

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

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

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

OMB No 1545-0047 2016 Open to Public Inspection

Depa	artment of the T	Treasury	Do not enter social security numbers on this form as it may be made public.		Open to Public Inspection			
	nal Revenue Se		Information about Form 990 and its instructions is at www.irs gov/form990.  year, or tax year beginning 07/01/16, and ending 06/30/17					
			year, or tax year beginning 07/01/16, and ending 06/30/17 forganization FUTURE GENERATIONS UNIVERSITY	D Employe	r identification number			
	Check if applica Address change	ibic	CORPORATION					
	-		usiness as	45-2	208063			
	Name change	_	and street (or P O box if mail is not delivered to street address)  Room/suite	E Telephone number				
	Initial return		ROAD LESS TRAVELED					
	Final return/ terminated	City or to	own, state or province, country, and ZIP or foreign postal code					
_	Amended return		NKLIN WV 26807	G Gross rece	eipts \$ 1,510,541			
$\equiv$		r Ivame a	nd address of principal officer  H(a) Is this a grou	in return for si	ubordinates? Yes X No			
Ш	Application pen	iding DAN	TEL TAYLOR		ā. ā.			
			H(b) Are all subo					
				attach a list (	(see instructions)			
	Tax-exempt st		501(c)(3)					
7	Website		UTURE . EDU H(c) Group exem					
	Form of organi		propration Trust Association Other ► L Year of formation 20	714	M State of legal domicile WV			
	Part I	Summary			<del></del>			
	1	-	e organization's mission or most significant activities	TON MC	•			
Se	1		NERATIONS UNIVERSITY PROMOTES RESEARCH, LEARNING AND ACT	ION IC	,			
nar	A	CHIEVE II	NCLUSIVE AND SUSTAINABLE CHANGE WORLDWIDE.					
ver								
ဖွ	1	ck this box		ادا	8			
රේ ග	1		members of the governing body (Part VI, line 1a)	4	8			
Activities & Governance	1	•	ndent voting members of the governing body (Part VI, line 1b) dividuals employed in calendar year 2016 (Part V, line 2a)	5	0			
슳	1==		ollunteers (estimate if necessary)	6	0			
Ř			siness revenue from Part VIII, column (C), line 12	7a	0			
	lon .		ness taxable income from Form 990-T, line 34	7b	0			
	S D IVEL	difference busin	Prior Year		Current Year			
a	≥8 Conf	tributions and	grants (Part VIII, line 1h)		841,660			
Revenue	<b>≥9</b> Prog	gram service re	evenue (Part VIII, line 2g)		245,281			
ě	10 inve	stment income	e (Part VIII, column (A), lines 3, 4, and 7d)		423,600			
Œ	<b>≝11</b> Othe	er revenue (Pa	rt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0			
	-		d lines 8 through 11 (must equal Part VIII, column (A), line 12)	}	1,510,541			
	u 3		amounts paid (Part IX, column (A), lines 1–3)		215,445			
	7 9		for members (Part IX, column (A), line 4)		0			
è	<b>15</b> Sala	ries, other con	pensation; employee benefits (Part IX, column (A), lines 5–10)  sing fees (Part IX, column (A), line 11e)		467,271			
ens	16a Profe	ession <del>al fundr</del> i	aising Tees (Pal+IX, column (A), line 11e)		0			
Expens	b Tota	il fuffeltaising e	xpenses (Part IX, column (D), line 25) ► 87,136		442,148			
		er expenses (H	ษัก [X, \$o[เกาฺ7(A), เจ๊อร์ 11a−11d, 11f−24e)		1,124,864			
	18 10ta	i expenses Ad	old lines 13–17 (must equal Part IX, column (A), line 25)	<del></del>	385,677			
	19 Reve	enue less expe	Prises Pourous deline 16 from line 12  Beginning of Curr	ent Year	End of Year			
Net Assets or	20 Tota	l assets (Part	X, line 16)	0	11,851,184			
ASS	21 Tota	ıl lıabılıtıes (Paı		Ō	63,006			
ž.	22 Net	assets or fund	balances Subtract line 21 from line 20	0	11,788,178			
P	art II	Signature	e Block					
U	nder penaltie	es of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, and to the best of	my knowled	lge and belief, it is			
tr	ue, correct, a	and complete De	eclaration of propage (other than officer) is based on all information of which preparer has any knowledge		<del></del>			
		\ <u> </u>	Is Jugar	<u> </u>	Nou 17			
Sig	- 1.	Signature of to	•	Date				
He	re		<del></del>					
			name and trile	<del></del>	, DTIN			
Dai		nt/Type preparer's		Check	ployed P01293900			
Property DEACHY C ADELLAR DITC								
	e Only	m's name	MARTIN BEACHY & AREHART PLLC FIT 209 N. HIGH STREET	m's EIN 🕨	54-1326200			
US	- 1		113 DD T GOVERNO G 113 00000		540-433-2488			
		m's address		none no				
			ırn with the preparer shown above? (see instructions)  Notice, see the separate instructions.		Yes No Form <b>990</b> (2016)			
DAA		Neduction Act	Notice, see the separate instructions.	2	Form 990 (2016)			

Form 990 (2016	FUTURE GENERATI	ONS UNIVERSITY	45-2208063	Page 2
	Statement of Program Se		line in this Part III	
FUTURE	scribe the organization's mission GENERATIONS UNIV	VERSITY PROMOTES RESUSTAINABLE CHANGE	ESEARCH, LEARNING	AND ACTION TO
prior Form	ganization undertake any significar n 990 or 990-EZ? escribe these new services on Sch	nt program services during the year wl	hich were not listed on the	Yes X No
3 Did the or services?	ganization cease conducting, or ma	ake significant changes in how it cond	lucts, any program	Yes X No
4 Describe expenses		accomplishments for each of its three rganizations are required to report the		-
	)(Expenses \$ ER ACADEMIC TRAIN AND CONSERVATION	865,647 including grants of IING THROUGH A MAST		
	)(Expenses \$ E GRANT FUNDS TO RESPECTIVE PROGRA	12,536 including grants of SISTER ORGANIZATIONS.		evenue \$ ) ADMINISTERING
4c (Code	) (Expenses \$	including grants of	\$ ) (Re	evenue \$ )
	gram services (Describe in Schedu		) (D	
(Expense:	ram service expenses ►	ncluding grants of \$ 878,183	) (Revenue \$	
DAA				Form <b>990</b> (2016)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		}	1
	candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		1	1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		1	ļ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		}
	Part III	_5_	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1	1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	)	ĺ	
	"Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		}	ł
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	Ì	<u> </u>	Ì
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<del> </del>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		
_	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
L	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446	x	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110	- 1	x
ч	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Ì	x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-=-	
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ŀ	İ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ĺ	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- !	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	l	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	Į		
	If "Yes," complete Schedule G, Part III	19		X

# Part IV Checklist of Required Schedules (continued)

			Yes	N
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	:	K
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ì
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1 1		
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	ì	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		- 1	$\neg \neg$	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ł	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	25b	}	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	- 1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			_==
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	{	- 1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	- 1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	- 1	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	}	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	- 1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	.	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ſ		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ſ	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	1	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 1		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

14b

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 8 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? а 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safequard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed > 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE HARTMAN 390 ROAD LESS TRAVELED WV 26807 FRANKLIN 304-358-2000

Form 990 (2016	FUTURE	GENERATIONS	UNIVERSITY	45-2208063	Page 7
Part VII	Compensat	ion of Officers, Dir	ectors, Trustees,	Key Employees, Highest Compensat	ed Employees, and
·	Independer	nt Contractors			
	Check if Sch	nedule O contains a	response or note t	o any line in this Part VII	
Section A.	Officers, Dire	ctors, Trustees, Key Em	ployees, and Highest	Compensated Employees	
1a Complete the	s table for all ne	rsons required to be lister	1 Report compensation	for the calendar year ending with or within the	

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(1) ISAAC BEKALO  1.00  BOARD MEMBER  (2) SHANNON BELL  BOARD MEMBER  0.00 X  1.00  BOARD MEMBER  1.00  BOARD MEMBER  1.00  BOARD MEMBER  1.00	Officer Control to the Control to th	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	
1.00						
BOARD MEMBER						
(2) SHANNON BELL  1.00 BOARD MEMBER 0.00 X  (3) RONALD CARRIER						
(2) SHANNON BELL  1.00 BOARD MEMBER 0.00 X  (3) RONALD CARRIER				0		
BOARD MEMBER 0.00 X (3) RONALD CARRIER		-		0	0	
BOARD MEMBER 0.00 X (3) RONALD CARRIER		-		0	0	r
(3) RONALD CARRIER				† · · · · · · · · · · · · · · · · · · ·	<del></del>	
		i		1		
	}	1	] ]			
CHAIR 0.00 X		1		o	ol	C
(4) CHRIS CLUETT	$\top$	1				<del></del>
1.00	-	1		<b>,</b>		
BOARD MEMBER 0.00 X	1		1 1	o	o	C
(5) DEEPAK GOPALAKRISHNA	$\top$	1				<del></del>
1.00	1		1 1			
BOARD MEMBER 0.00 X		1	1 1	o	0	C
(6) RUBEN PUENTES						
1.00			1 1			
BOARD MEMBER 0.00 X			1 1	O	0	0
(7) KENT SPELLMAN	1	1				
1.00	Ì	1	1 1			
BOARD MEMBER 0.00 X	į	1	1 1	o	o	0
(8) MICHAEL STRANAHAM						
1.00	-	1				
BOARD MEMBER 0.00 X		1.		75,000	75,000	0
(9) DANIEL TAYLOR	$\top$	$T^-$		,		<del></del>
40.00	1	1			}	
PRESIDENT 0.00	x	1		0	0	0
(10)						
(11)	-					

Pa	Irt VII Section A. Officers	, Directors, Trus	stees	s, r.e	*y =1	при	yee	s, ar	id righest Compensated	Employees (continuea)	<del></del>		
	(A) `Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson ı	than c s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation		
		hours 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)	orga and	om the anization frelated nizations	
			ļ 			_							
						ļ 							
								<del></del>	<del></del>				
											<del></del>		
1b c	Sub-total Total from continuation shee	ets to Part VII, Se	ectio	on A				<b>&gt;</b>	75,000	75,000			
<u>d</u> _2	Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from the compensation fro			to the	ose I	isted	l abo	► ve) v	75,000 who received more than \$10	75,000 00,000 of			
3	Did the organization list any for employee on line 1a? If "Yes," o	mer officer, direc	tor,					oloye	ee, or highest compensated		3	Yes	No X
4	For any individual listed on line organization and related organi	1a, is the sum of	repo	ortabl	le co	mpe	nsatı			n the	4		x
5 Sect	Did any person listed on line 1a for services rendered to the org ion B. Independent Contractor	janization? <i>If "Ye</i>								ıvıdual	5		<u>x</u>
1	Complete this table for your five compensation from the organize	highest compenation Report con	sate ipen	d ind	eper	nden	t con	trac	year ending with or within the	ne organization's tax year			
	Name and	(A) business address							Descript	(B) ion of services		(C) Compensa	ation
		<del>- , , , , , , , , , , , , , , , , , , ,</del>					-		<del></del>				
2	Total number of independent or received more than \$100,000 or								listed above) who	0			
DAA											F	orm 99	0 (2016)

*******	rt V	III Statement of Revenue Check if Schedule O contains a response	e or note to any line i	ın this Part VIII		
		Oneck ii Odriedale e comeme a respens	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns  Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  \$	50			
P P	9	Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	841,660			
	<u></u>	TUITION REVENUE		245,281		
Program Service Revenue	c d					
Progran		All other program service revenue  Total. Add lines 2a–2f  Investment income (including dividends, interest,	245,281			
	3 4 5	and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	423,600			423,600
	6a b c					
	d					
	С	basis & sales exps Gain or (loss)				
Other Revenue		Net gain or (loss)  Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
Other		No. 1. Constitution of the second of the sec				
	! !	Gross income from gaming activities  See Part IV, line 19  Less direct expenses  b				
	С	Net income or (loss) from gaming activities  Gross sales of inventory, less				
		returns and allowances a  Less cost of goods sold b  Net income or (loss) from sales of inventory	•			
		Miscellaneous Revenue Busn Coc	le		:	
	11a	ļ	_	<u> </u>	<del> </del>	<del> </del>
	b	ļ		<del> </del>	<del> </del>	
	С	<u></u>	<del></del>		<del> </del>	
	d	All other revenue		<u></u>		
	е	Total. Add lines 11a–11d	1,510,541	245,281	0	423,600
	12	Total revenue. See instructions	1,510,541	243,261	L	423,000

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 23,250 23,250 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 192,195 192,195 individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 75,000 18,750 18,750 37,500 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 239,300 15,403 341,167 86,464 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,060 17,253 7,140 4,053 Other employee benefits 33,851 10,303 12,157 11.391 Payroll taxes 10 Fees for services (non-employees) Management 383 383 **b** Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 163,762 160,879 2,883 (A) amount, list line 11g expenses on Schedule O) 1,419 1,419 Advertising and promotion 12 10,938 7,670 3,268 Office expenses 13 46,352 11,886 34,466 14 Information technology 15 Royalties 2,623 2,623 16 Occupancy 35,946 19,164 16,782 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 86,257 86,257 Payments to affiliates 21 31,686 31,686 22 Depreciation, depletion, and amortization 4,288 4,288 Insurance 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 28,760 28,760 RESIDENTIAL CLASS EXPENSE 12,094 12,094 REPAIRS & MAINTENANCE 3,491 5,367 8,858 BANK & PROCESSING FEES C 7,792 7,792 d DUES 990 990 e All other expenses 159,545 1,124,864 878,183 87,136 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720) DAA Form 990 (2016)

Part	X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		1	77,790
2	Savings and temporary cash investments		2	112,47
3	Pledges and grants receivable, net		3	34,414
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		}	
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
۱ ر	organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
έ   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	7,335
10	a Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a 1,404,889	9		
\ t	other basis Complete Part VI of Schedule D  Less accumulated depreciation  10a 1,404,889 10b 304,73	7	10c	1,100,152
11	Investments—publicly traded securities		11	9,056,967
12	Investments—other securities See Part IV, line 11		12	1,462,049
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	11,851,184
17	Accounts payable and accrued expenses		17	42,313
18	Grants payable		18	
19	Deferred revenue		19	20,693
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
, 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and		-	
	disqualified persons Complete Part II of Schedule L		22	
ī   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	63,006
	Organizations that follow SFAS 117 (ASC 958), check here ▶		- 1	
ß	complete lines 27 through 29, and lines 33 and 34.		1	
27	Unrestricted net assets		27	927,929
27 28	Temporarily restricted net assets		28	46,542
29	Permanently restricted net assets		29	10,813,707
29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		I	
5	complete lines 30 through 34.	[		
30	Capital stock or trust principal, or current funds		30	<del></del>
30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	0	33	11,788,178
34	Total liabilities and net assets/fund balances	0	34	11,851,184

Form	1 990 (2016) FUTURE GENERATIONS UNIVERSITY 45-2208063			Pa	age <b>12</b>
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1			541
2	Total expenses (must equal Part IX, column (A), line 25)	2			864
3	Revenue less expenses Subtract line 2 from line 1	3	3	<u>85,</u>	<u>677</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5		<u>65,</u>	108
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	11,4	67 <i>,</i>	609
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	11,7	88,	178
Pa	ert X排 Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
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		3b		
			For	m 990	0 (2016)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

FUTURE GENERATIONS UNIVERSITY Employer identification number Name of the organization CORPORATION 45-2208063 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land grant college of agriculture (see instructions) Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations

(i) Name of supported organization	(iii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions))		1	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
В)	<del>, , , , , , , , , , , , , , , , , , , </del>						
C)	· <del></del>						
D)	<u> </u>						
E)	· · · · · · · · · · · · · · · · · · ·						
otal	······································					_	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	· · ·			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
_	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				<u>-</u>		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the c	rganization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here						<b></b>
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2016 (line 6,		•	(f))		14	%
15	Public support percentage from 2015 Scheo	•				15	%
16a	33 1/3% support test—2016. If the organiz				1/3% or more, che	ck this	-
	box and stop here. The organization qualifi						▶ □
b	33 1/3% support test—2015. If the organiz				s 33 1/3% or more	, check	. —
170	this box and stop here. The organization qu						▶ []
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "factorganization"	.s-and-circumstanc	es" test The organ	nization qualifies as	a publicly support	∌d	
b	10%-facts-and-circumstances test—201	E If the organization	un did not obook a k	nav on line 12, 16a	40h 47 41		
D	15 is 10% or more, and if the organization m					ne	
	Explain in Part VI how the organization mee					dv	
	supported organization	is the lacts-and-cl	roumstances test	THE Organization q	uamies as a public	ıy	▶ [
18	Private foundation. If the organization did	not check a box on	line 13 16a 16b	17a or 17h check	this hov and see		
-	instructions	OHOOK & DOX OH	10, 700, 100,	ira, or irb, check	and box and see		▶ □

Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality diluci ti	TO LOGIO HOLOGIA	ciow, picase c	ompiete i art ii		
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				(3) = 11		(y rotar
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c from						
	line 6)	<u> </u>				<u> </u>	<u> </u>
	tion B. Total Support	1	1 '	1	<del>  · · · · · · · · · · · · · · · · · </del>	<del> </del>	<del></del> -
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6				<u>-</u>		
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
3	Total support. (Add lines 9, 10c, 11, and 12)						
4	First five years. If the Form 990 is for the c	organization's first	second, third, fourt	h. or fifth tax vear a	is a section 501(c)	(3)	<u> </u>
	organization, check this box and stop here	_		, 11 12 , 001 0		<b>\</b> = <b>/</b>	▶ □
ec	tion C. Computation of Public Su	pport Percent	age				
5	Public support percentage for 2016 (line 8,			(f))		15	%
6	Public support percentage from 2015 Sche	dule A, Part III, line	15			16	%
ec	tion D. Computation of Investme	nt Income Per	centage				
7	Investment income percentage for 2016 (lin	ne 10c, column (f) d	divided by line 13, o	column (f))		17	%
8	Investment income percentage from 2015 S	Schedule A, Part III	, line 17			_ 18_	%
9a	33 1/3% support tests—2016. If the organ						
	17 is not more than 33 1/3%, check this box						▶ [_]
b	33 1/3% support tests—2015. If the organ						. [
^	line 18 is not more than 33 1/3%, check this						
0	Private foundation. If the organization did	not check a box on	n line 14, 19a, or 19	ib, check this box a	na see instructions	<b>.</b>	▶ [_]

#### Part IV Supporting Organizations

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

Section A.	All	Supporting	Organizations
------------	-----	------------	---------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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
- 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 in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 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
- 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
- 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) nurnoses
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

<u> </u>			
		Yes	No
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Schedule A (Form 990 or 990-EZ) 2016 FUTURE GENERATIONS UNIVE	RSITY	45-2208	8063 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizatio	าร	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970 (	explain in Part VI) See	
instructions. All other Type III non-functionally integrated supporting organizations	must complete 5	Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) FIIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	] ]		
collection of gross income or for management, conservation, or	1 1		
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)			
a Average monthly value of securities	1a	<del></del>	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	ļ.		
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	<del></del>	
7 Recoveries of prior-year distributions	7	<del></del>	 
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrat	ed Type III supp	orting organization (see	

Schedule A (Form 990 or 990-EZ) 2016

FUTURE GENERATIONS UNIVERSITY

45-2208063

Page 8

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

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 2016 Open to Public Inspection

	UTURE GENERATIONS UNIVERSITY	-	mpioyer	Identification number
	ORPORATION		15-2	208063
	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	nds or Other Similar Funds or Acc		
		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year		•	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
Ŭ	funds are the organization's property, subject to the organization's exclu			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	•		1es No
Ŭ	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?	advisor, or for any other purpose		Yes No
Pa	ert II Conservation Easements.		···	
•	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check a	···		
·	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importar	nt land	area
	Protection of natural habitat	Preservation of a certified historic stru		
	Preservation of open space		10.010	
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a conservation		
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	Tiold de tile Ella of tile Tax Teal
b	Total acreage restricted by conservation easements		2b	·
c	Number of conservation easements on a certified historic structure inclu	ided in (a)	2c	·
d	Number of conservation easements included in (c) acquired after 8/17/0	• •		<del></del>
_	historic structure listed in the National Register	o, and not on a	2d	
3	Number of conservation easements modified, transferred, released, exti	inquished or terminated by the organization du		
	tax year ▶	ingulation of terminated by the organization data	ing the	
4	Number of states where property subject to conservation easement is lo	ocated ►		
5	Does the organization have a written policy regarding the periodic monitor			
•	violations, and enforcement of the conservation easements it holds?	orning, morpootion, name in a second		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation easeme	nts duri	السيا
•	<b>&gt;</b>	The same of the sa		ing the your
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	tions, and enforcing conservation easements d	urina th	ne vear
•	<b>▶</b> \$	and the control of	anng u	io your
8	Does each conservation easement reported on line 2(d) above satisfy th	ne requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	[		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	nts in its revenue and expense statement, and		
	balance sheet, and include, if applicable, the text of the footnote to the o	rganization's financial statements that describe	s the	
	organization's accounting for conservation easements			
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		ilar A	ssets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	t to report in its revenue statement and balance	sheet	
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherance	of	
	public service, provide, in Part XIII, the text of the footnote to its financial	I statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balance she	eet	
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherance	of	
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$
2	If the organization received or held works of art, historical treasures, or co	other similar assets for financial gain, provide th	е	
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items		
а	Revenue included on Form 990, Part VIII, line 1		<b>•</b>	\$
b	Assets included in Form 990, Part X		<u> </u>	\$

Schedule D (Form 990) 2016 FUTURE	GENERATIONS	UNIVERSITY		<u>45-2208063</u>	Page 2
Part III Organizations Maintain	ing Collections of	Art, Historical Tre	easures,	or Other Similar Ass	
Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other records,	check any of the follow	ing that are	a significant use of its	
a Public exhibition	d 🗍	Loan or exchange prog	grams		
b Scholarly research	e 🗍	Other	•		
c Preservation for future generations					
4 Provide a description of the organization's XIII	collections and explain h	now they further the org	janization's e	xempt purpose in Part	
5 During the year, did the organization solic	it or receive donations of	art historical treasures	or other sim	าปลา	
assets to be sold to raise funds rather tha				ınaı	Yes No
Part IV Escrow and Custodial		to the organization of	oone on on		165140
Complete if the organiza 990, Part X, line 21	<del>-</del>	on Form 990, Par	rt IV, line 9	), or reported an amo	ount on Form
1a Is the organization an agent, trustee, cust	ndian or other intermedia	ny for contributions or o	thar accate r	not	<del></del>
included on Form 990, Part X?	odian of other intermedia	Ty for contributions of o	unci assets i	101	☐ Yes ☐ No
b If "Yes," explain the arrangement in Part X	Illi and complete the follo	wing table			
b it res, explain the arrangement in rate	and complete the follo	ming table			Amount
c Beginning balance				1c	7 8770 477
d Additions during the year				1d	
Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an amount or	Form 990 Part X line 2	1 for escrow or custod	ial account h	<u> </u>	Yes No
b If "Yes," explain the arrangement in Part X				•	les No
Part V Endowment Funds.	in Oneck here if the exp	dilation has been provi	idea on i are	<u> </u>	- <del></del>
Complete if the organiza	tion answered "Yes"	on Form 990. Par	t IV. line 1	0	
	(a) Current year	(b) Prior year	(c) Two yea		back (e) Four years back
1a Beginning of year balance			<del>                                     </del>		<del></del> -
b Contributions	10,363,139				
c Net investment earnings, gains, and					
losses	650,029				
d Grants or scholarships					
e Other expenditures for facilities and					
programs	199,461				
f Administrative expenses					
g End of year balance	10,813,707				
2 Provide the estimated percentage of the c	<del></del>	line 1g, column (a)) hel	ld as	<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>
a Board designated or quasi-endowment ▶	%	0, , , , , , , , , , , , , , , , , , ,			
b Permanent endowment ► 100.00					
c Temporarily restricted endowment ▶	%				
The percentages on lines 2a, 2b, and 2c s					
3a Are there endowment funds not in the pos	•	on that are held and adr	ministered for	r the	
organization by	v				Yes No
(i) unrelated organizations					3a(i) X
(ii) related organizations					3a(ii) X
b If "Yes" on line 3a(ii), are the related organ	nizations listed as required	d on Schedule R?			3b
4 Describe in Part XIII the intended uses of	•				<u> </u>
Part VI Land, Buildings, and E					
Complete if the organization		on Form 990, Par	t IV, line 1	1a See Form 990, P	art X, line 10
Description of property	(a) Cost or other b			(c) Accumulated	(d) Book value
	(investment)	(othe	er)	depreciation	
1a Land		1	76,061		176,061
<b>b</b> Buildings			06,844	243,024	
c Leasehold improvements					
d Equipment		1:	21,984	61,713	60,271
<b>e</b> Other					
Total. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Part X	, column (B), line 10c)		<u> </u>	1,100,152

Part VII	Investments—Other Securities.	5	444 0 5 000 5	, age
	Complete if the organization answered "Yes" on			
	(a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)		Cost or end-of-ye	ear market value
(1) Financial of	derivatives	<u> </u>		<del></del>
(2) Closely-he	eld equity interests	<u> </u>	<u></u>	
(3) Other C	ASH EQUIVALENTS	1,347,049	MARKET	
(A) OT	HER	115,000	MARKET	<del></del>
(B)				<del></del>
(C)			<del></del>	
(D)			<del></del>	·
(E)				<del></del>
		<u> </u>	<del> </del>	<del></del>
(F)				
(G)		<b>———</b>		<del></del>
(H)		1 460 040	······································	
	n (b) must equal Form 990, Part X, col (B) line 12)	1,462,049		
Part VIII	Investments—Program Related.	_		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method o	f valuation
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)	<del></del>	·		<del></del>
	<del></del>	<del> </del>	<del></del>	<del></del>
(5)		<del> </del>		<del></del>
(6)		<del></del>		<del></del>
<u>(7)</u>		<del></del>		<del></del>
(8)	<del></del>	<del> </del>		<del></del>
(9)		<del> </del>		
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶	<u> </u>	***************************************	······································
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, P.	art X, line 15
	(a) Description			(b) Book value
_(1)				
(2)				
(3)				
(4)				
(5)				<del></del>
(6)	<del></del>			
(7)				<del></del>
(8)		<del></del>		<del></del>
(9)		<del></del>		<del></del>
	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f See Form 9	990, Part X,
	line 25.	<del></del>		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	<u> </u>		
(2)				
(3)				
(4)		<del>                                     </del>		
(5)	<del></del>	<del>                                     </del>		
		<del> </del>		
(6)		<del>                                     </del>		
(7)		<del> </del>		
(8)		<del> </del>		
_(9)		<del>  </del>		
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<u> </u>	<del> </del>	
2. Liability for u	uncertain tax positions. In Part XIII, provide the text of the footno	te to the organization's financ	cial statements that reports th	
organization's I	lability for uncertain tax positions under FIN 48 (ASC 740) Chec	ck here if the text of the footno	ote has been provided in Part	XIII

1,124,864

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

THE ORGANIZATION'S ENDOWMENT CONSISTS OF FIVE INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

#### PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT

DIRECTLY RELATED TO AN ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO

Part XIII Supplemental Information (continued)

TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION BELIEVES THAT

IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES

NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL

STATEMENTS. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE

CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION
509(A)(2).

# SCHEDULE E (Form 990 or 990-EZ)

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047
2016

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

FUTURE GENERATIONS UNIVERSITY

Employer identification number

	CORPORATION	45-2208063			
P	art I	<del></del>			
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		2	x	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II  THE NONDISCRIMINATION POLICY IS PUBLISHED IN THE CATALO WEBSITE, AND APPLICATION FORMS.	G,	3	х	
4 a	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?		<b>4</b> a	x	
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		4b	x	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II		4d	Х	
5	Does the organization discriminate by race in any way with respect to				  - 
а	Students' rights or privileges?		5a		X
b	Admissions policies?		5b		X
С	Employment of faculty or administrative staff?		5c		Х
d	Scholarships or other financial assistance?		5d		X
е	Educational policies?		5e		X
f	Use of facilities?		5f		X
g	Athletic programs?		5g		X
h	Other extracurricular activities?		5h		x
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II				L I
		<u>.</u>			f

If you answered "Yes" on either line 6a or line 6b, explain on Part II

Has the organization's right to such aid ever been revoked or suspended?

Does the organization receive any financial aid or assistance from a governmental agency?

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

6b

Schedule E (Form 990 or 990-EZ) 2016 FUTURE GENERATIONS UNIVERSITY

45-2208063

Page 2

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

# SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

OMB No 1545-0047 **2016**Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

FUTURE GENERATIONS UNIVERSITY

Employer ide

v/form990. Inspection
Employer identification number

CORPORATION 45-2208063 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (such as, a program service, describe specific type of expenditures for region agents, and fundraising, program services, and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) (2) (3) (4) (5) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3a Sub-total b Total from continuation sheets to Part I c Totals (add

lines 3a and 3b)

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 (h) Method of valuation (book, FMy, appraisal, other) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 BOOK BOOK BOOK (g) Description of noncash assistance SCHOLARSHIP 88,100 SCHOLARSHIP 87,675 SCHOLARSHIP 1,426 SCHOLARSHIP 231 (f) Amount of noncash assistance disbursement (e) Manner of 45-2208063 BANK WIRE cash 14,763 (d) Amount of cash grant CENTRAL AMERICA/CARRIBEAN Schedule F (Form 990) 2016 FUTURE GENERATIONS UNIVERSITY Part III can be duplicated if additional space is needed.

(b) Region (c) Number of SUB-SAHARAN AFRICA recipients SOUTH AMERICA INFO NEEDED SOUTH ASIA (a) Type of grant or assistance (1) CASH GRANT (2) EDUCATION (3) EDUCATION (4) EDUCATION (5) EDUCATION Part III (10) 14 (15) 9 6 11 (12) 13 (16) 5 (18) 8 ම

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2016

Yes

X No

Part V

Schedule F (Form 990) 2016

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHOLARSHIPS ARE AWARDED BY THE FINANCIAL AID COMMITTEE HEADED BY THE

ACADEMIC DIRECTOR AND WITH THE ASSISTANCE OF REGIONAL ACADEMIC DIRECTORS.

ONCE AWARDED, THE REGISTRAR MAINTAINS ALL OFFICIAL RECORDS, NOTIFIES

RECIPIENTS AND CORRESPONDS WITH STUDENTS REGARDING THEIR ACCOUNTS. THE

FINANCE OFFICE, HEADED BY THE CHIEF OPERATING OFFICER, IS RESPONSIBLE FOR

UPDATING STUDENT ACCOUNTS AND REPORTING TO THE DONORS. THE CHIEF EXECUTIVE

OFFICER REVIEWS FINAL ALLOCATION OF SCHOLARSHIP FUNDS.

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**SCHEDULE 1** (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

OMB No 1545-0047

Open to Public Inspection 2016

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X Yes

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

Employer identification number 45-2208063 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and FUTURE GENERATIONS UNIVERSITY General Information on Grants and Assistance CORPORATION Department of the Treasury Internal Revenue Service Name of the organization Part !

the selection criteria used to award the grants or assistance?

(h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance (g) Description of noncash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) (p) EIN (a) Name and address of organization or government Part II  $\widehat{\Xi}$ 3 <u>ල</u> <u>4</u> 3 9 5 8 6

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

Page 2

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UNIVERSITY
GENERATIONS
FUTURE
Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be dublicated if additional space is needed 63

	rait III cail be unplicated il auditioliai space is lieeded	Oliai space is lieeded				•
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 SCHO	1 SCHOLARSHIP	m		23,250		SCHOLARSHIP
2						
2						
•						
ıc						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	vide the information re	quired in Part I, line	2, Part III, column (b)	; and any other additional	nformation.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHOLARSHIPS ARE AWARDED BY THE FINANCIAL AID COMMITTEE HEADED BY THE

ACADEMIC DIRECTOR AND WITH THE ASSISTANCE OF REGIONAL ACADEMIC DIRECTORS.

ONCE AWARDED, THE REGISTRAR MAINTAINS ALL OFFICIAL RECORDS, NOTIFIES

RECIPIENTS AND CORRESPONDS WITH STUDENTS REGARDING THEIR ACCOUNTS. THE

FINANCE OFFICE, HEADED BY THE CHIEF OPERATING OFFICER, IS RESPONSIBLE FOR

UPDATING STUDENT ACCOUNTS AND REPORTING TO THE DONORS. THE CHIEF EXCUTIVE

OFFICE REVIEWS FINAL ALLOCATION OF SCHOLARSHIP FUNDS.

SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

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Internal Revenue Service

Name of the organization

DESCRIPTION

Department of the Treasury

FUTURE GENERATIONS UNIVERSITY CORPORATION

Employer identification number 45–2208063

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE PRESIDENT AND CHIEF OPERATING OFFICE REVIEW FORM 990 AND RELATED
ATTACHMENTS AND PREPARES A LIST OF QUESTIONS, IF ANY, FOR THE PREPARER.
AFTER THEY ARE SATISFIED THAT FORM 990 HAS BEEN CORRECTLY COMPLETED, THE
PRESIDENT SIGNS AND FILES THE FORM.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL APPLICABLE FORMS AND DOCUMENTS ARE AVAILABLE FROM THE ORGANIZATION'S
ADMINISTRATIVE OFFICE UPON REQUEST

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

160,879

PROGRAM SERVICE MGT & GENERAL FUNDRAISING EDUCATION & CURRICULUM

2,883

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ASSETS RECEIVED VIA MERGER \$ 11,467,609

ASSETS WERE RECEIVED FROM FUTURE GENERATIONS GRADUATE SCHOOL.

EIN 20-4093450

SEE ATTACHED ARTICLES OF MERGER.

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OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990. FUTURE GENERATIONS UNIVERSITY Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990)

CORPORATION

Open to Public Inspection 2016

Employer identification number . 45-2208063

Part I	Identification of Disregarded Entities Complete if the org	ganization answe	irganization answered "Yes" on Form 990, Part IV, line 33.	390, Part IV, II	ne 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income		(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	mplete if the orga x year	anization answered	"Yes" on Form	1 990, Part IV,	line 34 because i	t had
	(a)	<b>(</b> 2)	(3)	(g	(0)	9	(g) Soction 612(A)(12)

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13)
(1) FUTURE GENERATIONS INC 390 ROAD LESS TRAVELED FRANKLIN WV 26807	)5 CONSERVATI	WV	50103	7	N/A	3	<b>×</b>
(2) FUTURE GENERATIONS GRADUATE SCHOOL 390 ROAD LESS TRAVELED FRANKLIN WV 26807	50 UNIVERSITY	WV	50103	7	N/A		×
(3)							
(4)							
(5)				· ·			

Schedule R (Form 990) 2016

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

wind in the state of the state	Part III	Part ill ldentification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year	tions Taxable	as a	Partnership	Complete if the ship during the	organizatio tax year	n answered "Yes"	on Form 99	90, Part IV, IIr	le 34	) (2)	Page 2
Identification of Related Organizations Taxable as a Corporation of Trust Complete if the organization answered "Ves" on Form line 34 because it had one or more related organizations treated as a corporation or trust duming the tax year.   100 to the content of the organization answered "Ves" on Form was extrema and the related organizations treated as a corporation or trust duming the tax year.   100 to the content or trust duming the tax year.   100 to the		(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	(9) Share of end-of. year assets	(h) Disproportionate alloc 2	(1) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General o managing partner?		c) intage irship
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Formalism of the organization and the state of the organization and												-	
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form line 34 because it had one or more related organizations treated as a corporation or trust duming the tax year.  (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c											-	ļ	
Identification of Related Organizations Taxable as a Corporation of Trust Complete if the organization answered "Yes" on Form line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.  (c) Name address, and Eliv of related organization answered "Yes" on Form (c) Homer solvey and the complete in the organization answered "Yes" on Form (c) Homer solvey and the complete in the organization answered "Yes" on Form (c) Homer solvey and the complete in the organization answered "Yes" on Form (c) Homer solvey and the complete in the organization answered "Yes" on Form (c) Homer solvey (c) Homer solv												-	
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Formine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c													
(b) (c) (d) (e) (f) (g) (high street of total share of total share of total street of controlling (c) corp. S corp. (c) corp. (c	≥	Identification of Related Organizat	lions Taxable elated organiz	as a (	Corporation treated as a	or Trust Comp corporation or t	olete if the o trust during	rganization answe the tax year.	red "Yes" o	n Form 990, I	Part IV,		
		(a) Name, address, and EIN of related organization	(b) Primary activi	ış.	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income	(g) Share of end-of-year a	Perc ssets own	(h) centage nership	Section Sectio	1,000 1,13) 1,13) 1,13 1,13
												Yes	2
Schodul D. Carboda D.				<del>-  </del>									
Action may a second and a second a second and a second and a second and a second and a second an													ļ
Acc (and mod) G Cheddil D (Exercise)													
				_						- Pode o	į		

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

Made of the contract of the co				200	SN S
Note: Complete line in any entity is listed in raits in, in, or it ins someonie  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?	ted organizations listed in	n Parts II–IV?			٠
a Recent of (i) interest (ii) annurties (iii) rovalties or (iv) rent from a controlled entity				7	×
				9	×
				2	×
d Loans or loan guarantees to or for related organization(s)				7	×
a Loans or loan aniarantees by related organization(s)				3 4	×
				2	-
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				1g	×
				<del>+</del>	×
i Exchange of assets with related organization(s)				=	×
j Lease of facilities, equipment, or other assets to related organization(s)				;=	×
k Lease of facilities, equipment, or other assets from related organization(s)				<del>+</del>	×
Performance of services or membership or fundraising solicitations for related organization(s)				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×
o Sharing of paid employees with related organization(s)				10	×
p Reimbursement paid to related organization(s) for expenses				1p	×
q Reimbursement paid by related organization(s) for expenses				19	×
				-	×
ام				18	*
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	line, including covered re	elationships and transaction	on thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	unt involved	
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
440			Schedule R (Form 990) 2016	R (Form 9	90) 2016

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Schedule R (Form 990) 2016 FUTURE GENERATIONS UNIVERSITY

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

Part VI

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) (b) (c)	(q)	(3)	( <del>p</del> )	(e)	€	(6)	Ê		ε	3	,  -	1
Name, address, and EIN of entity	tivity	<u> </u>	Predominant income (related, unrelated, excluded from tax index	Are all partners section 501(c)(3)	Stotal	of ear s	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	 ₽ ₽	8 <u>c</u> .
		country)	sections 512-514)	Yes No	.T.		Yes	2		Yes	ę S	
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FUTURE GENERATIONS UNIVERSITY Schedule R (Form 990) 2016

45-2208063

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Part VII,

Supplemental Information
Provide additional information for responses to questions on Schedule R (See instructions)

# ARTICLES OF MERGER OF UNIVERSITY OF THE WORLD CORPORATION AND

FUTURE GENERATIONS GRADUATE SCHOOL OF RESEARCH AND APPLIED STUDIES IN COMMUNITY CHANGE, INC.

In accordance with §31E-11-1103 of the Code of West Virginia, the undersigned adopt the following Articles of Merger:

# ARTICLE ONE PLAN OF MERGER

Following on the unanimous vote to merge with Future Generations Graduate School Of Research and Applied Studies in Community Change, Inc., taken by the University of the World at its board meeting of September 3, 2014, and the vote by Future Generations Graduate School Of Research and Applied Studies in Community Change, Inc. at its board meeting on December 5, 2014, to develop an effective merger, and then two years of planning (as revealed in the ensuing documentation of the graduate school's faculty college meetings in Spring 2015, Fall 2015, Spring 2016, and Fall 2016), as to how this will occur to avoid issues of conflict of control while enhancing academic offerings that utilize the complementary strengths of both institutes, Future Generations Graduate School of Research and Applied Studies in Community Change, Inc. shall be merged with and into University of the World Corporation, and the surviving corporation shall be University of the World Corporation ("Surviving Entity"). The merger shall be effective at midnight on December 31, 2016. The Board of Directors of the Surviving Entity shall be as follows:

Ronald Carrier, Chair
Deepak Gopalakrishna, Treasurer
Michael Stranahan
Shannon Bell
Ruben Puentas
Isaac Bekalo
Daniel Taylor

The Officers of the Surviving Entity shall be as follows:

Daniel Taylor, President Stephanie Hartman, Secretary and Chief Operating Officer

The Surviving Entity, effective, December 31, 2016, shall change its name to Future Generations University Corporation.

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### ARTICLE TWO BOARD APPROVAL

The Boards of University of the World Corporation and Future Generations Graduate School of Research and Applied Studies in Community Change, Inc., both unanimously adopted and approved the Plan of Merger.

# ARTICLE THREE MEMBERSHIP APPROVAL

Neither merging entity has members, so no membership approval is required.

# ARTICLE FOUR CONTACT NAME AND NUMBER

The contact name and number of the person to reach in case of problems with this filing is John W. Flora, Esquire, Lenhart Pettit PC, (540) 437-3111; <a href="mailto:jwf@lplaw.com">jwf@lplaw.com</a>.

IN WITNESS WHEREOF, each of the undersigned has caused these Articles to be executed on its behalf by its duly authorized agent.

UNIVERSITY OF THE WORLD CORPORATION

by.

FUTURE GENERATIONS GRADUATE SCHOOL OF RESEARCH AND APPLIED STUDIES IN COMMUNITY CHANGE, INC.

Its: President

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