#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Department of the Treasury Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2015 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address change INDEPENDENT SECTOR Name change Doing business as 52-1081024 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final 1602 L STREET, NW 900 202-467-6100 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 13,294,485. Amended return H(a) Is this a group return WASHINGTON DC 20036 Applica-tion F Name and address of principal officer: DIANA AVIV for subordinates? Yes x No pending H(b) Are all subordinates included? Yes SAME AS C ABOVE 4947(a)(1) or I Tax-exempt status: x 501(c)(3) 501(c) ( (insert no.) 527 If "No," attach a list. (see instructions) J Website: ▶ www.independentsector H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1980 M State of legal domicile: DC Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO LEAD AND CATALYZE THE Activities & Governance CHARITABLE COMMUNITY (SEE SCHEDULE 0) 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) 22 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 50 Total number of volunteers (estimate if necessary) 6 330 7 a Total unrelated business revenue from Part VIII, column (G) line 12 IN I 7a 114,884. b Net unrelated business taxable income from Form 990-T, lipe 34 🜙 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 7:316.436 8,348,560. Revenue Program service revenue (Part VIII, line 2g) 875,235 794,109. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 229,323 279,991. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 282 253 389 804. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8.703.247 9.812.464. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,090,794 5,187,013. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 134,400. 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,683,410 4,162,013. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8 774 204 9 483 426. Revenue less expenses. Subtract line 18 from line 12 -70,957 329,038. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 45 286 678 43,933,869. Total liabilities (Part X, line 26) 14 962 861 13,552,822. Net / Net assets or fund balances. Subtract line 21 from line 20 30 323 817 30,381,047. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. **PUBLIC INSPECTION** Signature of officer Date **COPY - RETAIN FOR** Sign CAROLYN MOLLEN, VP. CFO YOUR RECORDS Here Type or print name and title Freparer' Print/Type preparer's name 2016 self-employed Paid P00369217 WILLIAM E. TURCO, CPA Preparer Firm's name RSM US LLP Firm's EIN 42-0714325 Use Only Firm's address > 9737 WASHINGTONIAN BLVD. #400

x Yes

Phone no. (301) 296-3600

GAITHERSBURG, MD 20878-7340

May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly describe the organization's mission:	
	TO LEAD AND CATALYZE THE CHARITABLE COMMUNITY, PARTNERING WITH	
	GOVERNMENT, BUSINESS, AND INDIVIDUALS TO ADVANCE THE COMMON GOOD.	
	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on	
		Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services.	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
_	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2, 243,849, including grants of \$) (Revenue \$)	)
	PUBLIC POLICY AND COMMUNITY ENGAGEMENT- INDEPENDENT SECTOR (IS)	
	PROVIDES LEADERSHIP FOR AND COLLABORATES WITH OUR MEMBER ORGANIZATIONS	
	AND OTHER STAKEHOLDERS TO EDUCATE PUBLIC OFFICIALS ABOUT THE VALUE OF	
	THE CHARITABLE COMMUNITY AND TO ADVOCATE FOR FEDERAL POLICIES AND	
	REGULATIONS THAT ADVANCE THE ABILITY OF CHARITABLE AND PHILANTHROPIC	
	ORGANIZATIONS TO SERVE THEIR COMMUNITIES. KEY ACHIEVEMENTS IN 2015	
	INCLUDED ENACTMENT OF LEGISLATION THAT MADE PERMANENT THREE IMPORTANT	
	CHARITABLE GIVING INCENTIVES THAT TOGETHER ENCOURAGE GIFTS OF EXCESS	
	FOOD INVENTORY, CONSERVATION EASEMENTS TO PRESERVE OPEN SPACE, AND	
	GIFTS FROM THE RETIREMENT SAVINGS OF OLDER AMERICANS. IS ALSO CONTINUED	
	TO SERVE AS A RESOURCE TO LAWMAKERS AND THEIR STAFF IN BOTH CHAMBERS ON	
	KEY SECTOR-WIDE ISSUES. THIS WAS EVIDENCED BY THE INVITATION FOR	
4b	(Code:) (Expenses \$	734,195.)
	NATIONAL CONFERENCE - THE IS NATIONAL CONFERENCE PROVIDES THE PREMIER	
	MEETING GROUND FOR LEADERS FROM THE NONPROFIT SECTOR AND PHILANTHROPIC	
	SECTOR, BRINGING TOGETHER LEADERS FROM PUBLIC CHARITIES, FOUNDATIONS,	
	CORPORATE GIVING PROGRAMS, AND ACADEMIA TO SHARE THEIR EXPERIENCES AND	
	EXPERTISE TO DISCUSS AND ADDRESS CRITICAL ISSUES FACING OUR SECTOR, THE	11
	NATION AND THE WORLD. IN OCTOBER, 2015, OVER 1100 PEOPLE (INCLUDING	
	OVER 100 ON SCHOLARSHIP) REGISTERED FOR OUR ANNUAL CONFERENCE FEATURING	
	INTERACTIVE SESSIONS INFUSED WITH THE ARTS IN MIAMI, FLORIDA, ABOUT 195	
	PARTICIPATED IN OUR PUBLIC POLICY ACTION INSTITUTE AND NGEN PROGRAMMING	
	(FOR NONPROFIT PROFESSIONALS UNDER 40) WHICH ARE IS' SIGNATURE	
	PRE-CONFERENCE OFFERINGS. THE EXPERTISE AND VIBRANCY OF ALL OUR	
	PARTICIPANTS PRODUCED A WORLD-CLASS EXCHANGE OF IDEAS, WITH OVER 200	
4c		26,715.)
	PROGRAMS AND PRACTICE (P&P) - IN 2015, INDEPENDENT SECTOR CONTINUED TO	
	STRENGTHEN LEADERSHIP CAPACITY, TO PROMOTE GOOD GOVERNANCE, AND TO	
	ADDRESS SIGNIFICANT ISSUES FACING THE CHARITABLE COMMUNITY.	
	NGEN: P&P BROADENED THE REACH AND EFFECTIVENESS OF 'NGEN: MOVING	
	NONPROFIT LEADERS FROM NEXT TO NOW', OUR LEADERSHIP DEVELOPMENT PROGRAM	
	THAT BUILDS THE CAPACITY OF NONPROFIT AND PHILANTHROPIC LEADERS AGE 40	
	AND UNDER TO HAVE SIGNIFICANT IMPACT ON SOCIETY'S TOUGHEST CHALLENGES.	
	WE CONTINUED THE AMERICAN EXPRESS NGEN FELLOWS PROGRAM, A YEAR-LONG	
	FELLOWSHIP FOR 12 DIVERSE EMERGING LEADERS FROM ACROSS THE SECTOR; A	
	FELLOWS ALUMNI PROGRAM THAT HAS GROWN TO 72 FORMER FELLOWS; AND THE	
	AMERICAN EXPRESS NGEN LEADERSHIP AWARD PROGRAM, WHICH RECOGNIZES ONE	
	HIGHLY ACCOMPLISHED SECTOR LEADER WHO HAS ALREADY DEMONSTRATED	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 2,117,021, including grants of \$ ) (Revenue \$	
4e_	Total program service expenses 7,135,364.	Form <b>990</b> (2015)
		rom <b>330</b> (2015)

532002 12-16-15

2015.03040 INDEPENDENT SECTOR

# Form 990 (2015) INDEPENDENT SECTOR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		х
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		Α_
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	v	
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	10	X	
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	Λ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		х
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	-1.5		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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		х
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	17	Х	
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		х
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		X
		_	$\alpha\alpha\alpha$	

Form 990 (2015) INDEPENDENT SECTOR

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes" is one pade Schedule H	1			Yes	No
b   "Yes" to line 20a, did the organization state ha copy of its audited financial statements to this return?  20   Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic powerment on Part IX, column (A), line ?? If "Yes," complete Schedule I, Parts I and II   22   X   X   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 offices, directors, trustees, key employees, and highest compensation of the organization's current and former offices, directors, trustees, key employee of any time during the year? If "Yes," complete Schedule I, Part I, I   24   X   24   25   25   25   25   25   25   25	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
domestic government on Part IX, column (A), line 17 // "Fes," complete Schedule I, Parts I and II 22					
22   Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, courin (A), line 29 if "Vies," complete Schedule I, Part I and III   22   x   23   X   24   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 III   24   X   24   Did the organization have a tax-evempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Docember 31, 2002? If "Yes," crawser fines \$24 through 24 and complete Schedule K. If "No", go to line 25e   24a   X   2   24b   2   24b   2   24c	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and III 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 I 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 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 I. "No."; or to line 25a 24a		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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? // "Yes," complete Schedule / "Yes," complete Schedule / "Yes," 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 becember 31, 2002? // "Yes," answer fines 24b through 24d and complete Schedule K. // "No", go to line 25a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			22		Х
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", ye to line 25s 24b 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 Z4c Z  25c Section 50 (1c)(3), 50 (1c)(4), and 50 (1c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part II 25b X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part II 25b X  b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officeroe, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X  28 Was the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officeroe, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X  28 Was the organization or poor any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25c X  29 Was the organization or poor any amount or other assistance to an officer, director, trustee, key employee, substantial contributions or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25c A an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25c A an entity of which a current or former officer, director, trustee, or key employee? If "Yes,"	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					1
schedule K. if "No", go to lime 25a  b Did the organization maintain an accrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  c Did the organization maintain an accrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?  24d		Schedule J	23	X	
Schedule K. If "No", go to line 25e b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d	24a	·			
b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c) Did the organization maintain an escrow account other than a refunding accrow at any time during the year to defease any tax-exempt bonds?  d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d			04-		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c				X	v
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d			240		
d 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? // "Yes," complete Schedule L, Part /	C		240		y.
25a 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 I., Part I	d				x
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
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 E2? If "Yes," complete Schedule L, Part II			25a		х
Schedule L, Part I  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  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  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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  Did the organization includate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part II  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, If Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  A Usas the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part V, line 2  A Usas the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,	b				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 28 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a businoss transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X X X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X X X X X X X X X X X X X X X X X X		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		Schedule L, Part I	25b		Х
complete Schedule L, Part II  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  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  29 X  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  30 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 II, III, or IV, and Part V, Iine 1  35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35b 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, Iine 2  35b 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 Sch	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
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					
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			26		Х
of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b	27				
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b x b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b x c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c x Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 x Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 x Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 x Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 x Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 x  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 x  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35a x  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 x  38 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, Pa					1024
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c 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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule N  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  31 Yes," complete Schedule N, Part I  32 Did the organization iliquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I  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, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35 Did the organization solid the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes,"			27		_ X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c 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  28b	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c 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 cowner? If "Yes," complete Schedule L, Part IV  28c x  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 x  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 x  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 x  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 x  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 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  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_		292		v
c 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		Feb. 30240 30 W 10 3025			
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 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 X  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 A X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. lines 11b and 19?			200		
29 x  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 x  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 x  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  32 Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  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, Iine 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  are provided in the properties of the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	Ü		28c		x
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30	29				x
31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 X  33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  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, Iine 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30				
31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 X  33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  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, Iine 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		contributions? If "Yes," complete Schedule M	30		х
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32	31				
Schedule N, Part II  32		If "Yes," complete Schedule N, Part I	31		х
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 x  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 x  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a x  35 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization fave a controlled entity within the meaning of section 512(b)(13)?  35a X  35a X  35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  35b If "Yes," complete Schedule R, Part V, line 2  36 Judy the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  36 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			32		X
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	33				
Part V, line 1  34			_33	Х	_
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34				9300
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Part V, line 1			X
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  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			35a		_ X
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  X  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	р		256		
If "Yes," complete Schedule R, Part V, line 2  36  X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36		OOD		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30		36		у
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		30		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		х
	38				
			38	х	

### Form 990 (2015) INDEPENDENT SECTOR Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 16									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	х							
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X							
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	х							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	_							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
la.	any contributions that were not tax deductible as charitable contributions?	6a		X						
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ch								
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	-						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand			-						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(00.1=:						

Form 990 (2015) INDEPENDENT SECTOR Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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. b 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

Another's website x Upon request x Own website Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: CAROLYN MOLLEN - 202-467-6100

532006 12-16-15

1602 L STREET NW NO. 900 WASHINGTON DC 20036

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle cer ar	Pos heck ss pe	erson	than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NEIL J. NICOLL	5,00	x		x				0.	0.	0.
(2) STEVEN J. MCCORMICK	5,00	x		х				0.	0.	0.
(3) LORIE SLUTSKY TREASURER	5,00	x		х				0.	0.	0.
(4) KELVIN TAKETA SECRETARY	5.00	x		x				0.	0.	0.
(5) JEFFREY L. BRADACH AT LARGE EXECUTIVE COMMITTEE MEMBER	5,00	x		Δ				0.	0.	0.
(6) BARBARA R. ARNWINE DIRECTOR	2,00	x						0.	0.	0.
(7) ROBERT W. BRIGGS DIRECTOR	2.00	X						0.	0.	0.
(8) KYLE CALDWELL	2.00	X						0.	0.	0.
DIRECTOR (9) SONYA CAMPION DIRECTOR	2.00	X						0.	0.	0.
(10) DANIEL J. CARDINALI DIRECTOR	2,00	X						0.	0.	0.
(11) JULIE FLOCH DIRECTOR	2,00	x						0.	0.	0.
(12) JIM GIBBONS TREASURER, DIRECTOR	2.00	x		x				0.	0.	0.
(13) IRENE HIRANO-INOUYE	2.00	x						0.	0.	0,
(14) RON KAGAN DIRECTOR	2,00	x						0.	0.	0,
(15) LARRY KRAMER DIRECTOR	2,00							0.	0.	0.
(16) ROBERT L. LYNCH DIRECTOR	2.00							0.	0.	0.
(17) TIMOTHY J. MCCLIMON DIRECTOR	2,00							0.	0.	0.
532007 12-16-15	100	4,100								Form <b>990</b> (2015)

532007 12-16-15

Part VII Section A Officers Directors True		101			900005	500	A0125	A Page A	52-1081024	Page 8
dection A. Onicera, Directora, Trus		ploy	ees,			ghe	st C			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director	not c	ss pe	ition more rson i irecto	Highest compensated highest compensated employee	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) BERNARD J. MILANO	2,00					_				
DIRECTOR		Х						0.	0.	0.
(19) MICHAEL PIRAINO	2.00									
DIRECTOR		х						0.	0.	0.
(20) PAUL SCHMITZ	2.00									
DIRECTOR		Х						0.	0.	0,
(21) ROBERTO SURO	1.00							17		
DIRECTOR		х						0.	0.	0,
(22) SANDRA L. VARGAS	2,00									
SECRETARY, DIRECTOR		X		x	ļ.,			0.	0.	0,
(23) DARREN WALKER	2.00									
DIRECTOR		X						0.	0.	0.
(24) DIANA AVIV	60.00									
CEO UNTIL 09/30/15				X				539,849.	0.	16,248,
(25) CLAIRE WELLINGTON	50.00									
ILT, SVP GOVERNANCE & SPECIAL PROJEC				Х				198,204.	0.	54,778
(26) JEFFREY MOORE	50.00									
ILT, VP STRATEGY				Х				174,909.	0.	39,289,
1b Sub-total								912,962,	0.	110,315.
c Total from continuation sheets to Part VI	l, Section A					*****		1,098,820.	0.	234,326,
d Total (add lines 1b and 1c)						(1+1)	>	2,011,782,	0.	344,641.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

		T-1	Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	x	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		х

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DELOITTE CONSULTING LLP	STRATEGIC VISIONING	
P.O. BOX 844717, DALLAS, TX 75284-4717	CONSULTANTS	590,000.
OFFICE IT SOLUTIONS, 3509 CONNECTICUT AVE		Contraction Section
NW #705, WASHINGTON, DC 20008	TECHNOLOGY SERVICES	390,389.
INTERCONTINENTAL MIAMI		
100 COPIN PLAZA, MIAMI, FL 33131	MEETING SERVICES	332,987.
WASHINGTON COUNCIL E&Y, 1001 PENNSYLVANIA		· ·
AVE, NW #601, WASHINGTON, DC 20004	LEGAL CONSULTING	193,284.
VERBUM WORD GROUP	RESOURCE DEVELOPMENT	
313 MILL STREET, MILTON, DE 19968	CONSULTING	134,400.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	8	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2015)

532008 12-16-15

Form 990	INDEPENDENT SECTOR	52-1081024

Part VII Section A. Officers, Directors, Tr	ustees. Kev Er	nplo	ovee	s. a	nd F	liah	est	Compensated Employ	ees (continued)	
(A)	(B)		,,00	((	C)	11511		(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation
	(list any hours for	directo				demp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	trustee or director	stee			nsateo		(***271099-141130)		and related
	organizations	trusti	al tru		yee	эшы				organizations
	below	Individual t	Institutional trustee	<u>.</u>	Кеу етрюуее	Highest compensated employee	Jer			Ŭ
	line)	i ģ	Insti	Officer	Key	High	Former			
(27) CANDY HILL	50.00									
ILT, VP COMMUNICATIONS				Х				172,932.	0.	40,336
(28) CAROLYN MOLLEN	45.00									
VP, CFO				х				139,099.	0.	14,345
(29) TERRI O'BRIEN	50.00									
COO UNTIL 02/25/15				Х				52,123.	0.	4,433
(30) GEOFFREY PLAGUE	45.00									
VP, PUBLIC POLICY						Х	_	166,275.	0.	39,871
(31) AMANDA BROUN	45.00									
VP, PROGRAMS & PRACTICE				_		Х		156,390.	0.	50,470
(32) ERICA GREELEY	45.00									
VP NETWORKS						Х	_	146,355.	0.	19,351
(33) NADINE JALANDONI	45.00								11.20	
VP, CONVENINGS & KNOWLEDGE SHARING						Х	-	144,188.	0.	39,785
(34) DANIELLE MAXWELL	45.00								_	
DIRECTOR, TALENT & ADMINISTRATION				-		Х	-	121,458.	0.	25,735
		_		-		_				
						_				
		_	-		_	_				
	1			_						

Form 990 (2015) INDEPENDENT SECTOR
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	🔲
5					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	- Intention	220	2.029.981.				
S, G	С		110-00-00-00-00-00-00-00-00-00-00-00-00-					
ar /	d	D 1						
S, O	е	Government grants (contributi						
ion	f	All other contributions, gifts, grant						
but		similar amounts not included above		6,318,579.				
E O	g	Noncash contributions included in lines	Heliopo Marie III	5,120.				
a S	h	Total. Add lines 1a-1f	**********	<b>&gt;</b>	8 348 560.			
				Business Code				
e Ce	2 a	CONFERENCE FEES		900004	767,394.	734,195.		33,199.
e Z	b	PUBLICATION SALES		900099	26,715.	26,715.		
Program Service Revenue	С	-						
Jrar Rev	d	2						
ro L	е	-						
-		All other program service reve						
_		Total, Add lines 2a-2f			794,109.			
	3	Investment income (including						
		other similar amounts)			278,745.			278,745.
	4	Income from investment of tax						
	5	Royalties		L	13,620.		13,620.	
	0 -	0.0000	(i) Real	(ii) Personal				
	6 a	Gross rents	1,606,473.	-				
		Less: rental expenses Rental income or (loss)	1,484,051.					
					122 422.		55,053.	67,369.
		Gross amount from sales of	(i) Securities	(ii) Other	122, 322,		55,055.	07,302.
	7 4	assets other than inventory	1,999,216.					
	h	Less: cost or other basis	1,000,210,					
	~	and sales expenses	1,997,970,					
	С	Gain or (loss)						
		Net gain or (loss)			1,246.			1,246.
a l		Gross income from fundraising						
ue		including \$	of					
eve		contributions reported on line	1c). See					
ᇤ		Part IV, line 18	а					
Other Reven	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	raising events	<b>&gt;</b>				
	9 a	Gross income from gaming activities. See						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales		CONTRACTOR OF THE STATE OF THE				-
	44 -	Miscellaneous Revenue	₽	Business Code	107 554			100 551
		SUBLEASE INCOME		900099	127,551.			127,551.
		CONTRACT SETTLEMENT PARKING SERVICES		900099 812930	80,000. 46,211.		46,211,	80,000.
		All other revenue	======================================	J12730	40,211.		40,211,	
		Total. Add lines 11a-11d			253,762.			
	12	Total revenue. See instructions.			9 812 464.	760,910.	114.884.	588 110.
		THE PARTY OF THE P		The state of the s				5 000 (0045)

532009 12-16-15

# Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons			(C)	
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,316,555.	795,418.	399,265.	121,872
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,972,987.	1,796,178.	901,604.	275,205
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	208,648.	126,058.	63,276.	19,314
9	Other employee benefits	389,190.	235,135,	118,028.	36,027
10	Payroll taxes	299,633.	181,028.	90,868.	27,737
11	Fees for services (non-employees):				
а	Management				
b		28,555.	190.	28,365.	
С	Accounting	28,850.		28,850.	
d					
е	, –	134,400.			134,400
f	Investment management fees	34,581,		34,581,	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,655,098.	942,258.	694,421.	18,419
12	Advertising and promotion	18,673.	17,393.	1,280.	
13	Office expenses	247,532.	135,330,	106,499,	5,703
14	Information technology	61,989.	37,275.	24,544.	170
15	Royalties				
16	Occupancy	1,034,757.	631,591.	300,287.	102,879
17	Travel	250,026.	215,332.	33,082,	1,612
18	Payments of travel or entertainment expenses			10	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	619,759.	588,455.	30,373.	931
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	163,773.		163,773.	
23	Insurance	18,420.		18,420.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		0.	1,433,723.	-1,620,982.	187,259
b					
С					
d	*				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,483,426.	7 135 364.	1,416,534.	931,528
26	Joint costs. Complete this line only if the organization	3 3	W W	72 33	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

# Form 990 (2015) Part X Balance Sheet

Рап х	Check if Schedule O contains a response or note to any line in this Part X		200000000000000000000000000000000000000	
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	1,238,167.	1	1,906,562,
2	Savings and temporary cash investments	1,927,308.	2	890,939.
3	Pledges and grants receivable, net	1,379,365.	3	1,852,395,
4	Accounts receivable, net	40,526.	4	98,187.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ş	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
⋖   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	164,452,	9	56,737.
10:	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 36,897,389.			
	b Less: accumulated depreciation 10b 7,965,240.	29,774,387.	10c	28,932,149.
11	Investments - publicly traded securities	9,365,251,	11	9,370,017.
12	Investments - other securities. See Part IV, line 11	^ 10	12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,397,222.	15	826,883.
16	Total assets. Add lines 1 through 15 (must equal line 34)	45,286,678,	16	43,933,869.
17	Accounts payable and accrued expenses	1,127,044.	17	698,840.
18	Grants payable		18	
19	Deferred revenue	88,920.	19	6,720,
20	Tax-exempt bond liabilities	11,104,490.	20	10,764,364.
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>s</u> 22	Loans and other payables to current and former officers, directors, trustees,			
#	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	Complete Part II of Schedule L		22	
_ 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	2,125,000.	24	1,875,000.
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	517,407.	25	207,898.
26	Total liabilities, Add lines 17 through 25	14,962,861,	26	13,552,822.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ⊥x and			
Se Ces	complete lines 27 through 29, and lines 33 and 34.			20 1200 1210
Fund Balances 28 29	Unrestricted net assets	27,937,328.	27	27,905,023.
B 28	Temporarily restricted net assets	2,386,489.	28	2,476,024.
P 29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
o s	and complete lines 30 through 34.			
Net Assets or 30 31 35 32	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ 32	Retained earnings, endowment, accumulated income, or other funds	20 202 21	32	20 224 2
33	Total net assets or fund balances	30,323,817.	33	30,381,047.
34	Total liabilities and net assets/fund balances	45,286,678.	34	43,933,869, Form <b>990</b> (2015)

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

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

Act and OMB Circular A-133?

За

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number

INDEPENDENT SECTOR 52-1081024 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 INDEPENDENT SECTOR 52-1081024 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9 946 525.	13.098.977.	6,535,206.	7.482.486.	8,420,635.	45,483,829.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9,946,525.	13,098,977.	6,535,206,	7,482,486.	8,420,635,	45,483,829.
	The portion of total contributions	5,510,525.	10,000,011.	0,555,200.	7,402,400.	0,420,033,	43,403,023.
·	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)						0.024.500
6	Public support. Subtract line 5 from line 4.						8,834,522.
	ction B. Total Support						36,649,307.
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	9,946,525	13,098,977,				The second second
8	Gross income from interest,	9,940,525,	13,090,911.	6,535,206.	7,482,486.	8,420,635.	45,483,829.
0	dividends, payments received on						
	securities loans, rents, royalties	600 054	500 500	0.54 7.40	4 000 000		
^	and income from similar sources  Net income from unrelated business	689,251.	720,583.	964,742.	1,070,771.	1,303,958.	4,749,305.
9							
	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.)					,	5050 F050 NOTE
	Total support. Add lines 7 through 10						50,233,134.
	Gross receipts from related activities,			,		12	3,710,578.
13	First five years. If the Form 990 is for				-		
Sai	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcontago		******		<b>P</b>
				(0)			Street, and the street
	Public support percentage for 2015 (I					14	72.96 %
	Public support percentage from 2014					15	73.09 %
16a	33 1/3% support test - 2015. If the c	-				· ·	
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the c	-				·	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 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.)

quality drider the tests listed b	elow, please comp	siete i art ii.j				
Section A. Public Support				¥		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						1
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				I		
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			·			
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 201	5 (f) Total
9 Amounts from line 6	V. I.	127	12/		1	1,77
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less 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 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	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) (	organization,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2015 (I			column (f))		15	%
16 Public support percentage from 2014					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13. column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2015. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2014. If the	-					
line 18 is not more than 33 1/3%, che						92000
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	structions	▶□

### 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.)

Sei	ction	Δ	ΔΙΙ	Supporting	Organiz	ations
-		/ 40		OUDDOI UIIG	OIGGINA	-4110113

- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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
a1a		
2		
3a		-
3b		
3c		
4a		
4b		<u></u>
4c		
5a	V4	
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
990 or 90	00 57	0045

532024 09-23-15

Pa	rt IV   Supporting Organizations (continued)	024	4:34	ago o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	(**************************************	103	140
а				
	below, the governing body of a supported organization?	11a		
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		
	etion B. Type I Supporting Organizations		-	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C	supported organizations played in this regard.	3		L
	tion 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 yea(see instructions):			
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		-
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ч	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 50		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on l	Nov. 20, 1970. <b>See instr</b> i	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	4
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	d Type III supporting org	janization (see
	instructions).	_		•

Schedule A (Form 990 or 990-EZ) 2015

1 4	Type in Non-runctionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns .		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable 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:			
а				
b				
С				
_	From 2013			
-	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
•	line 7:			
а	Applied to underdistributions of prior years			
_	Applied to 2015 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
Ü	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Name of the organization

or 990-PF)

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Employer identification number

	INDEPENDENT SECTOR	52-1081024				
Organization t		1 22 23 22 22 2				
Filers of:	Section:					
Form 990 or 99	EZ x 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
	anization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	special Rule. See instructions.				
General Rule						
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution ) from any one contributor. Complete Parts I and II. See instructions for determining a co					
Special Rules						
sectio any or	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
year, t	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it <b>must</b> ans	aution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), at it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to artify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

INDEPENDENT SECTOR

52-1081024

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$469,420.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$425,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$350,000,	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

|--|--|

52-1081024

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$340,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 250,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
÷		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INDEPENDENT SECTOR

52-1081024

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	2 -
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	7		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	3		
-			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ş	_	
====			
		\$	

name of organ	8		Employer Identification number
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follow is, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info. once.)
( ) N	Use duplicate copies of Part III if addition	al space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I -	(, . 2.Feee e. 3	(5,555.3.1	
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
57 17			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		9	
	-	(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organiza	itions: Complete Part III.			
	ne of organization			T E	mployer identification number
	INDEPENDEN	T SECTOR			52-1081024
Pa	art I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 52	7 organization.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	Provide a description of the organiz	zation's direct and indirect politic	cal campaign activities i	n Part IV.	
	Political expenditures	·			<b>\$</b>
	Volunteer hours				
					•
Pa	art I-B Complete if the org	ganization is exempt und	ler section 501(c)(	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		<b>\$</b>
	Enter the amount of any excise tax				
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?	(**************************	Yes No
4a	Was a correction made?	*********************************	*************************		Yes No
-	If "Yes," describe in Part IV.				
		ganization is exempt und			
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt funct	tion activities	<b>&gt;</b> \$
2	Enter the amount of the filing organ	nization's funds contributed to ot	ther organizations for se	ection 527	
	exempt function activities			***************************************	<b>\$</b>
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	,	
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and er	mployer identification number (El	IN) of all section 527 po	litical organizations to	which the filing organization
	made payments. For each organiza	•			· ·
	contributions received that were pr			· ·	parate segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	1 1 /
				filing organization funds. If none, enter	
				lulius. Il florie, eriter	delivered to a separate
		_			political organization.
_					If none, enter -0
7-					
-				-	
-					
				,	

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

Schedule C (Form 990 or 990-EZ) 2015

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

f Grassroots lobbying expenditures

888,071.

1 311.

1,311

### Schedule C (Form 990 or 990-EZ) 2015 INDEPENDENT SECTOR 52-1081024 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter			(b)	
	s No	Am	ount	
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
Volunteers?				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
Media advertisements?				
Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
Grants to other organizations for lobbying purposes?				
Direct contact with legislators, their staffs, government officials, or a legislative body?				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?				
Total. Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
If "Yes," enter the amount of any tax incurred under section 4912				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	4/-\/5\			
t III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5), oi	rsection		
001(0)(0).		Yes	N	
Were substantially all (90% or more) dues received nondeductible by members?	Г	1		
•		2		
Did the erganization make only in house labbying expenditures of \$2,000 or less?				
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Teleform III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, appropriate "Yes."	1(c)(5), oı	3 r section	ine 3,	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."	1(c)(5), oı " OR (b) I	3 r section	ine 3,	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  It III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."  Dues, assessments and similar amounts from members	1(c)(5), oı " OR (b) I	3 r section Part III-A, I	ine 3,	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."	1(c)(5), oı " OR (b) I	3 r section Part III-A, I	ine 3,	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	1(c)(5), oi " OR (b) I	3 r section Part III-A, I	ine 3,	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  1 III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	1(c)(5), oi " OR (b) I	r section Part III-A, I	ine 3,	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  1 III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	1(c)(5), or " OR (b) I	r section Part III-A, I	ine 3,	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  1 III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	1(c)(5), or " OR (b) I	r section Part III-A, I	ine 3,	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  **III-B** Complete if the organization is exempt under section 501(c)(4), section 50    501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1(c)(5), or	r section Part III-A, I	ine 3,	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  **III-B** Complete if the organization is exempt under section 501(c)(4), section 50    501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1(c)(5), or	r section Part III-A, I	ine 3,	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  **III-B** Complete if the organization is exempt under section 501(c)(4), section 50    501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1(c)(5), or	r section Part III-A, I	ine 3,	

### 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.lrs.gov/form990.

2015
Open to Public Inspection

Employer identification number Name of the organization INDEPENDENT SECTOR Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? 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? Conservation Easements. 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) Preservation of a historically important land area 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 Held at the End of the Tax Year day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051

Schedule D (Form 990) 2015

	edule D (Form 990) 2015 INDEPENDENT rt III   Organizations Maintaining C		t Historical Tr	easures or O	ther S		52-10810			ge 2
3	Using the organization's acquisition, accessi									
3	(check all that apply):	on, and other records	s, check any of the	following triat are	a sigili	licaric	use of its	COHECTION	riterris	
а	Public exhibition	d	Loan or excl	hange programs						
b	Scholarly research	e e	1	nango programo						
C	Preservation for future generations	Č								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's e	exempt	nurna	ose in Par	XIII		
5	During the year, did the organization solicit o	·	•	-			700 III T QI	. /		
Ü	to be sold to raise funds rather than to be ma							Yes		No
Pai	rt IV Escrow and Custodial Arran									110
	reported an amount on Form 990, Pa		to il tilo organizatio	Transworda 100	01110	000	), , are iv,			
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other assets	not inc	luded				
	on Form 990, Part X?		-					Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				110010000	_ 100		
~	Too, oxplain the arrangement in that you	and complete the for	iownig table.					Amount		
C	Beginning balance					1c		7 1111001110		
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.					\$2505		1 103		140
	rt V Endowment Funds. Complete i								-	
		(a) Current year	(b) Prior year	(c) Two years bac		Three \	ears back	(e) Four	vears h	nack
12	Beginning of year balance	4,521,437.	2,500,000.	5,000,00	-		00.000.		000.	
	Contributions	1,999,216.	2,000,000.	3,000,00	-	3,0	00,000.	٥,	000,	,000
b	Net investment earnings, gains, and losses	-32,393.	168.829.							
		-34,393.	100,029,		_					_
	Grants or scholarships				+					
е		120 105	147 202	2 500 00						
		130,195.	147,392.	2,500,00	0.					
f	1 1253455511111111111111111111111111111111	6 250 065	4 501 425	2 500 00			00 000	-	000	000
g	End of year balance  Provide the estimated percentage of the current.	6,358,065.	4,521,437.	2,500,00	0.1	5,0	00,000,	5	000,	J00.
2		-		i)) rield as.						
a	Board designated or quasi-endowment	100,00	_%							
	Permanent endowment									
С	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho	•	46 -4 6 -14 -		41	:-	4:			
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	na administered to	or the o	organiz	zation	Г	, T	
	by:								Yes	No
	(i) unrelated organizations								-	X
	(ii) related organizations				*******			3a(ii)	-	X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
Do:	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds.							_
rai			C David IV/ 15 44- C	F 000 D	4.370 E	- 10				
_	Complete if the organization answere		1							
	Description of property	(a) Cost or of		, ·	) Accu			(d) Book	value	•
		basis (investr		` ' -	depred	Jiation	_	2.17		
	Land			391,820,					391,	
b	Buildings			,728,691.		,290,			438,	-
	Leasehold improvements	- I		570,901,		046		1,	524,	
d			2	,205,977.	1	628	366.		577,	511.
	Other		No. of the contract of the con					We term	(Arragan T	
ota	<ol> <li>Add lines 1a through 1e. (Column (d) must e</li> </ol>	qual Form 990, Part	X, column (B), line 1	0c.)			<b>&gt;</b>	28	932	149.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 INDEPENDENT SECTO	DR		52-1081024	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year marke	et value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)		+		
(F)				
(G)		-		
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.)		1		
The state of the s	F 000 D-+ IV II	11 - C F 000 B-1 V I	- 40	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year mark	et value
	(D) DOOK Value	(c) Method of Valdation.	Cost of end-of-year mark	st value
(1)				
(2)				
(3)		-		
(4)				
(5)				
(6)				
(7)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Part X. li	ne 15.	
	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	******************************		
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, li		art X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEPOSITS HELD IN ESCROW		176,830.		
(3) DEFERRED RENT		31,068.		
(4)				
(5)				
(6)				
(7)				
(8)				

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

Schedule D (Form 990) 2015

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

207,898.

532054 09-21-15

FUND WHICH WAS CREATED TO ESTABLISH A CORPUS FOR WHICH INVESTMENT INCOME

WILL BE USED FOR GENERAL OPERATIONS. AS OF DECEMBER 31, 2015, BOARD

DESIGNATED NET ASSETS INCLUDED \$500,000 IN THE SHORT TERM BUILDING

OPERATING FUND AND \$5,858,065 IN THE LONG TERM RESERVE FUND.

Schedule D (Form 990) 2015 INDEPENDENT SECTOR		52-1081024	Page 5
Part XIII Supplemental Information (continued)			
ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO	COMPLY WITH THE		
PROVISIONS OF THIS GUIDANCE, GENERALLY, THE ORGANIZATI	ON IS NO LONGER		
SUBJECT TO INCOME TAX EXAMINATIONS BY THE U,S, FEDERAL	STATE OR LOCAL TAX		
AUTHORITIES FOR YEARS BEFORE 2012.			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			0
RENTAL EXPENSES REPORTED ON LINE 6B	-1,484,051,		
PARKING SERVICE REVENUE REPORTED ON LINE 11			
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,437,840.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
RENTAL EXPENSES REPORTED ON LINE 6B	1,484,051.		
PARKING SERVICE REVENUE REPORTED ON LINE 11	-46,211.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,437,840.		
		_	

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

2010

2015

Open to Public Inspection

Name of the organization Employer identification number INDEPENDENT SECTOR 52-1081024 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e x Solicitation of non-government grants x Internet and email solicitations Solicitation of government grants x Phone solicitations Special fundraising events x In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or x Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) VERBUM WORD GROUP LLC - 313 Yes No ASSIST WITH THE 2015 IS MILL ST. MILTON, DE 19968 CONFERENCE FUNDRAISING & X 0 134,400 -134.400.134,400. -134,400.3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NH, NJ NM NY NC OH, OK PA RI SC SD TN TX UT VT VA WA WI WY

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15 SEE PART IV FOR CONTINUATIONS

	ırı	Fundraising Events. Complete if t	=		-	
		of fundraising event contributions and g	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	_	Less. Continuations				
_	3	Gross income (line 1 minus line 2)			)	
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
		<b>-</b>				
	8	Entertainment Other direct expenses				
	ч					
	9					
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from	gh 9 in column (d)	************		
Pa	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from Gaming. Complete if the organization	gh 9 in column (d)	************		
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from	gh 9 in column (d)	************		(d) Total gaming (add col. (a) through col. (c))
Revenue	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) line 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or	reported more than	
_	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from Gaming. Complete if the organization	gh 9 in column (d) line 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or	reported more than	
Revenue	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) line 3, column (d) answered "Yes" on Form  (a) Bingo	n 990, Part IV, line 19, or	reported more than	
penses Revenue	10 11 rt l	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.  Gross revenue	gh 9 in column (d) line 3, column (d) answered "Yes" on Forn  (a) Bingo	n 990, Part IV, line 19, or	reported more than	
Revenue	10 11 11 1 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes	gh 9 in column (d) line 3, column (d) answered "Yes" on Forn  (a) Bingo	n 990, Part IV, line 19, or	reported more than	
Expenses Revenue	10 11 11 12 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.  Gross revenue  Cash prizes  Noncash prizes	gh 9 in column (d) line 3, column (d) answered "Yes" on Form  (a) Bingo	n 990, Part IV, line 19, or	reported more than	
Expenses Revenue	10 11 11 12 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Sub	gh 9 in column (d) line 3, column (d) answered "Yes" on Form  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	reported more than  (c) Other gaming	
Expenses Revenue	10 11 11 12 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	gh 9 in column (d) line 3, column (d) answered "Yes" on Form  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	reported more than  (c) Other gaming	
Expenses Revenue	10 11 11 12 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Sub	gh 9 in column (d) line 3, column (d) lanswered "Yes" on Form  (a) Bingo  Yes%  No	(b) Pull tabs/instant bingo/progressive bingo	reported more than  (c) Other gaming  Yes%  No	
Expenses Revenue	10 11 11 12 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Service Subtract line 10 from Subtract line 10	gh 9 in column (d) line 3, column (d) n answered "Yes" on Form  (a) Bingo  Yes%  No	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	reported more than  (c) Other gaming  Yes%  No	
Expenses Revenue	10 11 11 12 3 4 5 6 7 8	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Summary.	yes %  yes %  no 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	reported more than  (c) Other gaming  Yes%  No	

Schedule G (Form 990 or 990-EZ) 2015

b If "Yes," explain:

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015 INDEPENDENT SECTOR 5	2-1081024		Page 3
11 Does the organization conduct gaming activities with nonmembers?	,	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?	××××××××××××××××××××××××××××××××××××××	Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a		%
b An outside facility			%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	*********	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$  c If "Yes," enter name and address of the third party:	ıt		
Name			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
organization's own exempt activities during the tax year ▶ \$			
Part IV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. lines 9.	9h. 1	Ob. 15b.
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
<u></u>			
(I) NAME OF FUNDRAISER: VERBUM WORD GROUP LLC			
(I) ADDRESS OF FUNDRAISER: 313 MILL ST., MILTON, DE 19968			
(II) ACTIVITY: ASSIST WITH THE 2015 IS CONFERENCE FUNDRAISING & PROVIDE SUP			
<del>-</del>			

Schedule G (Form 990 or 990-EZ) INDEPENDENT SECTOR	52-1081024	Page 4
Schedule G (Form 990 or 990-EZ) INDEPENDENT SECTOR  Part IV Supplemental Information (continued)		
, , ,		

# **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I Questions Regarding Compensation

Employer identification number 52-1081024

	dicti ducations negariting compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	▼ Compensation committee			
	Independent compensation consultant   X   Compensation survey or study			
	TX Form 990 of other organizations TX Approval by the board or compensation committee			
	- Period of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
·	organization or a related organization:			
а		4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	
С	HERECONDENS OF CONTROL	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III,			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		x
-	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		х
h	Any related examination?	6b		X
D	If "Yes" on line 6a or 6b, describe in Part III,	- OD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Х	
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		v
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-		_X
ਹ	Regulations section 53.4958-6(c)?	9		
	Highlianona accion 30.4530°0(c)?		1	

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

Schedule J (Form 990) 2015

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denerits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) DIANA AVIV	Ξ	180 884.	75,000.	283,965,	14,539,	2,418,	556,806,	225,000.
CEO UNTIL 09/30/15	<b>E</b>	0	0	0	0	.0	0	.0
1	Ξ	196,940.	0.	1,264,	27 729.	30,337.	256,270.	0
	<b>E</b>	0	0	0	0	0	0	.0
JEFFREY MOORE	Ξ	174 519.	0	390	23 699	17,822.	216,430.	.0
179	Ξ		0	0		0	0.	.0
(4) CANDY HILL	(1)	170,790.	.0	2,142.	13,182.	30,122.	216,236,	0.
	€	0	.0	0	0.	0.	0	.0
	Θ	139,001.	0.	.86	8,182.	8,451,	155,732.	0.
U	Ξ	0	.0	0	0	0.	0.	0
(6) GEOFFREY PLAGUE	(3)	166,048,	.0	227.	31,721.	9,002.	206,998,	.0
VP, PUBLIC POLICY	(ii)	0.	.0	0	0	.0	0.	.0
	Ξ	155,753,	.0	637.	18,775.	34,823,	209,988,	0
VP. PROGRAMS & PRACTICE	€	0	0.	0	0	0.	.0	0
	Ξ	146,225.	0.	130,	19,351,	795.	166,501.	.0
-2	(E)	0	0.	0	.0	.0	0.	.0
(9) NADINE JALANDONI	Ξ	143,622.	.0	566	24,619.	18,632.	187,439.	.0
VP. CONVENINGS & KNOWLEDGE SHARING	⊞	.0	0.	0	0	0.	0.	0
	Θ							
	(1)							
	Ξ							
	€							
	Ξ							
	<b>(E)</b>							
	Ξ							
25	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Θ							
	(iii)							
530112							Schedt	Schedule J (Form 990) 2015

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information on Tax-Exempt Bonds  ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  ► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/fo	Supplemental Information on Tax-Exempt Bonds le organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.	ental Information on Tax-Exempt Bonds n answered "Yes" on Form 990, Part IV, line 24a. Pr tions, and any additional information in Part VI. n about Schedule K (Form 990) and its instructions	ax-Exemp 990, Part IV, I cormation in	ot Bonds line 24a. Pr Part VI.	ovide descrip	tions, gov/form990.		Open	OMB No. 1545-0047 2015 Open to Public Inspection	0047 ic
Name of the organization TANDEPENDENT SECTOR	OR							Employ 52-1	Employer identification number	ation nur	mber
										7	
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	brice price	(f) Description	(f) Description of purpose	(a) Defeas	(g) Defeased (h) On behalf of issuer		(i) Pooled financing
tal.								Yes	No Yes	No Yes	No
A DISTRICT OF COLUMBIA	56-6001131	NONE	06/04/13	11,6(	TC 11,600,000,HE	TO REFINANCE PURCHASE HEADQUARTERS BUILDING	PURCHASE OF BUILDING	×		×	×
В											
O											
Q											
Part II Proceeds											
			A			В	O			Ω	
1 Amount of bonds retired	***************************************		3	835,636.							
2 Amount of bonds legally defeased											
3 Total proceeds of issue			11	.000,009							1
4 Gross proceeds in reserve funds											1
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows	***************************************		:								
7 Issuance costs from proceeds			(300								
8 Credit enhancement from proceeds		***************************************									
9 Working capital expenditures from proceeds	***************************************										
10 Capital expenditures from proceeds											
			11	.000,009							Ī
12 Other unspent proceeds		***************************************									
13 Year of substantial completion			2	2013	,	2	;		;		
14 Were the honds issued as part of a current refunding issue?	funding issue?		X es	02	Yes	ON	Tes	0	res	ON I	
	e refunding issue?			*							
	de?		X	1							
17 Does the organization maintain adequate books and records to support the final allocation of proce	to support the final allocation	in of proceeds?	×								
Part III Private Business Use											
			A			B	O			Δ-	ľ
1 Was the organization a partner in a partnership, or a member of an LLC,	ip, or a member of an	, LLC,	Yes	No	Yes	S S	Yes	2	Yes	2	0
whilen owned property linanced by tax-exempt bonds?  2 Are there any lease arrangements that may result in private business use	or portus? esult in private busine	ss use of	*								
bond-financed property?			4	×							
532121 10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for	ce, see the Instruction	ons for Form 990.	43					S	Schedule K (Form 990) 2015	Form 990	) 2015

Schedule K (Form 990) ZO15 INDEPENDENT SECTOR			52-1081024	31024				Page 2
Part III Private Business Use (Continued)								
		۷	B		O		۵	
3a Are there any management or service contracts that may result in private	Yes	Ñ	Yes	No	Yes	N	Yes	No
business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?	U							95
<ul> <li>Are there any research agreements that may result in private business use of bond-financed property?</li> </ul>	7.7	×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government	<b>A</b>	% 00.		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government	<b>A</b>	% 00.		%		%		%
6 Total of lines 4 and 5		% 00.		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141.12 and 1.145.2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?	54	X						
Part IV Arbitrage								*
		<b>d</b>	8			O	۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	S <sub>o</sub>	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?		192						
a Rebate not due yet?		×						
b Exception to rebate?		×						
c No rebate due?	×							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
532122 10-22-15						Sch	Schedule K (Form 990) 2015	n 990) 2015

Schedule K (Form 990) 2015 INDEPENDENT SECTOR  Dart IV Arbitrara (Continued)			52-10	52-1081024				Page 3
ratio States								
	Yes	No	Yes	No No	Yes	No No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider c Term of GIC								
6 Were any gross proceeds invested beyond an available temporary period?		×						
7 Has the organization established written procedures to monitor the requirements of								
3		×						
Part V Procedures To Undertake Corrective Action								24
	<b>4</b>			В		O		٥
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary								
regulations?	×							
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)	on Schedule	K (see instr	uctions).					
								İ
								1
532123 10-22-15						Sch	nedule K (Fo	Schedule K (Form 990) 2015

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization	Employer identification number
INDEPENDENT SECTOR	52-1081024
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
PARTNERING WITH GOVERNMENT, BUSINESS, AND INDIVIDUALS TO ADVANCE THE	
COMMON GOOD,	
COMMON GOOD,	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	<del></del>
PRESIDENT AND CEO DIANA AVIV TO TESTIFY BEFORE THE SENATE JUDICIARY	
COMMITTEE'S SUBCOMMITTEE ON OVERSIGHT, AGENCY ACTION, FEDERAL RIGHTS	
AND FEDERAL COURTS, CHAIRED BY SEN. TED CRUZ, ON PROPOSED IRS RULES	
REGARDING POLITICAL ACTIVITY BY TAX-EXEMPT ORGANIZATIONS. IS ALSO	
CONTINUED TO ENCOURAGE POLICYMAKERS TO SUPPORT TAX INCENTIVES THAT	
ENCOURAGE ALL AMERICANS TO CONTRIBUTE TO CHARITY AND SUCCEEDED IN	
STAVING OFF EFFORTS TO CURTAIL TAX DEDUCTIONS FOR CHARITABLE GIFTS	
AVAILABLE TO TAXPAYERS AT HIGHER INCOME LEVELS, IS HAS ALSO REMAINED	
COMMITTED TO ADVANCING THE ABILITY OF PUBLIC CHARITIES TO ENGAGE IN	
ADVOCACY EFFORTS ON BEHALF OF THE COMMUNITIES AND CAUSES THEY SERVE,	
AND TO REMOVING OBSTACLES THAT INHIBIT FUNDERS FROM SUPPORTING THOSE	
EFFORTS.	
IS USED A VARIETY OF VEHICLES TO CONNECT AND MOBILIZE OUR MEMBERS AND	
THE SECTOR ON THESE ISSUES, INCLUDING THE PUBLIC POLICY ACTION	
INSTITUTE AT THE NATIONAL CONFERENCE, OUR DAILY EMAIL HIGHLIGHTING KEY	
POLICY DEVELOPMENTS; MONTHLY STRATEGY MEETINGS WITH CHARITABLE	
COMMUNITY POLICY LEADERS; MONTHLY LEGISLATIVE UPDATES BY	
TELECONFERENCE; WEBINARS, SPECIAL CALLS, EMAIL COMMUNICATIONS AND	
SOCIAL MEDIA AS NEEDED; AND THE POLICY SECTION OF OUR WEBSITE. THROUGH	
THESE AND OTHER EFFORTS, IS STRENGTHENS THE ABILITY OF PUBLIC CHARITIES	
	chedule O (Form 990 or 990-EZ) (2015)

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Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization  INDEPENDENT SECTOR	Employer identification number 52-1081024
INDEFENDENT SECTOR	JZ-1001024
AND PRIVATE FOUNDATIONS TO SHAPE KEY PUBLIC POLICIES AND TO STRENGTHEN	i i
THE PARTNERSHIP BETWEEN GOVERNMENT AND THE CHARITABLE COMMUNITY.	
IS ALSO VISITED 13 CITIES ACROSS THE COUNTRY TO ENGAGE IN "THREADS"	
COMMUNITY CONVERSATIONS ABOUT THE BARRIERS AND OPPORTUNITIES TO	
STRENGTHENING COMMUNITIES AND CIVIL SOCIETY, AND THE CRITICAL ROLE THE	
SECTOR MUST PLAY IN REPAIRING THE FABRIC OF DEMOCRATIC SOCIETY, THROUGH	
THESE CONVERSATIONS WITH MORE THAN 1,200 PARTICIPANTS WE GATHERED	
INSIGHTS TO INFORM AND VALIDATE OUR VISION AND SHAPE OUR VIEW OF HOW IS	
CAN BRING THE GREATEST VALUE IN THE YEARS AHEAD,	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
SPEAKERS, THE MEETING FEATURED OVER 30 BREAKOUT SESSIONS AND INNOVATIVE	
FORMATS THAT HELPED PARTICIPANTS EXAMINE HOW TO CREATE SOLUTIONS, BUILD	
LASTING IMPACT AND TO IMAGINE AND CREATE BRIGHTER FUTURES FOR THEIR	
ORGANIZATIONS AND THE PEOPLE THEY SERVE. THE CONFERENCE OFFERS A	
C-SUITE TRACK FOR PROFESSIONALS DIRECTLY REPORTING TO THE CEO AND	
SPECIAL SESSIONS TARGETED FOR CEOS OR EXECUTIVE DIRECTORS WHO MADE UP	
33% OF CONFERENCE REGISTRANTS. PLENARY SPEAKERS SPOKE ON THE FUTURE OF	
OUR DEMOCRACY AND TRENDS AFFECTING THE SECTOR AND SOCIETY. CONFERENCE	
ATTENDEES VIEW THE CONFERENCE AS A WAY TO EXPAND THEIR PROFESSIONAL	
NETWORK AS WELL AS TO GAIN NEW THINKING, SKILLS AND PRACTICES TO	
IMPROVE THEIR WORK,	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
SIGNIFICANT IMPACT IN ADDRESSING SOCIETY'S CRITICAL NEEDS.	
WE CONDUCTED FOUR NGEN COMMUNITY DIGITAL LEARNING EVENTS, AND AN NGEN	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization INDEPENDENT SECTOR	Employer identification number 52-1081024
TRACK AND NETWORKING OPPORTUNITIES ENGAGING MORE THAN 90 EMERGING	
LEADERS AT THE IS NATIONAL CONFERENCE. WE HOSTED NGEN NETWORKING	
RECEPTIONS AT THE YOUNG NONPROFIT PROFESSIONALS NETWORK AND NTEN	
CONFERENCES, ENGAGING MORE THAN 200 EMERGING LEADERS.	
C CUITME. DED EVDANDED MUE C CUITME LEADERCUID DEOCRAM WHITCH MARCEME	
C-SUITE: P&P EXPANDED THE C-SUITE LEADERSHIP PROGRAM, WHICH TARGETS	
SENIOR LEADERS WHO REPORT TO THE CEO. IN 2015, P&P CO-CONVENED C-SUITE	<del></del> ;
REGIONAL EVENTS IN WASHINGTON DC AND NEW YORK CITY, SERVING MORE THAN	
70 SENIOR EXECUTIVES, WE CONDUCTED TWO C-SUITE DIGITAL LEARNING EVENTS,	
AND A C-SUITE TRACK AND NETWORKING RECEPTION ENGAGING MORE THAN 170	
SENIOR EXECUTIVES AT THE IS NATIONAL CONFERENCE,	
IN ADDITION, P&P GREW THE NGEN AND C-SUITE ONLINE COMMUNITIES TO 262	
AND 201 MEMBERS RESPECTIVELY, THESE LINKEDIN GROUPS PROVIDE A FORUM	
THROUGH WHICH LEADERS CAN CONNECT WITH A NATIONAL PEER NETWORK, ACCESS	
RESOURCES AND PEER SUPPORT, AND EXCHANGE VIEWS.	
ETHICS AND ACCOUNTABILITY: IN 2015, WE RELEASED THE UPDATED 'PRINCIPLES	
FOR GOOD GOVERNANCE AND ETHICAL PRACTICE' ALONG WITH A REDESIGNED	TF
PRINCIPLES ONLINE RESOURCE CENTER WHICH INCLUDES IN-DEPTH INFORMATION	
ON THE PRINCIPLES, A DATABASE OF OVER 350 RESOURCES ON CHARITABLE	
SECTOR GOVERNANCE AND ETHICS, AND A NEW SELF-ASSESSMENT TOOL THAT	
ORGANIZATIONS CAN USE TO DETERMINE THEIR STRENGTHS AND WEAKNESSES IN	
COMPLYING WITH THE PRINCIPLES. THE ONLINE PRINCIPLES AND RESOURCES	
WERE ACCESSED NEARLY 70,000 TIMES.	
TO SUPPORT THE AWARENESS AND ADAPTATION OF THE PRINCIPLES, WE CONDUCTED	
A GOVERNANCE AND ETHICS WORKSHOP FOR 35 LEADERS AT IS NATIONAL	

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Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization  INDEPENDENT SECTOR	Employer identification number 52-1081024
CONFERENCE AS WELL AS SESSIONS ON THE PRINCIPLES AT THE ASSOCIATION OF	
FUNDRAISING PROFESSIONALS (AFP) INTERNATIONAL CONFERENCE, THE NATIONAL	
ASSOCIATION OF STATE CHARITY OFFICIALS/NATIONAL ASSOCIATION OF	
ATTORNEYS GENERAL (NASCO/NAAG) CONFERENCE, AND THE BOARDSOURCE	
LEADERSHIP FORUM. COLLECTIVELY, 4700 INDIVIDUALS ATTENDED THESE	
CONFERENCES. IS PARTNERED WITH 36 ORGANIZATIONS TO DISSEMINATE THE	
PRINCIPLES, 45 ORGANIZATIONS THAT CO-SIGNED THE PRINCIPLES, AND FOUR	
STATEWIDE NONPROFIT/FUNDERS NETWORKS WHO CO-BRANDED THE PRINCIPLES AND	
REACHED AN ESTIMATED 50,000 WORKING IN OR WITH THE SECTOR.	
ADDITIONAL ISSUES FACING THE SECTOR: IN 2015, IS' THREADS COMMUNITY	
CONVERSATIONS PROVIDED A WEALTH OF INFORMATION ABOUT CHALLENGES THAT	
CHARITABLE ORGANIZATIONS FACE IN MEETING THEIR MISSION. IN RESPONSE, IS	
BEGAN TO CURATE RESOURCES TO ADDRESS THOSE CHALLENGES. WE ALSO BEGAN A	
'DEEP DIVE' INITIATIVE IN WHICH IS WILL STRIVE TO CREATE NEW KNOWLEDGE	
ON HOW TO ADDRESS SECTOR CHALLENGES, THE FIRST 'DEEP DIVE' TOPIC IS THE	
POWER DYNAMIC BETWEEN GRANTEES AND GRANTORS. THE PROGRAMMING WILL RANGE	
FROM PROFILING EXAMPLES OF SUCCESSFUL RELATIONSHIPS TO PROVIDING	
PRACTICAL TOOLS TO HELP PARTNERS NAVIGATE THE POWER DYNAMIC,	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
NETWORKS AND MEMBER ENGAGEMENT- THE IS MEMBERSHIP IS A LEADERSHIP	
NETWORK OF OVER 550 ORGANIZATIONS REPRESENTING A CROSS SECTION OF THE	
CHARITABLE AND PHILANTHROPIC COMMUNITY INCLUDING LOCAL, REGIONAL AND	
NATIONAL PUBLIC CHARITIES, FOUNDATIONS, CORPORATE GIVING PROGRAMS, AND	
OTHER ORGANIZATIONS COMMITTED TO ADVANCING THE COMMON GOOD, WE ENGAGE	
MEMBERS OF DIFFERENT TYPES, SIZES, MISSION AREAS, AND GEOGRAPHIES, AND	
INVOLVE OUR MEMBERSHIP IN ALL OF OUR EFFORTS TO STRENGTHEN THE 532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization	Employer identification number
INDEPENDENT SECTOR	52-1081024
CHARITABLE COMMUNITY, THIS INCLUDES: DEVELOPING POLICY POSITIONS AND	-
AMPLIFYING THE VOICE OF THE CHARITABLE COMMUNITY TO THE ADMINISTRATION	
AND LEGISLATORS, SUPPORTING AND DEVELOPING ESTABLISHED AND EMERGING	
LEADERS, AND PROMOTING GOOD GOVERNANCE STANDARDS, MEMBERS ARE INFORMED	Ťi Ši
THROUGH OUR DAILY, MONTHLY, AND QUARTERLY COMMUNICATIONS, AND THROUGH	
REPORTS ON RELEVANT TOPICS PROVIDING INSIGHT INTO THE FORCES SHAPING	
THE CHARITABLE COMMUNITY, MEMBERS ARE ENGAGED THROUGH COMMITTEES,	
TRAININGS, ONLINE AND IN-PERSON EVENTS, AND AT OUR ANNUAL CONFERENCE	
WHERE THEY BRING THEIR THOUGHT LEADERSHIP AND ADVANCE PRACTICE	
EXPERTISE.	
EXPENSES \$ 766,715. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
COMMUNICATIONS - INDEPENDENT SECTOR WORKS TO COMMUNICATE THE VALUE OF	
THE CHARITABLE COMMUNITY TO THE MEDIA, ELECTED OFFICIALS, THE PUBLIC,	
AND STAFF AT PUBLIC CHARITIES AND FOUNDATIONS WHILE EDUCATING ITS	
MEMBERSHIP AND AUDIENCES ACROSS THE SOCIAL GOOD SPACE ON EMERGING	100
CHALLENGES, OPPORTUNITIES, AND TRENDS. IN 2015, COVERAGE OF IS	
ACTIVITIES APPEARED MORE THAN 765 TIMES IN NATIONAL OUTLETS INCLUDING	
THE NEW YORK TIMES, THE WALL STREET JOURNAL, THE WASHINGTON POST, USA	
TODAY, THE HUFFINGTON POST, AS WELL AS IN TRADE PUBLICATIONS SUCH AS	
THE CHRONICLE OF PHILANTHROPY, THE NONPROFIT TIMES, AND NONPROFIT	
QUARTERLY, MEDIA REPRESENTATIVES LOOK TO IS FOR EXPERTISE ON GIVING,	
VOLUNTEERING, ETHICS, AND ACCOUNTABILITY AND ON PUBLIC POLICIES	
AFFECTING THE CHARITABLE COMMUNITY, SUCH AS THE CHARITABLE DEDUCTION,	
JOBS PROGRAMS, AND TAX EXEMPTIONS. SOME OF THE INCREASE MEDIA	
REPORTING THIS YEAR WAS ALSO A RESULT OF THE CEO DEPARTURE	
ANNOUNCEMENT.	

OVER 500 UNIQUE VIEWERS.

TIME LIVESTREAMED 2 PLENARY SPEECHES AND 21 UNIQUE LIVE IN STUDIO

INTERVIEW DURING THE 2015 MIAMI CONFERENCE. THIS LIVE STREAM REACHED

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization  INDEPENDENT SECTOR	Employer identification number 52-1081024
WHILE ALSO PROVIDING TOOLS, KNOWLEDGE, AND EXPERIENCES THAT MEMBERS	
NEED TO INCREASE THEIR ORGANIZATIONAL EFFECTIVENESS AND INTEGRITY.	
DURING 2015, THE GOVERNANCE & SPECIAL PROJECTS (GSP) TEAM CONTINUED TO	
SUPPORT THE BOARD OF DIRECTORS' STRATEGIC LEADERSHIP AND OVERSIGHT OF	
THE ORGANIZATION. THE TEAM SUPPORTED THE DEVELOPMENT AND EARLY-STAGE	-
IMPLEMENTATION OF THE NEW STRATEGIC VISION, AND HELPED ENSURE THAT THE	
BOARD WAS APPROPRIATELY ENGAGED AND POSITIONED TO PLAY ITS VITAL	
LEADERSHIP ROLE RELATIVE TO SETTING THE ORGANIZATION'S PATH TO THE	
FUTURE. AS A LEADER AND CHAMPION ON BEHALF OF THE NONPROFIT AND	
PHILANTHROPIC SECTOR FOR MORE THAN 30 YEARS, INDEPENDENT SECTOR IS	
DEEPLY KNOWLEDGEABLE ABOUT THE CHARITABLE SECTOR, IS VIEWED WITH	
RESPECT AND CREDIBILITY, AND HAS A REPUTATION FOR RESPONSIVENESS,	
AGILITY, KNOWLEDGE, AND RELIABILITY. IS IS HIGHLY REGARDED FOR ITS ROLE	
AS A CONVENER IN BRINGING TOGETHER SECTOR LEADERS FROM A BROAD SPECTRUM	
OF GROUPS AROUND SALIENT ISSUES, AND IS RECOGNIZED AND VALUED FOR ITS	
PUBLIC POLICY WORK, AS THE SECTOR AND ITS LEADERS FACE INCREASINGLY	
COMPLEX CHALLENGES IN A CONSTANTLY SHIFTING ENVIRONMENT, IN 2015 IS	
LEVERAGED ITS ANNUAL BUSINESS MEETING TO ENGAGE STAKEHOLDERS IN	
DISCUSSION REGARDING THE FUTURE OF THE SECTOR, AND IS'S ROLE IN	
RELATION TO THAT FUTURE. THESE INTERACTIVE DISCUSSIONS REFLECTED IS'S	
ONGOING COMMITMENT TO ENGAGING WITH, AND LEARNING FROM, ITS	
STAKEHOLDERS IN MEANINGFUL WAYS IN ORDER TO BE RESPONSIVE TO SECTOR	
NEEDS AND TO PLAY AN INFORMED AND EFFECTIVE LEADERSHIP ROLE.	
THROUGH THE CONTINUED EXECUTION OF THE JOHN W. GARDNER LEADERSHIP AWARD	
PROGRAM, THE GOVERNANCE & SPECIAL PROJECTS TEAM CONTINUED TO STRENGTHEN	
IS'S COMMITMENT TO IDENTIFYING AND ACKNOWLEDGING OUTSTANDING SECTOR	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization  INDEPENDENT SECTOR	Employer identification number 52-1081024
LEADERSHIP, IS'S RECOGNITION IN 2015 OF MICHAEL BROWN, CO-FOUNDER AND	
CEO OF CITY YEAR, ONCE AGAIN HIGHLIGHTED AN EXCEPTIONAL SECTOR LEADER	
WHOSE WORK HAS TRANSCENDED THEIR FIELD AND HAS CONTRIBUTED TO SOCIETY	
MORE BROADLY. IN CONFERRING THE AWARD, IS CONTINUED THE TRADITION OF	
HONORING AN INDIVIDUAL HELD UP AS A BEACON OF ACHIEVEMENT, DESERVING OF	
PUBLIC RECOGNITION, AND WORTHY OF CITATION AS A MODEL FOR OTHERS	
BOTH WITHIN AND OUTSIDE OF THE SECTOR TO EMULATE.	
EXPENSES \$ 551,401. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 6:	
IS HAS MEMBERS THAT HELP SUPPORT THE MISSION OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THERE IS ONLY ONE CLASS OF VOTING MEMBERS, THE MEMBERSHIP HAVE THE	
AUTHORITY TO ELECT DIRECTORS OF THE ORGANIZATION OTHER THAN THE PRESIDENT.	
T	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE MEMBERSHIP HAVE THE AUTHORITY TO APPROVE CHANGES IN THE ARTICLES OF	
INCORPORATION AND BY-LAWS, MEMBERSHIP DUES AND/OR DUES ASSESSMENT	
METHODOLOGY, MEMBERSHIP ELIGIBILITY CRITERIA, AFFIRM MAJOR POLICIES AND	
LEGISLATIVE ACTIONS BY THE BOARD, AS APPROPRIATE, AND ADOPT RESOLUTIONS ON	
NATIONAL ISSUES OF CONCERNS TO THE MEMBERSHIP, AS APPROPRIATE.	
FORM 990, PART VI, SECTION B, LINE 11:	
PRIOR TO FILING, THE FORM 990 IS PRESENTED TO INDEPENDENT SECTOR'S AUDIT	
COMMITTEE FOR REVIEW, THE CHIEF FINANCIAL OFFICER ALSO REVIEWS THE FORM	
990 IN DETAIL WITH THE PRESIDENT AND CHIEF EXECUTIVE OFFICER PRIOR TO	
OBTAINING THE CEO'S SIGNATURE ON THE DOCUMENT. FOR THE 2015 FILING, DUE TO 532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)
E 4	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization  INDEPENDENT SECTOR	Employer identification number 52~1081024
THE VACANCY IN THE CEO POSITION, THE FORM 990 WAS REVIEWED BY THE CFO WITH	
THE THREE INTERIM CO-CEOS PRIOR TO SIGNATURE BY THE CFO. THE FORM 990 IS	
ALSO PRESENTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW IN ADVANCE OF	
FILING. IT IS DISTRIBUTED IN ADVANCE OF THE BOARD MEETING IN ORDER TO	
ENSURE THAT DIRECTORS HAVE THE OPPORTUNITY FOR A MEANINGFUL REVIEW AND TO	
ALLOW ALL DIRECTORS THE OPPORTUNITY TO GAIN A FULL UNDERSTANDING OF THE	
DOCUMENT BEFORE IT IS FILED. INDEPENDENT SECTOR'S AUDITORS PARTICIPATE IN	
THE BOARD MEETING IN ORDER TO RESPOND TO ANY QUESTIONS THAT DIRECTORS MAY	
HAVE.	_
<u> </u>	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR, BOARD MEMBERS ARE ASKED TO REVIEW INDEPENDENT SECTOR'S CONFLICT	
OF INTEREST POLICY AND TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE	
STATEMENT, AMONG OTHER THINGS, THE POLICY MAKES CLEAR THAT ALL DECISIONS OF	
THE BOARD, OFFICERS AND EMPLOYEES OF INDEPENDENT SECTOR ARE TO BE MADE	
SOLELY ON THE BASIS OF A DESIRE TO PROMOTE THE BEST INTERESTS OF THE	
ORGANIZATION AND THE PUBLIC GOOD, THE DISCLOSURE STATEMENT, IN TURN,	
REQUESTS THAT DIRECTORS IDENTIFY, TO THE BEST OF THEIR KNOWLEDGE,	
AFFILIATIONS WITH ORGANIZATIONS THAT MAYBE POTENTIALLY RELATED TO THE	
FINANCIAL OR OTHER SUBSTANTIVE OPERATIONS OF INDEPENDENT SECTOR. THEY ARE	
ALSO ASKED TO IDENTIFY CIRCUMSTANCES INVOLVING EITHER THEMSELVES, OR A	
MEMBER OF THEIR EXTENDED FAMILY, THAT MAYBE CONSTRUED AS A CONFLICT OF	
INTEREST. IF SUCH CIRCUMSTANCE SHOULD ARISE SUBSEQUENT TO SUBMITTING THE	
DISCLOSURE STATEMENT, THE POLICY SETS FORTH AN ONGOING DISCLOSURE	
REQUIREMENT.	
AT THE STAFF LEVEL, INDEPENDENT SECTOR PERSONNEL ALSO ENSURE THAT THERE ARE	
NO CONFLICTS OF INTEREST WHEN CONSIDERING ENGAGEMENT OF A NEW VENDOR. IF A 532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization INDEPENDENT SECTOR	Employer identification number 52-1081024
INDEFENDENT SECTOR	J2-1001024
POTENTIAL CONFLICT IS IDENTIFIED, APPROPRIATE STEPS ARE TAKEN BOTH TO	
ASSESS THE NATURE OF THE POTENTIAL CONFLICT AND, SUBSEQUENTLY, TO ENSURE	
THAT THE POSSIBILITY OF AN ACTUAL CONFLICT IS MITIGATED. SUCH MITIGATION	
MAY BE ACHIEVED THROUGH THE RECUSAL OR FIREWALLING OF THE INDIVIDUAL IN	
QUESTION, THUS ENSURING THAT THE CONFLICT IS MANAGED AND THE LETTER AND	
SPIRIT OF THE CONFLICTS POLICY ARE UPHELD,	
IN ADDITION, WE NOTE THAT DURING THE ANNUAL AUDIT STAFF IDENTIFY AND	
DISCLOSE TO AUDITORS ALL KNOWN CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15A:	
APART FROM THE ORGANIZATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER,	
INDEPENDENT SECTOR'S BOARD OFFICERS (CHAIR, VICE CHAIR, SECRETARY, AND	
TREASURER) DO NOT RECEIVE COMPENSATION FROM THE ORGANIZATION, AN ANNUAL	
COMPENSATION REVIEW PROCESS FOR THE CEO TAKES PLACE UNDER THE LEADERSHIP OF	
THE BOARD CHAIR AND EXECUTIVE COMMITTEE. AN OUTSIDE CONSULTANT IS RETAINED	
OR SALARY SURVEYS AND 990S ARE REVIEWED TO PROVIDE INDUSTRY COMPARABLE	
SALARY DATA, AN INTERMEDIATE SANCTIONS ANALYSIS AND RELATED DOCUMENTATION	
ARE ALSO COMPLETED. THE EXECUTIVE COMMITTEE HAS RESPONSIBILITY FOR MAKING	
FINAL RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS REGARDING THE	
PRESIDENT'S PERFORMANCE EVALUATION AND COMPENSATION. THE BOARD OF	
DIRECTORS MAKES A FINAL DETERMINATION WITH REGARD TO THESE MATTERS.	
WITH REGARD TO STAFF COMPENSATION, THE PRESIDENT AND CEO, VICE PRESIDENTS,	
AND APPROPRIATE STAFF MANAGERS ALSO COMPLETE ANNUAL PERFORMANCE	
EVALUATIONS. FOR ALL STAFF OTHER THAN THE PRESIDENT AND CEO, IS UTILIZES	
INDUSTRY COMPARABLE DATA IN MAKING DETERMINATIONS REGARDING THE RANGE OF	
SALARIES. THE PRESIDENT AND CEO MAKES ALL FINAL DETERMINATIONS RELATIVE TO	
STAFF COMPENSATION	

Schedule O (Form 990 or 990-EZ) (2015)

FUNDRAISING EXPENSES

MANAGEMENT AND GENERAL EXPENSES

11,426.

17,919.

Name of the organization		Employer identification numb
INDEPENDENT SECTOR		52-1081024
OTAL EXPENSES	44,419.	
INDEPENDENT CONTRACTOR:		
PROGRAM SERVICE EXPENSES	162,348.	
MANAGEMENT AND GENERAL EXPENSES	45.	
PUNDRAISING EXPENSES	500	
OTAL EXPENSES	162,893.	
CONSULTANT:		
PROGRAM SERVICE EXPENSES	542,092.	
MANAGEMENT AND GENERAL EXPENSES	682,950.	
UNDRAISING EXPENSES	0.	
COTAL EXPENSES	1,225,042,	
EGISLATIVE ASSISANCE:		
PROGRAM SERVICE EXPENSES		
MANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	0.	
POTAL EXPENSES	210,000.	
SPEAKERS, SERVICE BUREAUS, AND OTHER:		
ROGRAM SERVICE EXPENSES	12,744.	
ANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	12,744.	
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,655,098.	

# SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2015 Open to Public Inspection

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Part

► Attach to Form 990.

Open to Public Inspection Employer identification number

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

Employer identification nu 52-1081024

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	ne End-of-year assets		(1) Direct controlling entity
1620 IS LLC - 54-3219877 1602 L STREET, NW WASHINGTON, DC 20036	BUILDING MANAGEMENT	DISTRICT OF COLUMBIA	2,706,473		39 496 499, INDEPENDENT SECTOR	SECTOR
Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	tions Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34 be	cause it had one o	r more related tax-exer	mpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?  Yes No

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 INDEPENDENT SECTOR

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(j) (k) General or Percentage managing ownership			nore related	Section Section 512(b)(13) controlled entity?						Schedule B (Form 990) 2015
General or managing partner?			one or m	(h) Percentage ownership						IA R (Fo
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had o	(g) Share of Peend-of-year or assets				1		Schedu
ortionate tions?			line 34							
			30, Part IV	(f) Share of total income						
(g) Share of end-of-year assets			Form 99							
(f) Share of total income			ered "Yes" on	(e) Type of entity (C corp, S corp, or trust)						
Share inco			on answe							
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			he organizatio	(d) Direct controlling entity						
Predom (related excluded section			ηplete if t	(c) Legal domicile (state or foreign country)						61
(d) Direct controlling entity			oration or Trust Con Jear.	(b) Primary activity						
(c) Legal domicile (state or foreign country)			s a Corpo	Prim						
(b) Primary activity			janizations Taxable as poration or trust during	Z c						
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization						532162 09-08-15
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Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No	0
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				10	
				10	1
				<u> </u>	ſ
				2	ľ
f Dividends from related organization(s)	**************************************			11	
g Sale of assets to related organization(s)				1a	
Purchase of assets from related organization(s)				÷	
				-	1
i Lease of facilities, equipment, or other assets to related organization(s)				-	1
	X 0 K + 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************			ſ
k Lease of facilities, equipment, or other assets from related organization(s)				14	1
I Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)		32222	=	1
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)	***************************************		1n	
o Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				10	ľ
q Reimbursement paid by related organization(s) for expenses	***************************************			10	-1
r Other transfer of cash or property to related organization(s)				÷	
Other transfer of cash or property from related organization(s)				= <del>\( \frac{1}{\sigma} \)</del>	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	nis line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved	
(1)					ľ
(2)					
(3)					
(4)					
(9)					ľ
יפי					l
532163 09-08-15	62		Schedule R	Schedule R (Form 990) 2015	15

Schedule R (Form 990) 2015 INDEPENDENT SECTOR

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

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

	(H)	(3)				1			
(a)	(a)	(o)	(a)			Ξ	3	9	<u>S</u>
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income (related, unrelated,	501(c)(3) total	of Share of		Code V-UBI amount in box 20	General or managing	Percentage
Garage Control of the		country)	excluded from tax under sections 512-514)				Ves. No. (Form 1065) Yes. No.	Vec No	diligialino
								8	
								_	
		1						_	
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				_					
							Schedule	R (Form	Schedule R (Form 990) 2015

Schedule F	(Form 990) 2015 INDEPENDENT SECTOR	52-1081024	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R (see instructions).		
	Trovide additional information of responses to questions on deficultien in Jose Instructions).		
-			
-			

# Form **8868**

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

If you are filling for an Authoriatio 3-Month Extension, complete only Part I and check this box    You are filling for an Authoriation (Not Authoriation) — Month Extension, complete only Part II (in page 2 of this form).    On not complete Part II unbass   you have already been granted an automatic 3-month automatic 3-month automatic 3-month automatic 4-month and firm to 16 list (manufers for a corporation required to file Form 990.7), or an additional (not automatic) 3-month extension of time to the film months for a corporation required to file Form 990.7), or an additional (not automatic) 3-month extension of firma. You can electronically file Form 990.7), or an additional font automatic) 3-month extension of firma. You can electronically file Form 990.7 and extension of time to file any of the form 990.7 and extension of Form 890.7 in the form 990.7 and requesting file form 990.7 and requesting file form 990.7 and requesting file form 990.7 and requesting an automatic 6-month extension. Of Time. Only submit original (no copies needed).    A corporation required to file form 990.7 and requesting an automatic 6-month extension. Of time.   Part I I I Automatic 3-Month Extension of Time. Only submit original (no copies needed).   A corporation required to file form 990.7 and requesting an automatic 6-month extension. Of time or file for the file of							
Do not complete Part it unitss: you have already been granted an automatic 3-month extension on a previously filed Form 8888. Electronic filing feel, 91, voca not alloctronically life form 8881 you have already as month extension of time to file fer morths for a corporation required to file Form 990T), or an additional (not automatic) 3-month extension of firms. You can electronically file Form 8988 for request an extension of time to file any of the form 190T), or an electronical property of the form 190T), or an electronical property of the form 190T, or an electronical property of the form 190T, or an electronical property of the form 190T and form 190T and formatic 8-month extension of from 190T and requesting an electronical property is governed to file form 990T and requesting an automatic 8-month extension of time to file incorporation required to file form 990T and requesting an automatic 8-month extension of time to file incorporation fendulating 1120-0 filers), partnerships, FEMICs, and trusts must use Form 7004 to request an extension of time to file incorporation fendulating 1120-0 filers), partnerships, FEMICs, and trusts must use Form 7004 to request an extension of time to file incorporation fendulating 1120-0 filers), partnerships, FEMICs, and trusts must use Form 7004 to request an extension of time to file incorporation fendulating 1120-0 filers), partnerships, FEMICs, and trusts must use Form 7004 to request an extension of time to file incorporation fendulating 1120-0 filers), partnerships, FEMICs, and trust must use Form 7004 to request an extension of time to file incorporation fendulating 1120-0 filerships and trusts must use Form 7004 to request an extension of time to file incorporations fendulating 1120-0 filerships and trusts must use Form 7004 to request an extension for the filerships and trusts must use Form 7004 to request an extension for the filerships and trusts must use Form 7004 to request an extension for filerships and trusts must use Form 7004 to request and extension for							<b>L</b> x
Electronic filing (a-file). You can electronically file form 8888 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file form 990-1); or an additional file form 880 with request an oxtoneion of time to file any of the forms listed in Part I or Part II with the exception of Form 6870, Information Rotum for Transfers Associated With Cortain Personal Benefit Contracts, which must be sent to the IRS in paper forms (see instructions). For more details on the electronic filing of this form, visit www.evs.govide and cick on a #86 to Chambes & Nemporles.    Part I							
required to file Form 990T, or an additional (not automatic) #month extension of time. You can electronically file Form 3868 to request an extension of time to file any of the form sites in Part I or Part I with the exception of Form 890T, information Return for Transfers Associated With Certain Porsonal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visits www.is.gov/biffe and click on e-file for Charifles & Nonprolifes.    Part I only							
Petron to tile any of the forms listed in Part II with the exception of Form 8870, Information Roturn for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRB in paper forms (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/irlin and click on a -file for Charletiss & Nonprofiles.    Part I							
Personal Benefit Contracts, which must be sent to the IRS in paper formal (see instructions). For more details on the electronic filing of this form, visits www.iss.govifetie and eleks on and benefit or Charites & Alvanoratics.    Part   Institute   Automatic 3-Month Extension of Time. Only submit original (no copies needed).   A corporation required to the Form 990-T and requesting an automatic 6-month extension - check this box and complete   Part   Institute   Part   Pa							
Part I   Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
Part       Automatic 3-Month Extension of Time. Only submit original (no copies needed).				(see instructions). For more details o	on the elec	tronic filing	of this form,
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filer's identifying number Type or print INDEPENDENT SECTOR Name of exempt organization or other filer, see instructions.  File by the content extension is content at returns  1002 to STREET, NM, NO, 900 Instructions.  Enter filer's identifying number (EIN) or print INDEPENDENT SECTOR Social security number (SSN) INDEPENDENT SECTOR Social security number (SSN) Instructions. WASHINGTON, DC 20036  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Security town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Security town or post office, state, and ZIP code. For a foreign address, see instructions.  WASHINGTON, DC 20036  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Security town or post office, state, and ZIP code. For a foreign address, see instructions.  WASHINGTON, DC 20036  Ferm 990 Form 990	visit www			· · · · · · · · · · · · · · · · · · ·			
Part I only							
All other corporations (including 1120-C fliers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time  Enter flier's identifying number  Spocial ascurity number (Ein) or  1602 L. STREET, NN, NO, 900  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return  Application  Return Application  Return Application  Form 990 or Form 990 EZ  O1 Form 990 Form 990 EZ  O1 Form 990 Form 990 FZ  O1 Form 990 FY  O2 FORM 990 FY  O3 FORM 990 FY  O4 Form 5227  O5 FORM 990 FORM 990 FY  O5 FORM 990 FORM 990 FY  O5 FORM 990 FY	A corpor	ation required to file Form 990-T and requesting an auto	matic 6·mc	onth extension - check this box and	complete		r
Type or print INDEFENDENT SECTOR   Social security number (EIN) or print INDEFENDENT SECTOR   Social security number (EIN) or print INDEFENDENT SECTOR   Social security number (SSN)							
Type or print  INDRPENDENT SECTOR  Social security number (EIN) or print  INDRPENDENT SECTOR  Number, street, and room or suite no. If a P.O. box, see instructions.  1602 L STREET, NN, NO, 900  Instructions.  NASHINGTON, DC 20036  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return  Application  Return  Code  Is For  Code  Form 990 or Form 990 EZ  O1 Form 990 T (corporation)  O2  Form 990 Form 990 Form 990 EZ  O1 Form 990 Form 990 Form 990 FORM  O3 Form 4720 (individual)  O3 Form 4720 (individual)  O3 Form 990 Form 990 Form 990 FORM  The books are in the care of   OARDLYN MOLLEN  The books are in the care of   If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return enter the organization's four digit Group Exemption Number (CEN)  If the organization does not have an office or place of business in the United States, check this box  If the tax year entered in line 1 is for less than 12 months, check reason:  If the tax year entered in line 1 is for less than 12 months, check reason:  If the spalication is for Form 990 F, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  So If this application is for Form 990 F, 990 T, 4720, or 6069, enter the tentative tax, less any nonefundable credits. See instruction feet in this form, frequired, by vising EFTPS (Electronic Federal Tax Payment System), See instructions.			AICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	9
Independent   Section	to file inc	ome tax returns.			Enter file	r's identif	ying number
INDEPENDENT SECTOR	Type or	Name of exempt organization or other filer, see instru	octions.		Employer	dentificat	ion number (EIN) or
Number, street, and room or suite no. If a P.O. box, see instructions.   Social security number (SSN)	print						
Social security number (SSN)		INDEPENDENT SECTOR				52-1081	024
return sets instructions.  WASHTINGTON, DC 20036  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For Code Set of Co		Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.	Social se	curity num	ber (SSN)
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Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Is For Code Is For Oche Porm 990 or Form 990-EZ O1 Form 1041-A O8 Form 4720 (individual) O2 Form 1041-A O8 Form 990-Form 990-Form 990-EZ O1 Form 1041-A O8 Form 990-Form 990		City, town or post office, state, and ZIP code. For a f	oreign add	ress, see instructions.			
Return   September   Septemb		WASHINGTON, DC 20036					
Return   September   Septemb							r
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Form 990-EZ  Form 990-BL  D2 Form 1041-A  D8  Form 4720 (individual)  Form 990-PF  D4 Form 5227  D5 Form 6069  D6 Form 8970  D7 Form 990-T (trust other than above)  CAROLYN MOLLEN  CAROLYN MOLLEN  Telephone No. ▶ 202-467-6100  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for part of the group, check this box  If this is for part of the group, check this box  If this is for part of the group of the group, check this box  If the same and EINs of all members the extension is for.  If the application's return for:  If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Change in accounting period  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Balance due. Subtract line 3 b from line 3a. Include your payment allowed as a credit.  Balance due. Subtract line 3 b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions.  S0 16 be instructions.  S0 17 cervices a credit.  S0 18 cervices a credit.  S0 18 cervices a credit.  S0 18 cervices a credit.  S0 19 cervices a credit.  S0 1			Code	Is For			Code
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Form 4720 (individual)  Form 990-PF  O4 Form 5227  10  Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  CAROLYN MOLLEN  CAROLYN MOLLEN  The books are in the care of 1602 L STREET, NW, NO, 900 - WASHINGTON, DC 20036  Telephone No. 1202-467-6100  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15_2016  I to file the exempt organization return for the organization named above. The extension is for.  If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Blance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  9 A Form 4720 (other than individual)  Form 990-T (sec. 401(a) or 408(a) trust)  12 Prom 990-T (trust other than above)  12 Prom 990-T (trust other than above)  12 Prom 990-T (trust other than above)  13 Prom 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  9 Prom 990-T (trust of 6069)  11 Prom 990-T (trust of 6069)  12 Prom 990-T (trust of 6069)  13 Prom 990-T (trust of 6069)  14 Prom 990-T (trust of 6069)  15 Prom 990-T (trust of 6069)  16 Prom 990-T (trust of 6069)  17 Prom 990-T (trust of 6069)  18 Prom 990-T (trust of 6069)  18 Prom 990-T (trust of 6069)  19 Prom 990-T (trust of 6069)  10 Prom 990-T (trust of 6069)  11 Prom	-0.00	bilitarii	02	Form 1041-A			08
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Form 990-T (sec. 401(a) or 408(a) trust)  CAROLYN MOLLEN  CAROLYN MOLLEN  The books are in the care of  1602 L STREET, NW, NO, 900 - WASHINGTON, DC 20036  Telephone No.  202-467-6100  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2016  It the organization's return for:  X calendar year2015 or  X calendar year2015 or  The tax year entered in line 1 is for less than 12 months, check reason:  I this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0,  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ 0,	All Parties	—— time and a time	04				
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Telephone No. ▶ 202-467-6100 Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2016 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ x calendar year 2015 or ▶ 1 tax year beginning , and ending , and ending , and ending .  If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  If this application is for Forms 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0.  C Balance due. Subtract line 3b from line 3a. include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.	• The h		900 ~	WASHINGTON DC 20036			
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by using EFTPS (Electronic Federal Tax Payment System), See instructions. 3c \$ 0.					JU JU	φ	<u></u>
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Caution. If you are going to make an electronic lunus withdrawal fullect debit, with this rollin dood, see Form 6453-EO and Form 8879-EO for payment	by	using EFTF5 (Electronic Federal Tax Payment System).	I (direct de	hit) with this Form 8869 and Form		nd Form Of	
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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions Form 8868 (Rev. 1-2014) 523841 04-01-15	LHA F 523841 04-01-15	or Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form	8868 (Rev. 1-2014)