
P a n	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information (see instructions).
Return Reference	Explanation
Reference	

Additional Data

SUB-SAHARAN AFRICA

Software ID: Software Version:

EIN: 77-0555413

Name: BENEFICENT TECHNOLOGY INC

HUMAN RIGHTS

LABS

166,994

32,814

Form 990 Schedule F Par	t 1 - Activities	Outside The C	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
ASIA	0	0	PROGRAM SERVICES	LITERACY FOR THE DISABLED	589,645

0 PROGRAM SERVICES

0 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) LATIN AMERICA 0 PROGRAM SERVICES HUMAN RIGHTS 500.627 EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES LITERACY FOR THE 211,548 & GREENLAND) DISABLED NORTH AMERICA 0 PROGRAM SERVICES LITERACY FOR THE 85,839 IDISABI ED

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to reaion recipients located in the region) EUROPE (INCLUDING ICELAND 0 GRANTS HUMAN RIGHTS 50.000 & GREENLAND) 0 GRANTS 118,256 SUB-SAHARAN AFRICA HUMAN RIGHTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE ISUPPORT 50,000 WIRED FUNDS (INCLUDING MISSION ICELAND & GREENLAND) SUB-SAHARAN ISUPPORT 50.000 WIRED FUNDS IAFRICA MISSION

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) ISUB-SAHARAN ISUPPORT 12,500 WIRED FUNDS IAFRICA MISSION ISUB-SAHARAN ISUPPORT 10.026 WIRED FUNDS AFRICA IMISSION

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) ISUB-SAHARAN ISUPPORT 11,875 WIRED FUNDS IAFRICA MISSION ISUB-SAHARAN ISUPPORT 11.940 WIRED FUNDS AFRICA IMISSION

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement appraisal, assistance applicable) assistance other) ISUB-SAHARAN ISUPPORT 10,000 WIRED FUNDS IAFRICA MISSION ISUB-SAHARAN ISUPPORT 11.915 WIRED FUNDS AFRICA IMISSION

efil	e GRAPHIC pi	rint - DO NOT PROCESS As F	led Dat	a -	DLN: 934	19324	1007	437
Sch	edule J	Comp	ensat	ion Information	10	1B No	1545-0	0047
`	n 990) ment of the Treasury	► Complete if the organizat ► Information about Se	iompensa ion answ > Attach chedule J	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV n to Form 990. I (Form 990) and its instructions	, line 23.	2 ()	to Pul	blic
	al Revenue Service		www.irs.	.gov/form990.	Emplement identifies		ectio	
	ne of the organiza EFICENT TECHNOLO				Employer identification 77-0555413	tion no	imber	
Pa	rt I Questi	ons Regarding Compensation					ı	
1 a		opiate box(es) if the organization provid ection A, line 1a Complete Part III to p					Yes	No
	Travel for	s or charter travel companions nification and gross-up payments nary spending account		Housing allowance or residence for Payments for business use of perso Health or social club dues or initiati Personal services (e g , maid, chau	nal residence on fees			
b	or provision of a	xes in line 1a are checked, did the orga all of the expenses described above? If	"No," com	nplete Part III to explain	nent or reimbursement	1b		
2	Did the organiza directors, truste	ation require substantiation prior to rein les, officers, including the CEO/Executiv	nbursing (/e Directo	or allowing expenses incurred by all ir, regarding the items checked in line	e 1a?	2		
3	organization's C	of any, of the following the filing organi EO/Executive Director Check all that a and organization to establish compensati	pply Do r	not check any boxes for methods				
	☐ Independ	ation committee ent compensation consultant of other organizations		Written employment contract Compensation survey or study Approval by the board or compensa	ition committee			
4	During the year related organiza	, did any person listed on Form 990, Pa ation	rt VII, Se	ection A, line 1a with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-control pay	ment?			4a		No
b		r receive payment from, a supplement		·		4b		No
С		r receive payment from, an equity-base of lines 4a-c, list the persons and provide		-	t III	4c		No
5	For persons liste), 501(c)(4), and 501(c)(29) organed on Form 990, Part VII, Section A, linguistry on the revenues of						
а	The organization	n?				5a		No
b	Any related orga If "Yes," on line	anızatıon? 5a or 5b, describe in Part III				5b		No
6		ed on Form 990, Part VII, Section A, lin ontingent on the net earnings of	e 1a, dıd	the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No
7	For persons liste	6a or 6b, describe in Part III ed on Form 990, Part VII, Section A, lin escribed in lines 5 and 6? If "Yes," desc		· · · · · · · · · · · · · · · · · · ·	ed	7	Yes	
8	Were any amou	nts reported on Form 990, Part VII, pa nitial contract exception described in Re	d or accu	red pursuant to a contract that was	escribe	8	163	No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the r	ebuttable	presumption procedure described in	Regulations section	9		140
For F	Paperwork Redu	iction Act Notice, see the Instruction	ns for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	1 990)	2016

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Page **3** Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I. LINE 7 IEMPLOYEES RECEIVE ANNUAL BONUSES BASED ON BOARD-APPROVED INCENTIVE COMPENSATION PLAN AND BY MEETING BONUS OBJECTIVES SET EACH YEAR FINAL AMOUNTS PAID ARE SUBJECT TO BOARD APPROVAL BY INDEPENDENT DIRECTORS.

Schedule J (Form 990) 2016

Additional Data

(A) Name and Title

1JAMES R FRUCHTERMAN

1SUKHI NAGESH

2MARK ROBERTS

3ELIZABETH BEAUMON

CEO

CFO

COO

PRESIDENT

4JANE POOLE

VP HR & ADMIN

5ANH QUYNH BUI

VP BENETECH LABS

6BRADLEY TURNER

7FRED SLONE

DIRECTOR OF OPS

8DAVID MURPHY

ENGINEERING DIRECTOR

9CHARLES LAPIERRE

TECHNICAL LEAD

VP GLOBAL LITERACY

(ı)

(1)

(1)

(II)

(1)

(ı)

(1)

(i) Base Compensation

Software ID: **Software Version:**

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

66,000

19,250

19,500

16,000

14,500

5,200

14,400

12,000

12,750

(iii)

Other reportable

compensation

(C) Retirement and

other deferred

compensation

5,300

2,929

4,324

4,490

3,601

3,309

3,340

3,240

3,337

2,976

(D) Nontaxable

benefits

30,523

21,572

21,700

9,456

677

18,466

26,276

32,511

400

(E) Total of columns

(B)(i)-(D)

374,098

195,245

239,786

236,995

184,183

185,167

170,358

188,580

199,083

152,095

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

EIN: 77-0555413 IOLOGY INC

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

Name	: BENEFICE	ENT TECHNO

272,275

170,744

194,512

203,549

163,905

148,892

161,818

144,664

151,235

135,969

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SCHEDUL	FΩ	Supplemen	tal Information to Fo	rm 990 or 9	90-F7	OMB No 1545-0047
(Form 990 or EZ)	I	Complete to pr	ovide information for responses or 990-EZ or to provide any add Attach to Form 990 or 99	s to specific question ditional information	ons on	2016
Department of the T		► Information abou	it Schedule O (Form 990 or 990 www.irs.gov/form990	-EZ) and its instru	ctions is at	Open to Public Inspection
Internal Revenue & Name of the org					Employer iden 77-0555413	tification number
990 Schedule	e O, Suppl	emental Informatio	on Explanatio	on		
Reference			Explanate			
FORM 990, PART VI, SECTION A, LINE 2		FINANCIAL INTERESTS	RS, JAMES R FRUCHTERMAN A S IN RAF TECHNOLOGY, INC , A I			

Return Explanation
Reference

	FORM 990,	THE BYLAWS OF BENEFICENT TECHNOLOGY, INC STATE "ONE DIRECTOR OF THIS CORPORATION SHALL BE
1	PART VI,	DESIGNATED BY THE DESIGNATOR FROM TIME TO TIME", THEREFORE THE DESIGNATOR HAD THE AUTHORI
	SECTION A,	TY TO ELECT ONE MEMBER OF THE GOVERNING BODY
	LINE 7A	

990 Schedule O, Supplemental Information Return Explanation

Pafaranca

Reference	
FORM 990,	THE CFO RECEIVES A COPY OF THE FORM 990 FROM THE PREPARER AND CONDUCTS THE FIRST REVIEW OF
PART VI,	THE FORM FOR ACCURACY A COPY OF THE DRAFT 990 IS THEN PROVIDED TO THE CEO, ALL BOARD MEM
SECTION B,	BERS, AND THE VP OF HR FOR THEIR REVIEW, EDITS, AND COMMENTS THE CFO THEN INCORPORATES AN
LINE 11B	Y COMMENTS AND EDITS RECEIVED, IF NECESSARY ANY EDITS OR CHANGES ARE APPROPRIATELY COMMUN

CATED TO THE PREPARER AND ONCE FINALIZED, THE FINAL FORM 990 IS SIGNED OFF BY THE CFO

Return

Reference	
PART VI,	EACH KEY EMPLOYEE, OFFICER, AND DIRECTOR IS EXPECTED TO READ AND SIGN ANNUALLY THE COMPANY 'S CONFLICT OF INTEREST POLICY AND CODE OF CONDUCT POLICY WHICH ARE THEN REVIEWED BY THE G
SECTION B, LINE 12C	OVERNANCE COMMITTEE OF THE BOARD AND THEN FILED WITH ITS MINUTES IF A CONFLICT EXISTS, TH E BOARD OR THE APPROPRIATE COMMITTEE SHALL FOLLOW THE PROCEDURES SET FORTH IN THE CONFLICT OF INTEREST POLICY TO APPROPRIATELY PROTECT BENETECH'S INTERESTS

Explanation

Return Explanation
Reference

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

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

Reference	
FORM 990,	THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED
PART XII,	FROM THE PRIOR YEAR
LINE 2C	THOM THE THION TEAM

efile GRAPHIC print - De	O NOT PROCESS As Filed Data -									DLN: 93493	241007	437
SCHEDULE R	Related ()raani:	zatione :	and Hn	rolato	d Dartn	archin	e		OMB No :	L545-00 ₄	17
(Form 990)		_					-			20	16	
(1 01111 000)	► Complete if the organ	nization ar	iswered "Ye	s" on Form	ı 990, Parl	t IV, line 33	3, 34, 35b,	36, or 37.		20	10	
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Info	rmation al	out Schedul	e R (Form	990) and	its instruct	ions is at	www.irs.gov	<u>/form990</u> .	Open to Inspe	Publication	C
Name of the organization BENEFICENT TECHNOLOGY INC	•							Employer	identificatio	n number		
BENEFICENT TECHNOLOGY INC								77-055541	3			
Part I Identification	n of Disregarded Entities Complete If	the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 33	3.				
Name, address, and	(a) d EIN (if applicable) of disregarded entity		(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inco	ome End-o	(e) f-year assets	(f Direct co ent	ntrolling	
	of Related Tax-Exempt Organization mpt organizations during the tax year.	1s Comple	te if the org	anızatıon	 answered	"Yes" on F	orm 990,	Part IV, line	34 because	ıt had one or	more	
Name, address, ar	(a) nd EIN of related organization	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		(e) Public charity s (if section 501(i		(f) rect controlling entity	Section (13) coi enti	512(b) ntrolled ty?
											Yes	No
For Paperwork Peduction A	ct Notice, see the Instructions for Form S	90			t No 5013	 			Sch	edule R (Form	990) 20	116

(a) Name, address, and I related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelate excluded fi tax unde sections 5 514)	ated, total incon d, rom er	Share of end-of-year assets	(† Dispropi allocal	rtionate tions?	Code V-L amount in 20 of Schedule (Form 10	box m K-1 55)	oartner?	or Perc g own	
								Yes	No		Y	es No	-	
IV Identification of Related Or because it had one or more rel							swered "Yes	" on Fo	orm 99	90, Part	IV, lu	ne 34		
IV Identification of Related Orbecause It had one or more related Orbecause It had one or more related organization		a corporation	on or tru: (c) egal micile or foreign	st during th	(d) t controlling		(f) Share of total income	Share	(g) of end- year assets	of- Pe	IV, III (h) ercentae	ge	Section (13) co	n 5 ont
because it had one or more rel (a) Name, address, and EIN of related organization IGINEERING INC LIFORNIA AVE STE 201 LTO, CA 94306	lated organizations treated as	s a corporation	on or tru: (c) egal micile	st during th	ne tax year (d) t controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Pe	(h) ercenta	ige nip	Section (13) co	nt
because it had one or more rel (a) Name, address, and EIN of related organization IGINEERING INC LIFORNIA AVE STE 201	lated organizations treated as (b) Primary activity	s a corporation	on or true (c) egal micile or foreign untry)	st during th	(d) t controlling entity ICENT	(e) Type of entity (C corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Pe	(h) ercenta wnersh	ige nip	Section (13) co ent Yes	n 5 ont
because it had one or more rel (a) Name, address, and EIN of related organization IGINEERING INC LIFORNIA AVE STE 201 LTO, CA 94306	lated organizations treated as (b) Primary activity	s a corporation	on or true (c) egal micile or foreign untry)	st during th	(d) t controlling entity ICENT	(e) Type of entity (C corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Pe	(h) ercenta wnersh	ige nip	Section (13) co ent Yes	n 5 ont
because it had one or more rel (a) Name, address, and EIN of related organization IGINEERING INC LIFORNIA AVE STE 201 LTO, CA 94306	lated organizations treated as (b) Primary activity	s a corporation	on or true (c) egal micile or foreign untry)	st during th	(d) t controlling entity ICENT	(e) Type of entity (C corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Pe	(h) ercenta wnersh	ige nip	Section (13) co ent Yes	n 5
because it had one or more rel (a) Name, address, and EIN of related organization IGINEERING INC LIFORNIA AVE STE 201 LTO, CA 94306	lated organizations treated as (b) Primary activity	s a corporation	on or true (c) egal micile or foreign untry)	st during th	(d) t controlling entity ICENT	(e) Type of entity (C corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Pe	(h) ercenta wnersh	ige nip	Section (13) co ent Yes	n.
because it had one or more rel (a) Name, address, and EIN of related organization IGINEERING INC LIFORNIA AVE STE 201 LTO, CA 94306	lated organizations treated as (b) Primary activity	s a corporation	on or true (c) egal micile or foreign untry)	st during th	(d) t controlling entity ICENT	(e) Type of entity (C corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Pe	(h) ercenta wnersh	ige nip	Section (13) co ent Yes	n S

Sale of assets to related organization(s) .

Purchase of assets from related organization(s).

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

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

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

(a)

Name of related organization

Reimbursement paid by related organization(s) for expenses . . .

No

No

No

No

No

No

No No

No

No

No

No

No No

1k

11

1m

1n

10

1q

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

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		Yes	No							
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	1a		No							
b Gift, grant, or capital contribution to related organization(s)	1b		No							
c Gift, grant, or capital contribution from related organization(s)	1c		No							
d Loans or loan guarantees to or for related organization(s)	1d	Yes								
e Loans or loan guarantees by related organization(s)	1e		No							

С	only grantly or capital contains at our relation of the first of the f	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	Y
е	Loans or loan guarantees by related organization(s)	1e	П
f	Dividends from related organization(s)	1f	

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

(b)

Transaction

type (a-s)

(c)

Amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) Are all partners section 501(c)(3) organizations? (f) Share of total income assets		(g) Share of nd-of-year assets (h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership			
l l			514)	Yes	No	l 1		Yes	No		Yes	No	1		
								·							
				Schedule R (Form 990) 2016											

