Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047 20**15** 

Open to Public Inspection

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.

2015, and ending 20 For the 2015 calendar year, or tax year beginning D Employer identification number C Name of organization Sister Connection Check if applicable 20-5680815 Address change Doing business as E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change 517-937-3907 Initial return 220 Chatham Hill Rd City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 525, 493 Amended return Wenatchee, WA 98801 H(a) Is this a group return for subordinates? Yes Vo No F Name and address of principal officer Application pending H(b) Are all subordinates included? Tyes No If "No," attach a list (see instructions) ) ◀ (insert no ) ☐ 4947(a)(1) or Tax-exempt status **√** 501(c)(3) 501(c) ( Website: ▶ sisterconnection.org H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust Association ☐ Other ► L Year of formation M State of legal domicile WΔ Summary Briefly describe the organization's mission or most significant activities: Provide assistance to war widows and orphans in Burundi, Africa through basic financial assistance, home building, and micro-enterprise development Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . . . . 6 13 1<del>8</del> 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Contributions and grants (Part VIII, line 1h) . 513588 8 517432 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 8578 8061 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 522166 525493 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 477326 558567 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10) 15 9936 10637 Professional fundraising fees (Part IX, Column (A)—line 1 tell)

Total-fundraising expenses (Part IX, column (D), line 25) 16a 10 March Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e) C . . Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25) Revenue less expenses. Subtract ine 18 from line 12 17 79716 91694 18 648219 579657 19 (126053)(54164)End of Year Total assets (Part X, line 16) 455457 401293 20 Total liabilities (Part X, line 26) . 21 401293 22 Net assets or fund balances. Subtract line 21 from line 20 455457 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 6-15-2016 Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signatur Paid **Preparer** Firm's name **Use Only** May the IRS discuss this return with the preparer shown above? (s

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

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| Form 99    |   |        |  | Page 3     |
|------------|---|--------|--|------------|
| Part       | V Checklist of Required Schedules   |        |  |            |
| 1          | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |        | Yes  | No         |
| •          | complete Schedule A   | 1      | 1  | 1          |
| 2          | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2      | 1  |            |
| 3          | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3      |  | 1          |
| 4          | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>  | 4      | -  | 1          |
| 5          | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5      |  | 1          |
| 6          | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6      |  | 1          |
| 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      |  | 1          |
| 8          | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8      |  | 1          |
| 9          | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV            | 9      |  | 1          |
| 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     |  | 1          |
| 11         | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |        |  |            |
| . <b>a</b> | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a    | A STATE OF THE STA | 1          |
| b          | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b    |  | 1          |
| С          | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c    |  | 1          |
| d          | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d    |  | 1          |
|            | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 11e    |  | ✓          |
|            | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | _1.1f_ |  | <b>-</b> - |
| 12 a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a    | <  |            |
| 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    |  | 1          |
| 13         | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13     |  | 1          |
| 14 a       | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a    | ✓  | <u> </u>   |
| ь          | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b    | 1  |            |
| 15         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15     |  | 1          |
| 16         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.   | 16     | <b>✓</b>   | <u> </u>   |
| 17         | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17     | Ť  | 1          |
| 18         | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18     |  | ,          |
| 19         | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III   | 19     |  | 1          |
|            |   | _ 13   | <u></u>  |            |

| Part     | Checklist of Required Schedules (continued)  |            |      | •••      |
|----------|--|------------|------|----------|
|          | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        | Yes  | No /     |
|          | 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         |      | <b>✓</b> |
| 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         |      | ✓        |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   | 23         |      | ✓        |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                                     | 24a        |      | ✓        |
| b<br>b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24b<br>24c |      | <b>√</b> |
| d<br>25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d<br>25a |      | <b>√</b> |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b        |      | <b>✓</b> |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  | 26         |      | <b>√</b> |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III          | 27         |      | <b>*</b> |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |            | 1111 | * 1. 2   |
| a<br>b   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a<br>28b |      | <b>√</b> |
| С        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c        |      | 1        |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  "Did"the"organization"receive"contributions"of"art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                | 30         |      | <b>√</b> |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |      | 1        |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32         |      | 1        |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |      | 1        |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34         |      | 1        |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a<br>35b |      | 1        |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36         |      | 1        |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  |            |      |          |
| 38       | Part VI  | 37         | ./   | <b>✓</b> |
|          | 19: Note. All Form 990 mers are required to complete Schedule C.   | 1 30       | 1 4  |          |

| art        |  |                  |             |                |
|------------|--|------------------|-------------|----------------|
|            | Check if Schedule O contains a response or note to any line in this Part V   | - † <del>v</del> | es          | No             |
| 1a         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0  |                  |             |                |
| b          | Enter the number of Forms W.2G included in line 1a. Enter -0. if not applicable  |                  | 1 4         |                |
| C          | Did the organization comply with backup withholding rules for reportable payments to vendors and   |                  | 2           | . 1            |
|            | ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | 1c               |             |                |
| 2a         | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |                  | 1,4         | 1 1            |
|            | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0   |                  |             | استقلال        |
| b          | <del> </del>   | 2b               |             |                |
|            |  |                  |             |                |
| За         |  | 3a               | -           | ✓              |
| b          |  | 3b               | $\dashv$    |                |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial   |                  | ļ           |                |
|            |  | 4a 🔻             | /           |                |
| ь          |  |                  | 100         | 24.4.4.6.E     |
| U          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  |                  |             |                |
|            | (FBAR).  |                  |             | M.             |
| 5a         | Tr.  | 5a               |             | ✓              |
| b          |  | 5b               |             | <b>√</b>       |
| C          | " 100 to "iii 0 to j on the right and right an | 5c               | _           |                |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |                  |             | ,              |
|            |  | 6a               | $\perp$     | <u>✓</u>       |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | _                |             |                |
| _          | gifts were not tax deductible?   | 6b               | <del></del> | ;              |
| 7<br>a     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  | ,                | ai 🕆        | ., 1           |
| -          |  | 7a               |             | ulitum .<br>J  |
| ь          | Figure 1 in the contract of th | 7b               |             | <u> </u>       |
| c          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |                  |             |                |
|            |  | 7c               |             | ✓_             |
| d          |  |                  |             |                |
| е          | — in the commence of the comment of  | 7e               |             | <b>√</b>       |
| f          |  | 7f               |             | <u> </u>       |
| g          |  | 7g<br>7h         | +           |                |
| _ n<br>_e_ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring-organizations-maintaining-donor-advised-funds. Did a donor advised fund maintained by the   | /n               | .           |                |
| -8-        | sponsoring organizations-inalitialiting donor-advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8                |             |                |
| a          | Sponsoring organizations maintaining donor advised funds.  | 7                |             | 54" ×          |
| 9<br>a     |  | 9a               |             | سید مین        |
| b          |  | 9b               |             |                |
| 10         | Section 501(c)(7) organizations. Enter:  |                  |             | 73             |
| а          | Initiation fees and capital contributions included on Part VIII, line 12   |                  |             |                |
| b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  |                  | 2           | . 水火!<br>. 流光! |
| 11         | Section 501(c)(12) organizations. Enter:   |                  |             |                |
| a          | Gross income from members or shareholders  |                  |             |                |
| b          | against amounts due or received from them.)  |                  |             | WH             |
| 122        |  | 12a              | * 5x        | Part of        |
| 12a<br>b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b  | WAY N            |             | 775            |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                  |             |                |
| а          |  | 13a              |             |                |
| _          | Note. See the instructions for additional information the organization must report on Schedule O.  |                  | 110         |                |
| ь          | Enter the amount of reserves the organization is required to maintain by the states in which   | 7 18             |             | ا باشار        |
|            | the organization is licensed to issue qualified health plans   |                  |             |                |
| C          | Enter the amount of reserves on hand   |                  | X.J         |                |
| 14a        | bid the organization receive any payments to make a second and a second a second and a second an | 14a              | $\dashv$    | <b>√</b> _     |
| <u> </u>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .  | 14b              | gan         | (2015)         |
|            |  | LOUIII           | ~~U         | (4010)         |

| Part \            | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S   | See ins     | truct           | ions.   |
|-------------------|---|-------------|-----------------|---|
| Canti             | Check if Schedule O contains a response or note to any line in this Part VI   | • •         | •               | . 😢   |
| Section           | on A. Governing Body and Management   |             | Yes             | No  |
| 1a                | Enter the number of voting members of the governing body at the end of the tax year  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.                            |             | ****            |   |
| ь<br>2            | Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2           | 1               |   |
| 3                 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .  | 3           |                 | 1   |
| 4<br>5<br>6<br>7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?   | 4<br>5<br>6 |                 | √<br>√<br>√   |
| b                 | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b          |                 | 1   |
| 8                 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |             |                 |   |
| a<br>b<br>9       | The governing body?   | 8a<br>8b    | <b>√</b>        |   |
|                   | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  on B. Policies (This Section B requests information about policies not required by the Internal Rever  | 9<br>ue C   | √<br>ode.)      |   |
| 00011             | on bit divide (17118 decider B requeste información about periodes het required by the internal here.   |             | Yes             | No  |
| 10a<br>b          | Did the organization have local chapters, branches, or affiliates?  | 10a         |                 | <b>√</b>  |
|                   | 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 filling the form?  | 11a         | * #* 7          | -A1 8-1   |
| b<br>12a<br>b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a<br>12b  | \$. <b>\$</b> } | 1   |
|                   | Did the organization regularly and consistently monitor and enforce compliance_with_the_policy?_If_"Yes,"_describe in Schedule O how this was done  | 12c         |                 |   |
| 13<br>14<br>15    | Did the organization have a written whistleblower policy?   | 1           |                 | <b>✓</b>  |
| a<br>b<br>16a     | The organization's CEO, Executive Director, or top management official  | 15a<br>15b  |                 | \<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\ |
| 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 safeguard the organization's exempt status with respect to such arrangements?                                      |             | ***             |   |
| Section           | on C. Disclosure  |             |                 |   |
| 17<br>18          | List the states with which a copy of this Form 990 is required to be filed <b>WA, MI, IL</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.                           | n 501(      | c)(3)s          | only)   |
| 19                | Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.  | erest       | policy          | , and   |
| 20                | State the name, address, and telephone number of the person who possesses the organization's books and re-  | cords       | : <b>&gt;</b>   |   |
|                   | Panial Kurtz, 2551 Timbar Lang Brigg, Lackson, MI 40203 517-787-0255  |             |                 |   |

|  | (2015) |  |
|--|--------|--|
|  |        |  |

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

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

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

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

| Check this box if neither the organization | nor any relate   | d org | anız                  |                              |              | ompe                            | nsa        | ted any currer                         | t officer, director                       | , or trustee.  |
|--|--|-------|-----------------------|------------------------------|--------------|---------------------------------|------------|--|---|--|
| (A)<br>Name and Title                      | (B) Average hours per week (list any                           | box,  | unles                 | Pos<br>neck<br>s pe<br>d a d | rson         | e than o<br>is both<br>or/trust | an<br>tee) | (D)  Reportable compensation from      | (E)  Reportable compensation from related | (F) Estimated amount of other  |
|  | hours for<br>related<br>organizations<br>below dotted<br>line) |       | Institutional trustee | Officer                      | Key employee | Highest compensated employee    | Former     | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)          | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Craig Reese, President                 | 40   | 1     |                       | 1                            |              |                                 |            |  |   |  |
| (2) Patrick Patterson, Chairman            | 1  | 1     |                       | 1                            |              |                                 |            |  |   |  |
| (3) Joy Buconyorı, Vice-President          | 50   | 1     |                       | 1                            | i            |                                 |            |  |   | 10637  |
| (4) Joshua Brooks                          | 1  | - j-  | _                     |                              | _            |                                 | _          |  |   |  |
| (5) David Goodnight                        | 1  | 1     |                       |                              |              |                                 |            |  |   |  |
| (6) Daniel Kurtz, Treasurer                | 6  | 1     |                       | 1                            |              |                                 |            |  |   |  |
| (7) Diane Kurtz                            | 2  | 1     |                       |                              |              |                                 |            |  |   |  |
| (8) Nancy Nelson                           | 1  | 1     |                       |                              |              |                                 |            |  |   |  |
| (9) Susan Rice, Secretary                  | 1  | 1     |                       | 1                            |              |                                 |            |  |   |  |
| (10) David Smetters                        | 1  | 1     |                       |                              |              |                                 |            |  |   |  |
| (11) Les Krober                            |  | 1     |                       |                              |              |                                 |            |  |   |  |
| (12)                                       |  |       |                       |                              |              |                                 |            |  |   |  |
| (13)                                       |  |       |                       |                              |              |                                 |            |  |   |  |
| (14)                                       |  |       |                       |                              |              |                                 |            |  |   |  |

| Part    | VII Section A. Officers, Directors, Trust  | tees, Key E  | mplo           | yees                  |                     |              | lighe                        | st C                  | ompensated E                           | mployees (                 | continu | ued)                 |   |
|---------|--|--|----------------|-----------------------|---------------------|--------------|------------------------------|-----------------------|--|----------------------------|---------|----------------------|---|
|         | (A)<br>Name and title  | (B) Average hours per week (list any                           | box,<br>office | unles<br>er and       | Pos<br>neck<br>s pe | rson         | than o                       | n an<br>tee)          | (D)  Reportable compensation from      | (E) Reportab               | n from  | Esti<br>amo          | ( <b>F)</b><br>mated<br>punt of<br>ther     |
|         |  | hours for<br>related<br>organizations<br>below dotted<br>line) |                | Institutional trustee | Officer             | Key employee | Highest compensated employee | Former                | the<br>organization<br>(W-2/1099-MISC) | organizatio<br>(W-2/1099-N |         | froi<br>orgai<br>and | ensation in the inization related iizations |
| (15)    |  |  |                |                       |                     |              |                              |                       |  |                            |         |                      |   |
| (16)    |  |  | _              |                       |                     |              |                              |                       |  |                            |         |                      |   |
| (17)    |  |  |                |                       |                     |              |                              |                       |  |                            |         |                      |   |
| (18)    |  |  |                |                       |                     |              |                              |                       |  |                            |         |                      |   |
| (19)    |  |  | _              |                       |                     |              |                              |                       |  |                            |         | <u> </u>             |   |
| (20)    |  |  |                |                       |                     |              |                              |                       |  |                            |         | ·                    |   |
| (21)    |  |  |                |                       |                     |              |                              |                       |  |                            |         | <del></del>          |   |
| (22)    |  |  |                |                       |                     |              |                              |                       |  |                            |         | <del> </del>         | ······                                      |
| (23)    |  |  |                |                       |                     |              |                              |                       |  |                            |         | · -                  |   |
| (24)    |  |  |                |                       |                     |              |                              |                       |  |                            |         |                      |   |
| (25)    |  |  |                |                       |                     |              |                              |                       |  |                            |         |                      |   |
| 1b<br>c | Sub-total  |  |                | •                     | •                   |              | •                            | <b>&gt; &gt; &gt;</b> | 0                                      |                            | 0       |                      | 10637                                       |
| 2       | Total number of individuals (including but reportable compensation from the organi             | not limited  |                |                       |                     |              | above                        | e)_w                  | <del></del> _                          | <del></del>                |         | O-of                 | 10637                                       |
| 3       | Did the organization list any former of employee on line 1a? If "Yes," complete s              | ficer, dırec   |                |                       |                     |              |                              | <br>emp               | oloyee, or high                        | est compe                  | ensated | d [34]               | Yes No                                      |
| 4       | For any individual listed on line 1a, is the organization and related organizations individual |  |                |                       |                     |              |                              |                       |  |                            |         |                      |   |
| 5       | Did any person listed on line 1a receive of for services rendered to the organization          |  |                |                       |                     |              |                              |                       |  | ation or inc               |         | d 🗓 💸 🦫<br>5         | - Part 19 30                                |
| Section | on B. Independent Contractors  |  |                |                       |                     |              |                              |                       |  |                            |         |                      | <u>·</u>                                    |
| 1       | Complete this table for your five highest compensation from the organization. Repyear.         |  |                |                       |                     |              |                              |                       |  |                            |         |                      |   |
|         | (A)<br>Name and business add   | ress   |                |                       |                     | _            |                              |                       | (B)<br>Description of s                | ervices                    |         | (C)<br>Compens       | ation                                       |
|         |  |  |                |                       |                     |              |                              | _                     |  |                            |         |                      |   |
|         |  |  |                | -                     |                     |              |                              | _                     | <del>-</del>                           |                            |         |                      |   |
| 2       | Total number of independent contractor   | •  | _              |                       |                     |              |                              | th                    | ose listed ab                          | ove) who                   |         | 7.25                 |   |

| Part   | VIII      | Statement of Reve                              |                 |              |                                       |   | Dod VIII   |  | _  |
|--|-----------|--|-----------------|--------------|---------------------------------------|---|--|--|--|
|  |           | Check if Schedule O                            | contains        | a resp       | onse or note to                       | (A) Total revenue                       | (B) Related or exempt function                   | (C) Unrelated business revenue           | (D) Revenue excluded from tax under sections |
| 12 A   | 194 ° × 3 | m. 1   | ·, / /          | ·"           | }                                     |   | revenue  |  | 512-514                                      |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a        | Federated campaigns                            |                 | 1a<br>1b     |                                       | , ,                                     | 7 8  | , , ,                                    | , , , , , ,                                  |
| عَ ق   | b         | Membership dues .                              |                 | 1c           | <del></del>                           | 15 ' 1," '                              | 12 3 '   |  |  |
| T S,   | 9         | Fundraising events . Related organizations     |                 | 1d           |                                       |   | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\           | \$ * ; * * ; * * ; * * ; * * ; * ; * ; * |  |
| . e  | d<br>e    | Government grants (con                         |                 | 1e           |                                       |   | , , ,  | , , , , ,                                |  |
| Sir  | f         | All other contributions, gi                    |                 |              |                                       | * | *  |  |  |
| He di  | •         | and similar amounts not inc                    |                 | 1f           | 517432                                |   | , ,  | , , , , , , ,                            |  |
| 돌  | g         | Noncash contributions includ                   | led in lines 1a | -1f: \$      |                                       | 1 '                                     | , ;  | , , ,                                    |  |
| a G  | h         | Total. Add lines 1a-1                          |                 |              | ►                                     | 517432                                  | \$ \hat{\chi}                                    | , , ,                                    | 1 \$ 1 1 1 1 1                               |
|  |           |  |                 |              | Business Code                         | 3 |  |  |  |
| Program Service Revenue                                | 2a        |  |                 |              |                                       |   |  |  |  |
| - E  | b         |  |                 |              |                                       |   |  |  |  |
| Š  | C         |  |                 |              |                                       |   |  |  |  |
| Ser  | đ         |  |                 | -            |                                       |   |  | <del></del>                              |  |
| ram  | е         | A.II   |                 |              |                                       |   | ļ . <u> </u>                                     |  |  |
| rog  | f         | All other program ser                          |                 |              | •                                     |   | , , , , , , , , , , , , , , , , , , ,            | '» 1, 8 ,                                |  |
|  | <u></u>   | Total. Add lines 2a-2<br>Investment income     |                 |              |                                       |   | ,  | i<br>I                                   | T  |
|  | 3         | and other similar amo                          |                 |              | •                                     | 8061                                    |  |  |  |
|  | 4         | Income from investmen                          | -               |              |                                       |   | <del> </del>                                     |  |  |
|  | 5         |  |                 |              |                                       |   |  |  |  |
|  |           | ,  | (i) Rea         |              | (II) Personal                         | , , ,                                   |  |  | 3  |
|  | 6a        | Gross rents                                    |                 |              |                                       |   |  | 4 31 3                                   |  |
|  | b         | Less: rental expenses                          |                 |              |                                       | ] ' ž, , ,                              | , , ,  | 257                                      | 8  |
|  | С         | Rental income or (loss)                        |                 |              |                                       | 1.2                                     |  |  |  |
|  | d         | Net rental income or                           |                 | • • •        | <b>.</b> ▶                            | <u> </u>                                | , ,  |  | 1  |
|  | 7a        | Gross amount from sales of                     | (i) Securi      | ties         | (ii) Other                            |   |  | \$ 7.8                                   |  |
|  | _         | assets other than inventory                    |                 |              |                                       | ╡゜゜°°°°                                 |  |  |  |
|  | ь         | Less. cost or other basis and sales expenses . |                 | l            |                                       |   |  |  |  |
|  |           | Gain or (loss)                                 |                 |              | <del></del> -                         | · , ; · ,                               | 1 1  |  |  |
|  | d         | Net gain or (loss)                             | L               |              |                                       |   |  |  |  |
|  |           |  |                 | - <b>:</b>   | · · · · · · · · · · · · · · · · · · · | * }                                     |  |  | * 13" 3.7"                                   |
| enne   | 8a        | Gross income from fu                           | undraising      | ŀ            |                                       |   | · / \$ 11.50 ·                                   |  |  |
| Ven  |           | events (not including \$                       |                 |              |                                       |   |  |  | 12 12 20 20 20 1                             |
| æ  |           | of contributions report                        | ed on line 1    | c).          |                                       |   |  |  |  |
| Other Rev  |           |  |                 |              |                                       |   |  |  |  |
| ₹  | b         | Less: direct expenses                          |                 |              |                                       |   | * '  |  | / <u> </u>                                   |
|  | C         | Net income or (loss)                           |                 |              | events . <b>&gt;</b>                  | ^}                                      |  |  | , , , , , , , ,                              |
|  | 9a        | Gross income from gase See Part IV, line 19 .  |                 |              |                                       | * * * ,                                 | 1 3 5 1 4  | 1 ", "                                   |  |
|  |           | Less: direct expense                           |                 |              |                                       | - '                                     | \$ .   | , , ,                                    |  |
|  | b         | Net income or (loss)                           |                 |              | vities ►                              |   |  |  |  |
|  | 10a       |  |                 |              |                                       |   | 3 8 7 0  |  | 17 . 78 . 78-45 T. F.                        |
|  |           | returns and allowance                          |                 | · a          |                                       | ,                                       |  | 2, " 2, "                                | 1. 1.1.                                      |
|  | Ь         | Less: cost of goods                            | sold            | . b          |                                       | 7 ,                                     |  | , ,                                      |  |
|  | c         | Net income or (loss)                           |                 |              | entory 🕨                              | <u> </u>                                |  |  |  |
|  |           | Miscellaneous I                                | Revenue         |              | Business Code                         |   |  |  |  |
|  | 11a       |  |                 |              |                                       | <u> </u>                                | ļ  |  |  |
|  | b         |  |                 |              |                                       |   | <del> </del>                                     |  |  |
|  | C         | A.HI   |                 | <del>-</del> |                                       | _                                       | <del>                                     </del> | +  |  |
|  | d         | All other revenue                              | 114             | •            |                                       | -                                       | 1. 3° 8 p~ 42                                    | *** \ *** * * *                          | N N F F AND N N THE BEY A                    |
|  | 12        | Total. Add lines 11a-<br>Total revenue. See i  |                 |              |                                       | 52549                                   | 3  |  | 39-122-3                                     |
|  | 12        | Total revenue. 366                             | nan uchon       | <del></del>  | · · · · ·                             | 72349.                                  | <u> </u>   | 1,                                       | Form <b>990</b> (2015)                       |

| Part IX | Statement | of Function | nal Expenses |
|---------|-----------|-------------|--------------|
|---------|-----------|-------------|--------------|

| Sèctio                | n 501(c)(3) and 501(c)(4) organizations must con  |                       |                              |   |                                |
|-----------------------|---|-----------------------|------------------------------|---|--------------------------------|
|                       | Check if Schedule O contains a respon   | se or note to any li  | ne in this Part IX .         |   | 🗀                              |
|                       | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses     | (D)<br>Fundraising<br>expenses |
| 1                     | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                              |   |                                |
| 2                     | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                              |   |                                |
| 3                     | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  | 477326                | 477326                       |   |                                |
| 4<br>5                | Benefits paid to or for members   | 10637                 |                              | 10637                                   | 100° A 100° A                  |
| 6                     | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 10037                 |                              | 10037                                   |                                |
| 7<br>8                | Other salaries and wages  |                       |                              |   |                                |
| 9<br>10<br>11<br>a    | Other employee benefits   |                       |                              |   |                                |
| b<br>c<br>d           | Legal   | 11267                 |                              | 11267                                   |                                |
| e<br>f<br>g           | Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) |                       | - X h                        | · 新 · · · · · · · · · · · · · · · · · · |                                |
| 12<br>13<br>14        | Advertising and promotion   | 12654                 |                              | 12654                                   |                                |
| 15<br>16<br>_17<br>18 | Royalties   | 12235                 |                              |   |                                |
| 19                    | for any federal, state, or local public officials Conferences, conventions, and meetings.   |                       |                              |   |                                |
| 20<br>21<br>22        | Interest  |                       |                              |   |                                |
| 23<br>24              | Insurance   | 2498                  |                              | 2498                                    |                                |
|                       | above (List miscellaneous expenses in line 24e. If<br>line 24e amount exceeds 10% of line 25, column<br>(A) amount, list line 24e expenses on Schedule O.)                                      |                       |                              |   |                                |
| a<br>b                | Burundi national office expense<br>Wire trans, bank, donor credit card fees   | 47920<br>5120         |                              | 47920<br>5120                           |                                |
| c<br>d                | All -Al-  |                       |                              |   |                                |
| 25<br>26              | All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the   | 579657                | 477326                       | 102331                                  |                                |
|                       | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)                                  |                       |                              |   |                                |

| P                           | art X | Balance Sheet   |                                |      |   |
|-----------------------------|-------|---|--------------------------------|------|---|
|                             |       | Check if Schedule O contains a response or note to any line in this Pa  | ırt X                          | • -  |   |
|                             |       |   | (A)<br>Beginning of year       |      | (B)<br>End of year                              |
|                             | 1     | Cash—non-interest-bearing   |                                | 1    |   |
|                             | 2     | Savings and temporary cash investments  | 455457                         | 2    | 401293  |
|                             | 3     | Pledges and grants receivable, net  |                                | 3    |   |
|                             | 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   | Sand 21 the San A Law A        |      |   |
| ts                          | 6     | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |                                | 6    |   |
| Assets                      | 7     | Notes and loans receivable, net   |                                | 7    |   |
| ĕ                           | 8     | Inventories for sale or use   |                                | 8    |   |
|                             | 9     | Prepaid expenses and deferred charges   |                                | 9    |   |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a   |                                | W 70 |   |
|                             | b     | Less: accumulated depreciation [10b]  |                                | 10c  |   |
|                             | 11    | Investments—publicly traded securities  |                                | 11   |   |
|                             | 12    | Investments—other securities. See Part IV, line 11  |                                | 12   |   |
|                             | 13    | Investments—program-related. See Part IV, line 11   |                                | 13   |   |
|                             | 14    | Intangible assets   |                                | 14   |   |
|                             | 15    | Other assets. See Part IV, line 11  |                                | 15   |   |
|                             | 16    | Total assets. Add lines 1 through 15 (must equal line 34)   | 455457                         | 16   | 401293  |
|                             | 17    | Accounts payable and accrued expenses   |                                | 17   |   |
|                             | 18    | Grants payable  |                                | 18   |   |
|                             | 19    | Deferred revenue  |                                | 19   |   |
|                             | 20    | Tax-exempt bond liabilities   |                                | 20   |   |
|                             | 21    | Escrow or custodial account liability. Complete Part IV of Schedule D .   | 5. 200-40 2 V V A-89 199 x     | 21   | 4 St. Stadistics of T. Charles S. J. January S. |
| Liabilities                 | 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   |   |
| ä                           | 23    | 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   |                                | 0.5  |   |
|                             |       | of Schedule D   |                                | 25   | <del> </del>                                    |
|                             | 26    | Total liabilities. Add lines 17 through 25  | - my solution of the second of | 26   |   |
| Net Assets or Fund Balances |       | complete lines 27 through 29, and lines 33 and 34.  |                                |      | * 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1         |
| lan                         | 27    | Unrestricted net assets   | 281184                         |      | 210451  |
| æ                           | 28    | Temporarily restricted net assets   | 174273                         |      | 190842  |
| ק                           | 29    | Permanently restricted net assets   |                                | 29   |   |
| Ϋ́                          |       | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and   | *,**                           |      |   |
| ğ                           |       | complete lines 30 through 34.   |                                |      | والمعطيف الأنباط مساالات                        |
| ets                         | 30    | Capital stock or trust principal, or current funds  | <u> </u>                       | 30   |   |
| 155                         | 31    | Paid-in or capital surplus, or land, building, or equipment fund  |                                | 31   | <u> </u>  |
| ĭť A                        | 32    | Retained earnings, endowment, accumulated income, or other funds .  |                                | 32   |   |
| Ž                           | 33    | Total net assets or fund balances   |                                | 33   |   |
|                             | 34    | Total liabilities and net assets/fund balances  | 455457                         | 34   | 401293  |

| Page | 1 | 2 |
|------|---|---|
|      | _ | 7 |

| Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Donated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash   Accrual   Other    If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis   Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis   Both consolidated and separate basis  Were the organization whether the financial statements for the year were audited on a separate basis. Consolidated basis   Both consolidated and separate basis  Were the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  The process of the development of the subject of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O and describe any steps taken to u | Form 99 | 00 (2015)  |         |             | Pa   | ige 12        |
|--|---------|--|---------|-------------|--|---------------|
| Total revenue (must equal Part VIII, column (A), line 12).  Total expenses (must equal Part IX, column (A), line 25).  Revenue less expenses (must equal Part IX, column (A), line 25).  Revenue less expenses. Subtract line 2 from line 1.  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Pror penod adjustments.  Net unrealized paris (isoses) on investments.  Pror penod adjustments.  Net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990: \( \subset Cash\) Accrual \( \text{Other}\) Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Accounting method used to prepare the Form 990: \( \subset Cash\) Accrual \( \text{Other}\) Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Accounting method used to prepare the Form 990: \( \subset Cash\) Accrual \( \text{Other}\) Other 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:  \( \subset \) Separate basis \( \subset Consolidated basis, or both:  \( \subset \) Separate basis \( \subset Consolidated basis, or both:  \( \subset \) Separate basis \( \subset Consolidated basis, or both:  \( \subset \) Separate basis \( \subset Consolidated basis, or both:  \( \subset \) Separate basis \( \subset Consolidated basis, or both:  \( \subset \) Separate basis \( \subset Consolidated basis, or both:  \( \subset \) Separate basis \( \subs | Part    | XI Reconciliation of Net Assets  |         |             |  |               |
| Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Net ussets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Acash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis  b Were the organization whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis  C If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Poth consolidated and separate basis  b Were the organization changed either its oversight process or selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O and describe any steps taken to undergo such audits.  3a J                 | •       | Check if Schedule O contains a response or note to any line in this Part XI                        |         |             |  |               |
| Total expenses (must equal Part IX, column (A), line 25) 2 579657 Revenue less expenses. Subtract line 2 from line 1 3 (54164) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 455457 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 6 Prior period adjustments 7 Revenue less essets or fund balances (explain in Schedule C) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 Rert XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII   | 1       | Total revenue (must equal Part VIII, column (A), line 12)  | 1       |             | 5  | 25493         |
| Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  4 4 455457  Net unrealized gains (losses) on investments   | 2       |  | 2       |             | 5  | 79657         |
| Separate basis Consolidated basis or both:  Separate basis Consolidated basis September 25 Consolidated basis Consolidated basis Separate basis Separate basis Consolidated basis Separate basis Separate basis Consolidated basis Separate basis Consolidated basis Separate Separ | 3       | Revenue less expenses. Subtract line 2 from line 1   | 3       |             | (5   | 4164)         |
| 6 Donated services and use of facilities   | 4       | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))          | 4       |             | 4  | 55457         |
| 7 Investment expenses  | 5       | Net unrealized gains (losses) on investments   | 5       |             |  |               |
| Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990:  Cash  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  | 6       | Donated services and use of facilities   | 6       |             |  |               |
| Other changes in net assets or fund balances (explain in Schedule O)   | 7       | Investment expenses  | 7       |             |  |               |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   | 8       | Prior period adjustments   | 8       |             |  |               |
| Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII     Yes   No  | 9       | Other changes in net assets or fund balances (explain in Schedule O)                               | 9       |             |  |               |
| Check if Schedule O contains a response or note to any line in this Part XII   | 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line     |         |             |  |               |
| Check if Schedule O contains a response or note to any line in this Part XII   |         | 33, column (B))  | 10      |             | 4  | 01293         |
| Accounting method used to prepare the Form 990:  | Part    | XII Financial Statements and Reporting   |         | <del></del> |  |               |
| Accounting method used to prepare the Form 990:  |         | Check if Schedule O contains a response or note to any line in this Part XII                       |         |             |  |               |
| 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?  |         |  |         |             |  | No            |
| 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?  | 1       | Accounting method used to prepare the Form 990:   ☐ Cash ☐ Accrual ☐ Other                         |         | ( )         | 地市   | ***           |
| Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  |         |  | plaın i | in 🧐        | **   | <b>M</b> -M-1 |
| Were the organization's financial statements compiled or reviewed by an independent accountant?  |         |  |         | (新華)        | 9  |               |
| 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?  | 2a      | Were the organization's financial statements compiled or reviewed by an independent accountant?    |         |             | Consideration of the second                      |               |
| reviewed on a separate basis, consolidated basis, or both:    Separate basis   Consolidated basis   Both consolidated and separate basis   |         |  |         |             | . 14 4   | Mi dir.       |
| b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis □ Consolidated basis □ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  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?   |         | reviewed on a separate basis, consolidated basis, or both:   | •       |             | ***  | 41            |
| b Were the organization's financial statements audited by an independent accountant?   |         | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                       |         |             |  | Mar Allen     |
| 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 ☐ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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?  | b       | <del>-</del> ·   |         | . 2b        | ✓ FEE  |               |
| separate basis, consolidated basis, or both:  ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  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?   | _       |  | ed on   |             | A 19   | a) seld       |
| <ul> <li>✓ Separate basis  ☐ Consolidated basis ☐ Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li></ul>  |         | · ·  |         | #/3x2       | Sept.  | **            |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  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?   |         | ·  |         |             |  |               |
| of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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?   | c       |  | versial |             | ar.a.e.  | Was Cassed    |
| 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?   | •       |  |         | _           | 1  |               |
| 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?   |         | ·  |         |             | **   | No. April     |
| 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?   |         |  |         |             |  | je († l       |
| the Single Audit Act and OMB Circular A-133?   | 3a      | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth i |             | Tracing.   | y‴, "pm, ,    |
| 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.  | Ua      | the Single Audit Act and OMB Circular A-133?   |         | 1           |  | 1             |
| required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   | h       | · · · · · · · · · · · · · · · · · · ·  |         |             | <del>                                     </del> |               |
|  | U       |  |         |             |  |               |
|  |         |  |         |             | <u>aan</u>                                       | (201E)        |
|  |         |  |         |             |  |               |

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

# **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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

| мате     | or the organization  |                                       |  |  |                                       | Employer Identification                           | number  |  |
|----------|--|---------------------------------------|--|--|---------------------------------------|---|---|--|
|          | r Connection   |                                       |  | <del></del>  |                                       |   | 80815   |  |
| Par      |  |                                       |  |  |                                       |   | ons.  |  |
| The c    | organization is not a private founda   |                                       |  |  | •                                     | •   |   |  |
| 2        | <ul><li>☐ A church, convention of church</li><li>☐ A school described in section</li></ul>   |                                       |  |  |                                       |   |   |  |
| 3        | ☐ A hospital or a cooperative ho   |                                       |  |  |                                       |   |   |  |
| 4        |  |                                       |  |  |                                       |   |   |  |
| 5        | An organization operated for section 170(b)(1)(A)(iv). (Com  |                                       | college or university  | owned o  | r operate                             | ed by a government                                | al unit described in                                  |  |
| 6<br>7   | ☐ A federal, state, or local gover An organization that normally described in section 170(b)(1)  | receives a subs                       | tantial part of its sup  |  |                                       |   | n the general public                                  |  |
| 8        | ☐ A community trust described i  | n section 170(b)                      | )(1)(A)(vi). (Complete   | Part II.)  |                                       |   |   |  |
| 9        | An organization that normally receipts from activities related support from gross investment acquired by the organization and support from the | d to its exempt<br>ent income and     | functions—subject to unrelated business  | certain<br>taxable ii  | exception                             | ns, and (2) no more<br>ess section 511 ta         | than 331/3% of its                                    |  |
| 10<br>11 | <ul> <li>☐ An organization organized and</li> <li>☐ An organization organized and</li> <li>one or more publicly supported</li> <li>the box in lines 11a through 11</li> </ul>  | operated exclusi<br>d organizations d | vely for the benefit of,<br>lescribed in <b>section 5</b>  | to perfor<br><b>09(a)(1)</b> o   | m the fun<br>r <b>section</b>         | actions of, or to carry 509(a)(2). See secti      | ion 509(a)(3). Check                                  |  |
| а        |  | ation operated, so the power to re    | supervised, or control egularly appoint or ele   | lled by its  | supporte                              | ed organization(s), ty                            | pically by giving                                     |  |
| b        | Type II. A supporting organic control or management of the organization(s). You must c   | e supporting org                      | janization vested in th  |  |                                       | • •   | , , ,   |  |
| С        | ts supported organization(s)   |                                       |  |  |                                       |   | y integrated with,                                    |  |
| d<br>–   | Type III non-functionally in that is not functionally integrengent (see instructions   | ated. The organi                      | zation generally must  | satisfy a  | distributi                            | on requirement and                                |   |  |
| е        |  | ation received a                      | written determination  | from the   | IRS that                              | ıt is a Type I, Type I                            | I, Type III   |  |
| f<br>g   |  |                                       |  |  |                                       |   |   |  |
|          | (i) Name of supported organization   | (ii) EIN                              | (iii) Type of organization<br>(described on lines 1-9<br>above (see instructions))   | (iv) is the o  | rganization<br>ir governing<br>ment?  | (v) Amount of monetary support (see instructions) | (vi) Amount of<br>other support (see<br>instructions) |  |
|          |  |                                       |  | Yes  | No                                    |   |   |  |
| (A)      |  |                                       |  |  |                                       |   |   |  |
| (B)      |  |                                       |  |  |                                       |   |   |  |
| (C)      |  |                                       |  |  | 1                                     |   |   |  |
| (D)      |  |                                       |  |  |                                       |   |   |  |
| (E)      |  |                                       |  |  |                                       |   | <del></del>   |  |
| Tota     | ıl   |                                       | and the second s | in the same of the | , , , , , , , , , , , , , , , , , , , |   |   |  |

| •          | (Complete only if you checked to<br>Part III. If the organization fails to  |                                     |                                 |   | •                                       | •  | llify under           |
|------------|---|-------------------------------------|---------------------------------|---|---|--|-----------------------|
| Secti      | on A. Public Support  | o quality unde                      | er the tests ha                 | sted below, p                                 | icase comple                            | rait iii.j                                   |                       |
|            | dar year (or fiscal year beginning in)  | (a) 2011                            | <b>(b)</b> 2012                 | (c) 2013                                      | (d) 2014                                | (e) 2015                                     | (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   | 661394                              | 741625                          | 859863  | 513588                                  | 517432                                       | 3293902               |
| 3          | The value of services or facilities furnished by a governmental unit to the organization without charge   |                                     |                                 |   |   |  |                       |
| 4          | Total. Add lines 1 through 3  | 661394                              | 741625                          | 859863  | 513588                                  | 517432                                       | 3293902               |
| 5          | 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) |                                     |                                 |   |   |  | 500000                |
| 6          | Public support. Subtract line 5 from line 4.  | 9 7 TO TO THE                       | ,                               | 18 mg 186 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 = 1, 2 = 1, 4 \$                      |  | 2793902               |
| Secti      | on B. Total Support   |                                     |                                 |   |   |  |                       |
| Calen      | dar year (or fiscal year beginning in)  | (a) 2011                            | <b>(b)</b> 2012                 | (c) 2013                                      | (d) 2014                                | (e) 2015                                     | (f) Total             |
| 7          | Amounts from line 4   | 661394                              | 741625                          | 859863  | 513588                                  | 517432                                       | 3293902               |
| 8          | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 63                                  | 1937                            | 5651  | 8578                                    | 8061   | 24290                 |
| 9          | Net income from unrelated business activities, whether or not the business is regularly carried on  |                                     |                                 |   |   |  |                       |
| 10         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                                     |                                 |   |   |  |                       |
| 11         | Total support. Add lines 7 through 10 Gross receipts from related activities, etc.  | (Accelerate of                      |                                 |   |   | <del></del>                                  | 3318192               |
| 12<br>_13_ | First-five-yearsIf-the-Form-990-is-for t  |                                     |                                 |   |   |  | 501(c)(3)             |
| _13_       | organization, check this box and <b>stop he</b>   |                                     |                                 |   |   |  |                       |
| Socti      | ion C. Computation of Public Suppo  |                                     |                                 | <del></del>                                   | <u> </u>                                | <u> </u>                                     |                       |
|            | Public support percentage for 2015 (line  |                                     |                                 | 11 column (fl)                                |   | 14   | 84.2 %                |
| 15         | Public support percentage from 2014 Sc  |                                     |                                 |   |   | 15   | 83.8 %                |
| 16a        | 331/3% support test—2015. If the organ box and stop here. The organization qua  | izatıon did not                     | check the box                   | on line 13, and                               | d line 14 is 33¹                        | /3% or more, ch                              | eck this              |
| b          | 331/3% support test—2014. If the orga check this box and stop here. The organ   |                                     |                                 |   |   | e 15 is 33½% ·                               | or more,              |
| 17a        | 10%-facts-and-circumstances test—2<br>10% or more, and if the organization me<br>Part VI how the organization meets the "<br>organization   | eets the "facts-<br>facts-and-circu | and-circumsta<br>umstances" tes | ances" test, che<br>st. The organiz           | eck this box ar<br>ation qualifies      | nd <b>stop here.</b> E<br>as a publicly si   | xplain in<br>ipported |
| b          | 10%-facts-and-circumstances test—2<br>15 is 10% or more, and if the organization respectively.  | ation meets the                     | e "facts-and-c<br>s-and-circums | rcumstances"<br>tances" test. T               | test, check th<br>he organizatio        | nis box and <b>st</b> o<br>in qualifies as a | p here.<br>publicly   |
| 18         | supported organization  |                                     |                                 |   |   |  |                       |

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

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

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

| Secti   | on A. Public Support   | under the te                          | 0.00.00                | ou, piedeo ec                                  | mproto r are                 | ,                                     |                   |
|---------|--|---------------------------------------|------------------------|--|------------------------------|---------------------------------------|-------------------|
|         | dar year (or fiscal year beginning in)   | (a) 2011                              | <b>(b)</b> 2012        | (c) 2013                                       | (d) 2014                     | <b>(e)</b> 2015                       | (f) Total         |
| 1       | Gifts, grants, contributions, and membership fees                                      | (4) 2011                              | (6) 2012               | (0) 2010                                       | (a) 2014                     | (0) 2010                              | (i) rotai         |
| •       | received. (Do not include any "unusual grants.")                                       |                                       |                        |  |                              |                                       |                   |
| 2       | Gross receipts from admissions, merchandise  |                                       |                        | <u>-</u>                                       |                              | <del> </del>                          |                   |
|         | sold or services performed, or facilities  |                                       |                        |  |                              |                                       |                   |
|         | furnished in any activity that is related to the                                       |                                       |                        |  |                              |                                       |                   |
| 3       | organization's tax-exempt purpose  Gross receipts from activities that are not an      |                                       |                        |  | -                            |                                       |                   |
| 3       | unrelated trade or business under section 513  |                                       |                        |  |                              |                                       |                   |
|         |  | <u> </u>                              |                        | ļ  |                              |                                       |                   |
| 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  |                                       |                        | ļ  | İ                            |                                       |                   |
|         | furnished by a governmental unit to the organization without charge                    |                                       |                        |  |                              |                                       |                   |
| _       | _  |                                       |                        |  |                              |                                       |                   |
| 6<br>72 | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3              |                                       |                        |  |                              | -                                     |                   |
| 14      | received from disqualified persons .   |                                       |                        |  |                              |                                       |                   |
| _       | •  |                                       |                        | <del> </del>                                   |                              |                                       |                   |
| ь       | Amounts included on lines 2 and 3  |                                       |                        |  |                              |                                       |                   |
|         | received from other than disqualified  |                                       |                        |  |                              |                                       |                   |
|         | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |                                       |                        |  |                              |                                       |                   |
| _       | -  |                                       |                        | <u> </u>                                       |                              |                                       | <del></del>       |
| 8<br>8  | Add lines 7a and 7b  | # # # # # # # # # # # # # # # # # # # | ∮ুহিংগৰ & ডি ⊀় ,'     | ', <sub>'</sub> , , ,                          |                              | * % * 1                               |                   |
| O       | tine 6.)   |                                       |                        |  |                              |                                       |                   |
| Sacti   | on B. Total Support  | S. Charles also been all and          | 3" HB, "" (35" 415" 5) | 1.72 32.2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | LON. (M. M. R. 198. S. A. A. | Bolt Caracles Consent                 | <del></del>       |
|         | dar year (or fiscal year beginning in)   | (a) 2011                              | <b>(b)</b> 2012        | (c) 2013                                       | (d) 2014                     | <b>(e)</b> 2015                       | (f) Total         |
| 9       | Amounts from line 6  | (4) 2011                              | (6) 2012               | (0) 2010                                       | (4) 2014                     | (0) 2010                              | 11/ Total         |
| 10a     |  |                                       |                        |  |                              |                                       |                   |
| 104     | payments received on securities loans, rents,  |                                       |                        |  |                              |                                       |                   |
|         | royalties and income from similar sources .  |                                       |                        |  |                              | ļ į                                   |                   |
| ь       | Unrelated business taxable income (less  |                                       |                        |  |                              | · · · · · · · · · · · · · · · · · · · | <del></del>       |
| -       | section 511 taxes) from businesses   |                                       |                        | ]  |                              |                                       |                   |
|         | acquired after June 30, 1975   |                                       |                        |  |                              |                                       |                   |
| c-      | -Add-lines-10a-and-10b   |                                       |                        | -  |                              |                                       |                   |
| 11      | Net income from unrelated business   |                                       |                        |  |                              |                                       |                   |
| ••      | activities not included in line 10b, whether   |                                       |                        |  |                              |                                       |                   |
|         | or not the business is regularly carried on  |                                       |                        |  |                              |                                       |                   |
| 12      | Other income. Do not include gain or   |                                       |                        |  | -                            |                                       | <del></del>       |
|         | loss from the sale of capital assets   |                                       |                        |  |                              |                                       |                   |
|         | (Explain in Part VI.)  |                                       |                        |  |                              |                                       |                   |
| 13      | Total support. (Add lines 9, 10c, 11,  |                                       |                        |  |                              |                                       |                   |
|         | and 12.)   |                                       |                        |  |                              |                                       |                   |
| 14      | First five years. If the Form 990 is for t   | he organization                       | n's first, secon       | d, third, fourth                               | , or fifth tax y             | ear as a sectio                       | n 501(c)(3)       |
|         | organization, check this box and stop he   | ere                                   | <u>.</u> .             |  | <u></u>                      |                                       | · · <b>&gt;</b> 🗀 |
| Secti   | on C. Computation of Public Suppo  |                                       |                        |  |                              |                                       |                   |
| 15      | Public support percentage for 2015 (line   | 8, column (f) d                       | ivided by line 1       | 3, column (f))                                 |                              | 15                                    | <u>%</u>          |
| 16      | Public support percentage from 2014 Sc   |                                       |                        | <u></u>  | <u></u>                      | 16                                    | <u>%</u>          |
| Secti   | on D. Computation of Investment In   |                                       |                        |  |                              |                                       |                   |
| 17      | Investment income percentage for 2015  |                                       |                        |  |                              |                                       | %                 |
| 18      | Investment income percentage from 201  | 4 Schedule A,                         | Part III, line 17      |  |                              | 18                                    | <u>%</u>          |
| 19a     | 331/3% support tests-2015. If the organ  |                                       |                        |  |                              |                                       |                   |
|         | 17 is not more than 331/3%, check this box   |                                       | _                      |  |                              |                                       |                   |
| b       | 331/3% support tests - 2014. If the organi   |                                       |                        |  |                              |                                       |                   |
|         | line 18 is not more than 331/3%, check this  |                                       |                        |  |                              |                                       |                   |
| 20      | Private foundation, if the organization d  | lid not check a                       | box on line 14         | . 19a. or 19b. o                               | check this box               | and see instruc                       | ctions 🕨 🗀        |

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

| 1 | 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone\_other\_than\_(i)\_its\_supported\_organizations; (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|    |   | Yes                                     | No   |
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| Part  | Supporting Organizations (continued)   |           |                     |                |
|-------|--|-----------|---------------------|----------------|
| •     |  |           | Yes                 | No             |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?  | x, , ,    | 30 ak               |                |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a       | <u> </u>            | الثند. ـــــا  |
| b     | A family member of a person described in (a) above?  | 11b       |                     |                |
|       | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c       | <u> </u>            |                |
| Secti | on B. Type I Supporting Organizations  | 1         | ··                  | ·              |
|       |  |           | Yes                 | No             |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to  |           | , ,                 | 33,            |
|       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |           | , 'S                |                |
|       | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization.   | MAR       |                     |                |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  | y feet a  |                     |                |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1         | 100                 | 70             |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported  | C REPORT  |                     | 李渊             |
| _     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |           |                     | 學問             |
|       | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   | 1 7.3     | 1 4                 |                |
|       | supervised, or controlled the supporting organization.   | 2         |                     |                |
| Secti | on C. Type II Supporting Organizations   |           |                     |                |
| _     | Management of the control of the desired of the control of the con |           | Yes                 | No             |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control  |           | ; , ,               | 3.5            |
|       | or management of the supporting organization was vested in the same persons that controlled or managed   |           | * 4 ·               |                |
|       | the supported organization(s).   | 1         | <u> </u>            | . I.13E        |
| Secti | on D. All Type III Supporting Organizations  | <u> </u>  |                     |                |
|       |  |           | Yes                 | No             |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   | P. N.     | 18 45<br>18 88 13   | 6 mg           |
|       | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  | Andrews . | · * .               | <b>为</b> 参约    |
|       | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  | Y.A.      |                     | 7.30           |
| 2     |  | 1 (2.48)  | Žt∕s∵.              | * * *.         |
| ~     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  | 19.0      |                     |                |
|       | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2         |                     |                |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations have a  | 2 1 Ngm 2 |                     | , ,            |
|       | significant voice in the organization's investment policies and in directing the use of the organization's   | 7 3       |                     |                |
|       | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   | 1 1 1 2 . | <del>LÍI</del>      | <del>l y</del> |
|       | supported organizations played in this regard.   | 3         | L.,,                |                |
| Secti | on E. Type III Functionally-Integrated Supporting Organizations  |           |                     |                |
| 1     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   | instru    | ctions              | s):            |
| а     | ☐ The organization satisfied the Activities Test. Complete line 2 below.   |           |                     |                |
| b     | The organization is the parent of each of its supported organizations. Complete line 3 below.  |           | 44                  |                |
| С     | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s   | see ins   | tructi              | ons).          |
| 2     | Activities Test. Answer (a) and (b) below.   |           | Yes                 | No             |
| а     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |           |                     |                |
|       | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |           |                     |                |
|       | those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined   |           | 13                  | <b>S.</b> : [  |
|       | that these activities constituted substantially all of its activities.   | 2a        | * N                 | أشستت          |
| b     | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more  |           | e <sup>1</sup> t. 0 |                |
| -     | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the  |           |                     |                |
|       | reasons for the organization's position that its supported organization(s) would have engaged in these   |           | *                   |                |
|       | activities but for the organization's involvement.   | 2b        |                     |                |
| 3     | Parent of Supported Organizations. Answer (a) and (b) below.   |           | 57                  |                |
| а     | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  | 1         |                     | <u> </u>       |
| _     | trustees of each of the supported organizations? Provide details in Part VI.   | 3a        | - 1 - 1             |                |
| b     | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard  | 3b        |                     | أحدد           |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical  | gan   | izations                                |                                |
|---|-------|---|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying   |       |   | structions. All                |
| other Type III non-functionally integrated supporting organizations must co   | mpl   | ete Sections A through E.               | <u> </u>                       |
| Section A - Adjusted Net Income   |       | (A) Prior Year                          | (B) Current Year<br>(optional) |
| 1 Net short-term capital gain   | 1     |   |                                |
| 2 Recoveries of prior-year distributions  | 2     |   |                                |
| 3 Other gross income (see instructions)   | 3     |   |                                |
| 4 Add lines 1 through 3   | 4     |   |                                |
| 5 Depreciation and depletion  | 5     |   |                                |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or |       |   |                                |
| maintenance of property held for production of income (see instructions)  | 6     |   |                                |
| 7 Other expenses (see instructions)   | 7     |   |                                |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)   | 8     |   |                                |
| Section B - Minimum Asset Amount  | 1-    | (A) Prior Year                          | (B) Current Year (optional)    |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):   | 33.   | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |                                |
| a Average monthly value of securities   | 1a    |   |                                |
| <b>b</b> Average monthly cash balances  | 1b    |   |                                |
| c Fair market value of other non-exempt-use assets  | 1c    |   |                                |
| d Total (add lines 1a, 1b, and 1c)  | 1d    |   |                                |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):  |       |   |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2     | I                                       |                                |
| 3 Subtract line 2 from line 1d  | 3     | 1                                       |                                |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4     |   |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5     |   |                                |
| 6 Multiply line 5 by .035   | 6     |   |                                |
| 7 Recoveries of prior-year distributions  | 7     |   |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8     |   |                                |
| Section C - Distributable Amount  |       |   | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)   | 1     |   |                                |
| 2 Enter 85% of line 1   | 2     | ·一丁中多五百十七極上成 2004                       |                                |
| 3 Minimum asset amount-for-prior year (from Section B, line 8, Column A)  | 3     | 下本子中 7 如此學學學學學學                         |                                |
| 4 Enter greater of line 2 or line 3   | 4     |   |                                |
| 5 Income tax imposed in prior year  | 5     | 自己用于自我的效果使使使                            |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to  |       |   |                                |
| emergency temporary reduction (see instructions)  | 6     | * * * * * * * * * * * * * * * * * * *   | <u></u>                        |
| 7 Check here if the current year is the organization's first as a non-functional  | ly-ır | tegrated Type III supporting            | g organization (see            |
| instructions)   |       |   |                                |

| Part   | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)   |  |   |   |  |  |  |  |
|--|--|--|---|---|--|--|--|--|
| Secti  | on D - Distributions  Amounts paid to supported organizations to accomplish 6  |  |   | Current Year  |  |  |  |  |
| 1_   |  |  |   |   |  |  |  |  |
| 2  | Amounts paid to perform activity that directly furthers exe  | mpt purposes of suppo                    | rted  |   |  |  |  |  |
|  | organizations, in excess of income from activity   |  |   |   |  |  |  |  |
| 3_   | Administrative expenses paid to accomplish exempt purp   | nizations                                |   |   |  |  |  |  |
| 4  | Amounts paid to acquire exempt-use assets  |  | <del></del>                                       | · <del></del>   |  |  |  |  |
| <u>5</u>                                     | Qualified set-aside amounts (prior IRS approval required)  |  |   |   |  |  |  |  |
| 7  | Other distributions (describe in <b>Part VI</b> ). See instructions. <b>Total annual distributions.</b> Add lines 1 through 6.   |  |   |   |  |  |  |  |
| 8  | Distributions to attentive supported organizations to which  | h the erganization is rec                | DORONO  |   |  |  |  |  |
| 0  | (provide details in <b>Part VI</b> ). See instructions.  | n the organization is res                | ponsive   |   |  |  |  |  |
| 9  | Distributable amount for 2015 from Section C, line 6   |  |   |   |  |  |  |  |
| 10   | Line 8 amount divided by Line 9 amount   |  |   |   |  |  |  |  |
|  |  | <i>m</i>                                 | (ii)  | (iii)   |  |  |  |  |
| Se   | ection E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions              | Underdistributions                                | Distributable   |  |  |  |  |
|  |  | Excess Distributions                     | Pre-2015  | Amount for 2015                                       |  |  |  |  |
| 1  | Distributable amount for 2015 from Section C, line 6   | * '                                      | *   |   |  |  |  |  |
| 2  | Underdistributions, if any, for years prior to 2015  | .,,,                                     |   |   |  |  |  |  |
|  | (reasonable cause required-see instructions)   | × > ,                                    |   |   |  |  |  |  |
| 3  | Excess distributions carryover, if any, to 2015:   | · ; , , , , , , , , , , , , , , , , , ,  | \$645 Will be                                     | * ,   |  |  |  |  |
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| d  | From 2013  | · · · · · · · · · · · · · · · · · · ·    | · · · · · · · · · · · · · · · · · · ·             |   |  |  |  |  |
| е  | From 2014  |  |   | **, 3 · · · · * · · · *                               |  |  |  |  |
| f  | Total of lines 3a through e  |  |   |   |  |  |  |  |
| g  | Applied to underdistributions of prior years   | * * * * *                                |   | " , , ' , <u>.</u> ,                                  |  |  |  |  |
| h  | Applied to 2015 distributable amount   |  |   |   |  |  |  |  |
| <u>i</u> _                                   | Carryover from 2010 not applied (see instructions)   |  |   | `* ,  |  |  |  |  |
| <u>         j                           </u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |  |   |   |  |  |  |  |
| 4  | Distributions for 2015 from Section  |  |   | ,               |  |  |  |  |
|  | D, line 7: \$  |  | * * '', * ' } '                                   |   |  |  |  |  |
| <u>a</u>                                     | Applied to underdistributions of prior years   |  | \$ 4, 85 m  |   |  |  |  |  |
| <u> </u>                                     | Applied to 2015 distributable amount   | , ", ,                                   | **  | 3 - 4 - 72 - 72 - 72 - 72 - 72 - 72 - 72              |  |  |  |  |
| <u>C</u>                                     | Remainder. Subtract lines 4a and 4b from 4.  | · · · · · · · · · · · · · · · · · · ·    |   |   |  |  |  |  |
| _ 5<br>                                      | Remaining underdistributions for years prior to 2015, if   |  |   |   |  |  |  |  |
|  | any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).   |  |   | 21 Sec. 1 1 1 1 1                                     |  |  |  |  |
|  | Remaining underdistributions for 2015. Subtract lines 3h   | *  |   |   |  |  |  |  |
| 6  | and 4b from line 1 (if amount greater than zero, see   | ( · · · · · · · · · · · · · · · · · · ·  |   |   |  |  |  |  |
|  | instructions).   |  | * · · · · · · · · · · · · · · · · · · ·           |   |  |  |  |  |
| 7  | Excess distributions carryover to 2016. Add lines 3  | ( · · · · · · · · · · · · · · · · · · ·  |   | 2 20 00   |  |  |  |  |
| •  | and 4c.  |  |   |   |  |  |  |  |
| 8  | Breakdown of line 7:   | 2 2 3 3 3 3 3 7                          |   |   |  |  |  |  |
| _ <del>o</del>                               | Dieardown of fine 7.   |  |   | 10 46 7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1         |  |  |  |  |
| <u>a</u>                                     |  |  | # 1 - F C # 1   P   P   P   P   P   P   P   P   P | THE THE PERSON AND AND AND AND AND AND AND AND AND AN |  |  |  |  |
| <u>_</u>                                     | Excess from 2013   | x /                                      |   | 19 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6            |  |  |  |  |
| <del>U</del>                                 | Excess from 2014   | 3"                                       |   | 2               |  |  |  |  |
| <u>-</u> е                                   | Excess from 2015   | *  | ``````````````````````````````````````            | à / ,   |  |  |  |  |
| <del>~</del>                                 | and the second s | <u> </u>                                 |   | A (5 000 000 57) 0045                                 |  |  |  |  |

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

Open to Public Inspection

Name of the organization Employer identification number Sister Connection Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (h) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2¢ Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements\_during\_the\_year\_ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

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|---------|---------|--------|---------|

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| Р | а | О | 4 | 1 | 2 |

| Part      | Organizations Maintaining  | Collections of         | Art, His   | torical     | <b>Freasures</b>        | s, or O         | ther Similar As                        | ssets (cont   | inued)   |
|-----------|--|------------------------|------------|-------------|-------------------------|-----------------|--|---------------|----------|
| <u>,3</u> | Using the organization's acquisition, collection items (check all that apply): | accession, and o       |            |             |                         |                 |  |               |          |
| а         | ☐ Public exhibition  |                        | d          | ☐ Loan      | or exchan               | ge prog         | ırams                                  |               |          |
| b         | ☐ Scholarly research   |                        |            |             |                         |                 |  |               |          |
| С         | ☐ Preservation for future generations  | 3                      |            |             |                         |                 |  |               |          |
| 4         | Provide a description of the organizat XIII.                                   | tion's collections     | and expl   | ain how t   | hey further             | the or          | ganızatıon's exer                      | npt purpose   | ın Part  |
| 5         | During the year, did the organization assets to be sold to raise funds rather  |                        |            |             |                         |                 |  |               | □ No     |
| Part      |  |                        |            |             |                         | -               |  |               |          |
|           | Complete if the organization 990, Part X, line 21.                             |                        |            |             |                         |                 | •                                      |               | orm      |
| 1a        | included on Form 990, Part X?  |                        |            |             |                         | tions o         | r other assets n                       | ot 🗌 Yes      | □ No     |
| b         | If "Yes," explain the arrangement in Pa  | art XIII and compl     | ete the fo | ollowing to | able:                   |                 | A                                      | mount         |          |
| С         | Beginning balance  |                        |            |             |                         | 10              | ; _                                    |               |          |
| d         | Additions during the year  |                        |            |             |                         | 10              | i l                                    |               |          |
| е         | Distributions during the year  |                        |            |             |                         | 16              | •                                      |               |          |
| f         | Ending balance   |                        |            |             |                         | 11              |  |               |          |
| 2a        | Did the organization include an amour  |                        |            |             |                         |                 |  |               | ☐ No     |
|           | If "Yes," explain the arrangement in Pa  | art XIII. Check her    | e if the e | xplanatio   | n has been              | provid          | ed on Part XIII .                      |               |          |
| Par       | t V Endowment Funds.   |                        |            |             |                         |                 |  |               |          |
|           | Complete if the organization   | answered "Yes          |            |             |                         |                 |  |               |          |
|           |  | (a) Current year       | (b) Pri    | or year     | (c) Two yea             | rs back         | (d) Three years back                   | k (e) Four ye | ars back |
| 1a        | Beginning of year balance  |                        |            |             |                         |                 |  |               |          |
| b         | Contributions  |                        |            |             |                         |                 |  |               |          |
| С         | Net investment earnings, gains, and  |                        |            | •           |                         |                 |  |               |          |
|           | losses   |                        |            |             |                         |                 |  |               |          |
| d         | Grants or scholarships   |                        |            |             |                         |                 |  |               |          |
| е         | Other expenditures for facilities and programs                                 |                        |            |             |                         |                 |  |               |          |
| f         | Administrative expenses  | -                      |            |             |                         |                 |  |               |          |
| g         | End of year balance  |                        |            |             |                         |                 |  |               |          |
| 2         | Provide the estimated percentage of the  | •                      | nd balanc  | e (line 1g  | ı, column (a            | a)) held        | as:                                    |               |          |
| а         | Board designated or quasi-endowmer   | nt 🕨                   | %          |             |                         |                 |  |               |          |
| b_        |  | %                      |            |             |                         |                 |  |               |          |
| С         | Temporarily restricted endowment   | %<br>2c should equal 1 |            |             |                         |                 |  |               |          |
| _         | The percentages on lines 2a, 2b, and i   | Lo siloula equal 1     |            |             |                         |                 |  |               |          |
| 3a        | Are there endowment funds not in the   | e possession of the    | ne organi  | zation tha  | at are held             | and ad          | lministered for th                     | _             |          |
|           | organization by:   |                        |            |             |                         |                 |  | Ye            | s No     |
|           | (i) unrelated organizations  |                        |            |             |                         |                 |  | 3a(i)         |          |
|           | (ii) related organizations   |                        |            |             |                         |                 |  | 3a(ii)        |          |
| b         | If "Yes" on line 3a(ii), are the related or                                    | •                      |            |             |                         |                 |  | 3b            |          |
| 4         | Describe in Part XIII the intended uses  | <del></del>            | on's endo  | wment to    | unds.                   |                 |  |               |          |
| Part      |  |                        |            |             |                         |                 |  |               |          |
|           | Complete if the organization   |                        |            |             |                         |                 | ,                                      |               |          |
|           | Description of property  | (a) Cost or o          |            | , , ,       | or other basis<br>ther) | d               | Accumulated epreciation                | (d) Book va   | alue<br> |
| 1a        | Land   |                        |            |             |                         | * \$1.8; . \$r. | 2 11 2 2 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 |               |          |
| b         | Buildings  |                        |            |             |                         |                 |  |               |          |
| c         | Leasehold improvements   |                        |            |             |                         |                 |  |               |          |
| d         | Equipment  |                        |            |             |                         |                 |  |               |          |
| е         | Other  |                        |            |             |                         |                 |  |               |          |
| Total.    | Add lines 1a through 1e. (Column (d) m   | nust equal Form 9      | 90, Part 2 | K, columr   | (B), line 10            | Oc.) .          | ▶                                      |               |          |

| Part VII            | Investments—Other Securities Complete if the organization are     |                            | rm 990. Part IV. lir    | ne 11b. See For      | m 990, Part X. line 12  |
|---------------------|---|----------------------------|-------------------------|----------------------|---|
|                     | (a) Description of security or categ (including name of security) |                            | (b) Book value          | (c) M                | ethod of valuation<br>id-of-year market value   |
| (1) Financial       | I derivatives   | • • • • • • •              |                         | <del> </del>         | •   |
|                     | held equity interests   |                            |                         |                      |   |
| (3) Other           |   |                            |                         |                      |   |
| (A)                 |   | ·                          |                         |                      |   |
| (B)                 | ····  |                            |                         | <u> </u>             |   |
| (C)<br>(D)          |   |                            |                         | <del> </del>         |   |
| (E)                 |   |                            |                         |                      |   |
| <del>\(\)</del> (F) |   |                            |                         | -                    | · · · · · · · · · · · · · · · · · · ·   |
| <u>``/</u><br>(G)   |   |                            |                         |                      |   |
| (H)                 |   |                            | <u> </u>                |                      |   |
| Total. (Column (    | b) must equal Form 990, Part X, col. (B) line 12.)                | <b>&gt;</b>                |                         | The second           | Contract Constitution   |
| Part VIII           | Investments-Program Relat   | ted.                       | •                       |                      |   |
|                     | Complete if the organization ar                                   | nswered "Yes" on Fo        | rm 990, Part IV, lir    | ne 11c. See Forr     | n 990, Part X, line 13.   |
|                     | (a) Description of investment                                     |                            | (b) Book value          |                      | ethod of valuation<br>d-of-year market value  |
| (1)                 |   |                            |                         |                      |   |
| (2)                 |   | <del></del>                | <u> </u>                |                      | <del>.</del>  |
| (3)                 |   |                            |                         | <del> </del>         |   |
| (4)                 |   |                            |                         |                      |   |
| (5)<br>(6)          |   |                            |                         |                      |   |
| (7)                 |   |                            |                         |                      |   |
| (8)                 |   |                            |                         |                      |   |
| (9)                 |   |                            |                         |                      |   |
|                     | b) must equal Form 990, Part X, col. (B) line 13.) I              | <u> </u>                   |                         |                      | のではなっては、1990年<br>1990年 1990年 19 |
| Part IX             | Other Assets.   |                            | ·                       |                      |   |
|                     | Complete if the organization ar                                   |                            | rm 990, Part IV, Iir    | ne 11d. See Forr     |   |
| (4)                 |   | (a) Description            | <del></del>             |                      | (b) Book value  |
| (1)                 |   | ·                          |                         |                      |   |
| (2)                 |   |                            |                         |                      |   |
| (4)                 |   |                            |                         |                      |   |
| -(5)                |   |                            | <u></u>                 |                      |   |
| (6)                 |   |                            |                         |                      |   |
| (7)                 |   |                            |                         |                      |   |
| (8)                 |   |                            |                         |                      |   |
| (9)                 |   |                            |                         |                      |   |
|                     | mn (b) must equal Form 990, Part X,                               | . col. (B) line 15.)       | <del></del>             | <u> ▶</u>            |   |
| Part X              | Other Liabilities. Complete if the organization ar line 25.       | nswered "Yes" on Fo        | rm 990, Part IV, Iir    | ne 11e or 11f. Se    | ee Form 990, Part X,  |
| 1.                  | (a) Description of liability                                      | (b) Book value             | Statenhar               | Tanalana Ka          |   |
| (1) Federal ır      |   |                            |                         |                      |   |
| (2)                 |   |                            |                         | A September 1        |   |
| (3)                 |   |                            |                         |                      |   |
| (4)                 | 111111111   |                            |                         |                      |   |
| (5)                 |   |                            |                         |                      |   |
| (6)                 |   |                            |                         | J. 3                 |   |
| (7)                 |   |                            |                         |                      |   |
| (8)                 |   |                            |                         |                      |   |
| (9)                 | (1)   |                            |                         |                      |   |
|                     | (b) must equal Form 990, Part X, col (B) line 25.)                |                            |                         | <u> </u>             |   |
|                     | r uncertain tax positions. In Part XIII, pr                       |                            |                         |                      |   |
| organization'       | 's liability for uncertain tax positions und                      | Jer Pilv 48 (ASC 740). Che | eck here it the text of | ille lootnote has be | en providea in Part XIII 📋  |

| Part   |  |             |                      | Return.     |        |
|--------|--|-------------|----------------------|-------------|--------|
|        | Complete if the organization answered "Yes" on Form 990,<br>Total revenue, gains, and other support per audited financial statements |             |                      | 11          |        |
| 1<br>2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |             |                      |             | 525493 |
|        | Net unrealized gains (losses) on investments   | 2a          |                      | Yata        |        |
| a<br>b | Donated services and use of facilities   | <del></del> |                      |             |        |
| C      | Recoveries of prior year grants  |             |                      |             |        |
| ď      | Other (Describe in Part XIII.)   |             | ·-                   |             |        |
| e      | Add lines 2a through 2d  |             |                      | 2e          | 525493 |
| 3      | Subtract line 2e from line 1   |             |                      | 3           | J25793 |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | i i         | • • • • • •          | P 9804      |        |
| a<br>a | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a          |                      | * ***       |        |
| b      | Other (Describe in Part XIII.)   |             |                      |             |        |
| c      | Add lines <b>4a</b> and <b>4b</b>  |             |                      | 4c          |        |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line   |             |                      | 5           | 525493 |
| Part   | XII Reconciliation of Expenses per Audited Financial State   | ments W     | ith Expenses p       | er Return.  |        |
|        | Complete if the organization answered "Yes" on Form 990,   |             |                      |             |        |
| 1      | Total expenses and losses per audited financial statements   |             |                      | 1           | 579657 |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |             |                      | F VE        |        |
| а      | Donated services and use of facilities   | 2a          |                      |             |        |
| b      | Prior year adjustments   | 2b          |                      |             |        |
| С      | Other losses   | 2c          |                      |             |        |
| d      | Other (Describe in Part XIII.)   | 2d          |                      |             |        |
| е      | Add lines 2a through 2d  |             |                      | 2e          |        |
| 3      | Subtract line <b>2e</b> from line <b>1</b>   |             |                      | 3           | 579657 |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |             |                      | * **        |        |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b   |             |                      | P. 30       |        |
| b      | Other (Describe in Part XIII.)   | 4b          |                      |             |        |
| C      | Add lines <b>4a</b> and <b>4b</b>  |             |                      | 4c          |        |
| 5      | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information.                                 | ne 18.) .   | <u> </u>             | 5           | 579657 |
| 2; Par | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par   | t to provid | de any additional ii | nformation. |        |
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|                                       | orm 990) 2015                        | Page 5                                  |
|---------------------------------------|--------------------------------------|---|
| Part XIII                             | Supplemental Information (continued) |   |
| •                                     |                                      |   |
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#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

| Sister | Connection   |   |   |   |   | -5680815  |
|--------|--|---|---|---|---|---|
| Part   |  |   | es Outside  | the United States. Com  | olete if the organization answ  | vered "Yes" on  |
| 1      | For grantmakers. Does the                              | organization                              | maintain reco   | ords to substantiate the am   | ount of its grants and other  |   |
|        | assistance, the grantees' eli                          | gibility for the                          | e grants or as  | sistance, and the selection   | riteria used to award the   |   |
|        | grants or assistance?                                  |   |   |   |   |   |
| 2      | For grantmakers. Describe assistance outside the Unite |   | the organizati  | on's procedures for moni  | toring the use of its grants  | s and other   |
| 3      | Activities per Region. (The fo                         | llowing Part                              | I, line 3 table o   | can be duplicated if additio  | nal space is needed.)   |   |
|        | (a) Region   | (b) Number of<br>offices in the<br>region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is<br>a program service,<br>describe specific type of<br>service(s) in region   | (f) Total<br>expenditures for<br>and investments<br>in region |
| (1)    | Burundi, Africa  | 1   | 19  | Program Services  | Assist widows & orphans   | 316864  |
| (2)    |  |   |   | Program Services  | Build / repair widow homes  | 110146  |
| (3)    |  |   |   | Program Services  | Training ctr, micro-ent.  | 50316   |
| (4)    |  |   |   |   |   |   |
|        |  |   |   |   |   |   |
| (5)    |  |   |   |   |   |   |
| (6)    |  |   |   |   |   |   |
| (7)    |  |   |   |   |   |   |
| (8)    |  |   |   |   |   |   |
| (9)    |  |   |   |   |   |   |
| (10)   |  |   |   |   |   |   |
| (11)   |  |   |   |   |   |   |
| (12)   |  |   |   |   |   |   |
| (13)   |  |   |   |   |   |   |
| (14)   |  |   |   |   |   | <u> </u>  |
|        |  |   |   |   |   |   |
| (15)   |  |   |   |   |   |   |
| (16)   |  | 1   |   |   |   |   |
| (17)   | Out total  |   |   | ,   | ya  | 47700   |
| 3a     | Sub-total  |   | <del> </del>  | 1   | * (A) | 477326  |
| b      | sheets to Part I                                       |   |   | i sin militar   |   |   |
| C      | Totals (add lines 3a and 3b)                           |   |   | , <u>, , , , , , , , , , , , , , , , , , </u>   | 1   | 477326  |

| 1   | (a) Name of organization   | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region | (d) Purpose of grant                             | (e) Amount of cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount of non-cash assistance | (h) Description<br>of non-cash assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) |
|-----|--|--|------------|--|--------------------------|---------------------------------------|-----------------------------------|---|---|
| ,e, |  |  | 144        |  |                          |                                       |                                   |   |   |
|     |  |  |            |  |                          |                                       |                                   |   |   |
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|     | 7174 72 mm s   |  |            |  |                          |                                       |                                   |   |   |
|     | Jan Karaman Andrews (1997)   | * 1/1-   |            |  |                          |                                       |                                   |   |   |
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|     |  | **********   |            |  |                          |                                       |                                   |   |   |
|     | · · · · · · · · · · · · · · · · · · ·  |  |            |  |                          |                                       |                                   |   |   |
| •   |  |  |            |  |                          |                                       |                                   |   |   |
|     |  |  |            | ted above that are rec<br>nas provided a section |                          |                                       |                                   |   |   |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| Part III can be duplic             | ated if additional sp | ace is needed.           |                          |                                       |                                   |  |   |
|------------------------------------|-----------------------|--------------------------|--------------------------|---------------------------------------|-----------------------------------|--|---|
| (a) Type of grant or assistance    | (b) Region            | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of<br>cash<br>disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) |
| (1) Financial aid to widows/orphan | Burundı, Africa       | 670                      | 316864                   | in person                             |                                   |  |   |
| (2) Homes for widows/orphans       | Burundi, Africa       | 180 approx               | 110146                   | in person                             |                                   |  |   |
| (3) Micro-enterprise funds         | Burundi, Africa       | 241                      | 6640                     | in person                             |                                   |  |   |
| (4)                                |                       |                          |                          | (program admin.)                      |                                   |  |   |
| (5)                                |                       |                          |                          |                                       |                                   |  |   |
| (6)                                |                       |                          |                          |                                       |                                   |  |   |
| (7)                                |                       |                          |                          |                                       |                                   |  |   |
| (8)                                |                       |                          |                          |                                       |                                   |  |   |
| (9)                                |                       |                          |                          |                                       |                                   |  |   |
| (10)                               |                       |                          |                          |                                       |                                   |  |   |
| (11)                               |                       |                          |                          |                                       |                                   |  |   |
| (12)                               |                       |                          |                          |                                       |                                   |  |   |
| (13)                               |                       |                          |                          |                                       |                                   |  |   |
| (14)                               |                       |                          |                          |                                       |                                   |  |   |
| (15)                               |                       |                          |                          |                                       |                                   |  |   |
| (16)                               |                       |                          |                          |                                       |                                   |  |   |
| (17)                               |                       |                          |                          |                                       |                                   |  |   |
| (18)                               |                       |                          |                          |                                       |                                   |  |   |

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| Schedule F (Form 990) 2015 |  |
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| ⊃art | V             | Foreign Forms   |       |      |
|------|---------------|---|-------|------|
| 1    | the c         | the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)   | ☐ Yes | ✓ No |
| 2    | may<br>Trus   | the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign the With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990). | ☐ Yes | ☑ No |
| 3    | the c         | the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471)  | ☐ Yes | ✓ No |
| 4    | qual<br>Infor | the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d (see Instructions for Form 8621)   | ☐ Yes | ☑ No |
| 5    | the d         | the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)  | ☐ Yes | ☑ No |
| 6    | "Yes          | the organization have any operations in or related to any boycotting countries during the tax year? If it," the organization may be required to separately file Form 5713, International Boycott Report (see auctions for Form 5713; do not file with Form 990)   | ☐ Yes | ☑ No |

Schedule F (Form 990) 2015

### Part V

#### **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).

| Funds are wired to our bank account in Burundi. The Burundi office staff, including the Director, administrators and social workers account |
|---|
| for the funds and maintain distribution records. Periodic financial reports from the Burundi office are provided to the US President and    |
| Treasurer. The President and other US staff take periodic trips to Burundi and have opportunity to see first hand how funds are being used. |
| An independent audit of the Burundi financial records is performed annually and reported to the US board.                                   |
|   |
| Recipients of sponsorship funds or houses are profiled by our social workers and home administrator to provide a needs assessment           |
| prior to connecting a widow with a sponsor or providing a home.   |
|   |
| Micro-enterprise loan fund records are maintained by the Burundi administrator of the program and reported to the President and             |
| Treasurer.  |
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#### SCHEDULE O (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name of the organization   |                                       | Employer identification fidiliber |
|--|---------------------------------------|-----------------------------------|
| Sister Connection  |                                       | 20-5680815                        |
|  |                                       |                                   |
| Part VI A 2 - FAMILY OR BUSINESS RELATIONSHIPS                     | •                                     |                                   |
| Daniel Kurtz and Diane Kurtz are husband and wife                  |                                       |                                   |
|  |                                       |                                   |
|  |                                       |                                   |
| Dest VII A C. DIDECTORS NOT AVAILABLE AT ORGANIZATION ADD          | DEGG                                  |                                   |
| Part VI A 9 - DIRECTORS NOT AVAILABLE AT ORGANIZATION ADD          | RESS                                  |                                   |
| Joy Buconyori, P.P. 667, Bujumbura, Burundi, Africa                |                                       |                                   |
|  |                                       |                                   |
|  |                                       |                                   |
| Part VI B 11a, 11b - FORM 990 PROVIDED TO DIRECTORS                |                                       |                                   |
| Tall VIB TIE, TIB T ON 11 330 T NOVIDED TO DINEOTONS               |                                       |                                   |
| The Form 990 and associated schedules are provided to the director | s for review and input prior to filin | g                                 |
|  |                                       |                                   |
|  |                                       | •••••                             |
| Part VI C 19 - PUBLIC DISCLOSURE                                   |                                       |                                   |
|  |                                       |                                   |
| Audited financials and Form 990 are made available upon request.   |                                       |                                   |
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