

AUDIT REPORT

FINANCIAL AND FEDERAL AWARD
COMPLIANCE EXAMINATION

FOR THE YEAR ENDED DECEMBER 31, 2015

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FINANCIAL STATEMENTS



FOR THE YEAR ENDED DECEMBER 31, 2015
WITH SUMMARIZED FINANCIAL
INFORMATION FOR 2014

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Camfed USA Foundation San Francisco, California

Report on the Financial Statements

We have audited the accompanying financial statements of the Camfed USA Foundation (the Foundation), which comprise the statement of financial position as of December 31, 2015, and the related statements of activities and change in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation as of December 31, 2015, and the change in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

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MEMBER OF THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS' PRIVATE COMPANIES PRACTICE SECTION

Report on Summarized Comparative Information

We have previously audited the Foundation's 2014 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated July 7, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2014, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Expenditures of Federal Awards on page I-15, as required by *Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated July 28, 2016 on our consideration of the Foundation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Foundation's internal control over financial reporting and compliance.

July 28, 2016

Gelman Rosenberg & Freedman

STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2015 WITH SUMMARIZED FINANCIAL INFORMATION FOR 2014

ASSETS

| | _ | 2015 | | 2014 |
|--|-----|----------------------------------|-----|--------------------------------|
| CURRENT ASSETS | | | | |
| Cash and cash equivalents Grants receivable Prepayments and other current assets | \$ | 3,097,768 1,095,307 26,069 | \$ | 3,980,730 518,376 19,933 |
| Total current assets | _ | 4,219,144 | _ | 4,519,039 |
| FIXED ASSETS | | | | |
| Furniture and equipment Less: Accumulated depreciation | _ | 7,979 <u>(4,453</u>) | _ | 5,317 (2,477) |
| Net fixed assets | _ | 3,526 | _ | 2,840 |
| TOTAL ASSETS | \$_ | 4,222,670 | \$_ | 4,521,879 |
| LIABILITIES AND NET ASSETS | | | | |
| CURRENT LIABILITIES | | | | |
| Accounts payable and accrued liabilities Refundable advance Due to Affiliates | \$ | 75,923 - 585,375 | \$ | 82,232 136,313 1,167,506 |
| Total current liabilities | _ | 661,298 | _ | 1,386,051 |
| NET ASSETS | | | | |
| Unrestricted Temporarily restricted | _ | 2,773,526 787,846 | _ | 3,001,352 134,476 |
| Total net assets | _ | 3,561,372 | | 3,135,828 |
| TOTAL LIABILITIES AND NET ASSETS | \$_ | 4,222,670 | \$_ | 4,521,879 |

STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2015 WITH SUMMARIZED FINANCIAL INFORMATION FOR 2014

| | | 2014 | | |
|---|---|--|--|---|
| | Unrestricted | Temporarily Restricted | Total | Total |
| REVENUE | | | | |
| Grants and contributions Government contracts In-kind contributions Interest income Realized (loss) gain Other program revenue Net assets released from donor | \$ 3,118,701 909,998 400,799 15,321 (214) 31,668 | \$ 1,205,699 \$ - - - - - | 4,324,400 909,998 400,799 15,321 (214) 31,668 | \$ 3,465,106 897,965 26,095 2,405 451 31,996 |
| restrictions | 552,329 | (552,329) | | |
| Total revenue | 5,028,602 | 653,370 | 5,681,972 | 4,424,018 |
| EXPENSES | | | | |
| Program Services: | | | | |
| Multiplying Girls' Educational Opportunities Enabling Educated Women to | 3,809,445 | - | 3,809,445 | 1,650,571 |
| Lead Change | 231,309 | - | 231,309 | 250,905 |
| Advocacy Research and Development | 531,558 91,978 | - | 531,558 91,978 | 188,983 50,620 |
| · | | | | |
| Total program services | 4,664,290 | . | 4,664,290 | 2,141,079 |
| Supporting Services: Management and General | 229,558 | - | 229,558 | 201,521 |
| Fundraising | 362,580 | <u> </u> | 362,580 | 243,875 |
| Total supporting | | | | |
| services | <u>592,138</u> | <u> </u> | 592,138 | 445,396 |
| Total expenses | 5,256,428 | | 5,256,428 | 2,586,475 |
| Change in net assets | (227,826) | 653,370 | 425,544 | 1,837,543 |
| Net assets at beginning of year | 3,001,352 | <u>134,476</u> | 3,135,828 | 1,298,285 |
| NET ASSETS AT END OF YEAR | \$ <u>2,773,526</u> | \$ <u>787,846</u> \$ | 3,561,372 | \$ <u>3,135,828</u> |

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2015 WITH SUMMARIZED FINANCIAL INFORMATION FOR 2014

| | | | | | | 2015 |
|--|--|---|-------|---|-------|--|
| | | | | P | rogra | m Services |
| | Multiplying Girls' Educational Opportunities | | Educa | Enabling Educated Women to Lead Change | | dvocacy |
| Compensation of current officers, directors, trustees and key employees Other salaries and wages Employers Share Contributions Pension Other employee benefits Payroll taxes Legal fees for services (non-employees) Other fees for services (non-employees) Accounting fees for services (non-employees) Office expenses Information technology Occupancy Travel Conferences, conventions and meetings Depreciation Insurance Donated Airtime Education costs | \$ | 36,298 58,429 63 10,575 10,989 - 5,586 1,072 5,162 2,712 56,587 2,400 - 346 1,750 - 845,685 | \$ | 48,707 46,056 50 5,683 7,162 - 4,647 893 4,301 2,260 36 2,373 - 288 1,458 | \$ | 10,626 10,394 13 4,222 6,426 - 128,571 663 3,254 1,679 27 2,538 - 214 1,083 356,594 |
| Young women's leadership costs Direct program delivery Miscellaneous expense | | 2,770,477 1,314 | | 106,298 1,097 | | - 4,440 814 |
| TOTAL | \$ | 3,809,445 | \$ | 231,309 | \$ | 531,558 |

| 2 | n | 1 | 1 |
|---|---|---|---|
| | u | | 4 |

| | | | | | | | | | | | | 2014 |
|---------------------|------------------------|------------------------------|----|-----------------------|----|-----------|-----------|--------------------------------|------------|------------------|------------|------------------|
| Supporting Services | | | | | | | | | | | | |
| | earch and relopment | Total Program Services | | nagement d General | Fu | ndraising | | Total upporting Services | _ <u>E</u> | Total xpenses | _ <u>E</u> | Total xpenses |
| | | | | | | | | | | | | |
| \$ | 36,298 | \$ 131,929 | \$ | 21,251 | \$ | 59,333 | \$ | 80,584 | \$ | 212,513 | \$ | 206,806 |
| · | 48,639 | 163,518 | | 79,170 | · | 143,449 | · | 222,619 | | 386,137 | • | 183,118 |
| | 25 | 151 | | 13 | | . 88 | | 101 | | 252 | | ´ - |
| | 1,299 | 21,779 | | 11,595 | | 13,965 | | 25,560 | | 47,339 | | 31,790 |
| | 1,589 | 26,166 | | 7,667 | | 15,327 | | 22,994 | | 49,160 | | 31,404 |
| | , <u>-</u> | · - | | 44,205 | | · - | | 44,205 | | 44,205 | | 26,332 |
| | 1,062 | 139,866 | | 20,583 | | 37,646 | | 58,229 | | 198,095 | | 106,030 |
| | 204 | 2,832 | | 21,563 | | 2,194 | | 23,757 | | 26,589 | | 42,414 |
| | 983 | 13,700 | | 5,285 | | 40,587 | | 45,872 | | 59,572 | | 96,241 |
| | 517 | 7,168 | | 2,776 | | 5,553 | | 8,329 | | 15,497 | | 15,487 |
| | 8 | 56,658 | | 45 | | 90 | | 135 | | 56,793 | | 89,591 |
| | 457 | 7,768 | | 6,877 | | 14,109 | | 20,986 | | 28,754 | | 18,989 |
| | - | - | | 568 | | - | | 568 | | 568 | | 11,699 |
| | 66 | 914 | | 354 | | 708 | | 1,062 | | 1,976 | | 2,735 |
| | 333 | 4,624 | | 1,791 | | 3,583 | | 5,374 | | 9,998 | | 10,993 |
| | - | 356,594 | | - | | - | | - | | 356,594 | | - |
| | - | 845,685 | | - | | - | | - | | 845,685 | | 1,021,285 |
| | - | - | | - | | - | | - | | - | | 2,700 |
| | 247 | 2,881,462 | | 4,469 | | 1,375 | | 5,844 | | 2,887,306 | | 631,305 |
| | 251 | 3,476 | | 1,346 | | 24,573 | | 25,919 | | 29,395 | | 57,556 |
| ¢ | 04.070 | ¢ 4 cc4 200 | ¢ | 220 550 | ¢ | 262 500 | ¢ | E02 420 | • | E 0E6 400 | ¢ | 2 506 475 |
| <u> </u> | 91,978 | \$ 4,664,290 | \$ | 229,558 | \$ | 362,580 | <u>\$</u> | 592,138 | <u> </u> | 5,256,428 | <u> </u> | 2,586,475 |

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2015 WITH SUMMARIZED FINANCIAL INFORMATION FOR 2014

| | | 2015 | | 2014 |
|---|-----|-----------------------------------|-----|----------------------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | | |
| Change in net assets | \$ | 425,544 | \$ | 1,837,543 |
| Adjustments to reconcile change in net assets to net cash (used) provided by operating activities: | | | | |
| Depreciation Realized loss (gain) Donated stocks | | 1,976 214 (663,154) | | 2,735 (451) (17,034) |
| (Increase) decrease in: Grants receivable Prepayments and other current assets | | (576,931) (6,136) | | 29,714 (4,085) |
| Increase (decrease) in: Accounts payable and accrued liabilities Refundable advance Due to Affiliates | _ | (6,309) (136,313) (582,131) | _ | 38,998 (282,744) (165,202) |
| Net cash (used) provided by operating activities | _ | (1,543,240) | _ | 1,439,474 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | | |
| Purchase of fixed assets Sale of investments | _ | (2,662) 662,940 | _ | (3,185) 17,683 |
| Net cash provided by investing activities | _ | 660,278 | _ | 14,498 |
| Net (decrease) increase in cash and cash equivalents | | (882,962) | | 1,453,972 |
| Cash and cash equivalents at beginning of year | | 3,980,730 | _ | 2,526,758 |
| CASH AND CASH EQUIVALENTS AT END OF YEAR | \$_ | 3,097,768 | \$_ | 3,980,730 |

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION

Organization -

Camfed International is an non-governmental organization founded in 1993, in response to the exclusion of girls from education in Africa. Camfed International was established in the United Kingdom and the headquarters of the organization with six Affiliates:

- · Camfed Zimbabwe, established in 1993;
- Camfed USA Foundation, established in 2001;
- Camfed Zambia, established in 2002;
- Camfed Tanzania, established in 2006;
- · Camfed Ghana, established in 2007; and
- Camfed Malawi, established in 2009.

Each Affiliate is established under the laws of the country in which it is located and conducts its activities in that country.

The accompanying financial statements include only the assets, liabilities, net assets, income, gains, expenses and losses of the Camfed USA Foundation (the Foundation). The Foundation is a charitable non-profit organization, incorporated in the State of Delaware, with Camfed International as its sole member who appoints the Board of Directors of the Foundation. The purposes of the Foundation are:

- To provide financial and other assistance for the education of children and young people throughout the less-developed world;
- To provide financial and other assistance to educational facilities throughout the less-developed world; and
- To advance the education of the general public in subjects relating to the lives of children
 and young people in the less-developed world and how these are affected by education and
 the lack thereof.

The Foundation's offices are located in San Francisco, California and its activities are substantially supported by private grants and contributions.

Basis of presentation -

The accompanying financial statements are presented on the accrual basis of accounting, and in accordance with FASB ASC 958, *Not-for-Profit Entities*.

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the year ended December 31, 2014, from which the summarized information was derived.

Cash and cash equivalents -

The Foundation considers all cash and other highly liquid investments with initial maturities of three months or less to be cash equivalents.

Investments -

Investments are recorded at their readily determinable fair value. Realized and unrealized gains and losses are listed separately in the Statement of Activities and Change in Net Assets.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION (Continued)

Fixed assets -

Fixed assets in excess of \$500 are capitalized and stated at cost. Fixed assets are depreciated on a straight-line basis over the estimated useful lives of the related assets, generally three to five years. The cost of maintenance and repairs is recorded as expenses are incurred.

Income taxes -

The Foundation is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements. The Foundation is not a private foundation.

Uncertain tax positions -

For the year ended December 31, 2015, the Foundation has documented its consideration of FASB ASC 740-10, *Income Taxes*, that provides guidance for reporting uncertainty in income taxes and has determined that no material uncertain tax positions qualify for either recognition or disclosure in the financial statements.

Net asset classification -

The net assets are reported in two self-balancing groups as follows:

- **Unrestricted net assets** include unrestricted revenue and contributions received without donor-imposed restrictions. These net assets are available for the operation of the Foundation and include both internally designated and undesignated resources.
- Temporarily restricted net assets include revenue and contributions subject to donor-imposed stipulations that will be met by the actions of the Foundation and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities and Change in Net Assets as net assets released from restrictions.

Grants and contributions -

Unrestricted and temporarily restricted grants and contributions are recorded as revenue in the year notification is received from the donor. Temporarily restricted grants and contributions are recognized as unrestricted support only to the extent of actual expenses incurred in compliance with the donor-imposed restrictions and satisfaction of time restrictions. Temporarily restricted grants and contributions received in excess of expenses incurred are shown as temporarily restricted net assets in the accompanying financial statements.

The Foundation receives funding under grants and contracts from the U.S. Government and other grantors for direct and indirect program costs. This funding is subject to contractual restrictions, which must be met through incurring qualifying expenses for particular programs. Accordingly, such grants are considered exchange transactions and are recorded as unrestricted income to the extent that related expenses are incurred in compliance with the criteria stipulated in the grant agreements.

Grants receivable represents amounts due from funding organizations for reimbursable expenses incurred in accordance with the grant agreements. Management considers all amounts to be fully collectible.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION (Continued)

Grants and contributions (continued) -

Accordingly, an allowance for doubtful accounts has not been established. Grant funding received in advance of incurring the related expenses is recorded as a refundable advance.

In-kind contributions -

In-kind contributions consist of donated professional services and donated TV & radio airtime for public service announcements. In-kind contributions are recorded at their fair market value as of the date the services are provided.

Use of estimates -

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Functional allocation of expenses -

The costs of providing the various programs and other activities have been summarized on a functional basis in the Statement of Activities and Change in Net Assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Fair value measurement -

The Foundation adopted the provisions of FASB ASC 820, Fair Value Measurement. FASB ASC 820 defines fair value, establishes a framework for measuring fair value, establishes a fair value hierarchy based on the quality of inputs (assumptions that market participants would use in pricing assets and liabilities, including assumptions about risk) used to measure fair value, and enhances disclosure requirements for fair value measurements. The Foundation accounts for a significant portion of its financial instruments at fair value or considers fair value in their measurement.

2. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following at December 31, 2015:

| Research and Advocacy | Ψ — | 303,559 484,287 |
|-----------------------|--------|--------------------|
| | \$ | 787,846 |

The following temporarily restricted net assets were released from donor restrictions by incurring expenses (or through the passage of time), which satisfied the restricted purposes specified by the donors:

| Bursary Support Zambia | \$ | 296,441 |
|--|----|---------|
| Bursary Support for Tanzania | | 57,498 |
| Girls' Education and Young Women's Empowerment | _ | 198,390 |
| · | \$ | 552,329 |

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

3. IN-KIND CONTRIBUTIONS

During the year ended December 31, 2015, the Foundation was the beneficiary of donated services which allow the Foundation to provide greater resources towards various programs. To properly reflect total program expenses, the following donations have been included in revenue and expense for the year ended December 31, 2015.

| Legal services | \$ | 44,205 |
|-----------------|----|---------|
| Donated airtime | _ | 356,594 |
| | \$ | 400,799 |

4. LEASE COMMITMENTS

On May 31, 2013, the Foundation extended its lease for office space for five years, with a termination date of July 31, 2018. Base rent over the additional five-year period is \$4,600 per month.

The following is a schedule of the future minimum lease payments:

Year Ending December 31,

| 2016 2017 | | \$ 55,200 55,200 |
|--------------|--|------------------------|
| 2018 | | 55,200 55,200 |
| | | \$ 165,600 |

Occupancy expense for the year ended December 31, 2015 totaled \$56,793.

5. RETIREMENT PLAN

The Foundation provides retirement benefits to its employees through a defined contribution plan. The defined contribution retirement plan is available for eligible employees who have completed six months of service. The Foundation contributes 6% percent of gross wages.

Contributions to the plan during the year ended December 31, 2015 totaled \$12,280, and are included in "Employers Share Contributions Pension" and "Compensation of current officers, directors, trustees and key employees" in the accompanying Statement of Functional Expenses.

6. CONTINGENCY

The Foundation receives grants from various agencies of the United States Government. For fiscal years through December 31, 2014, such grants were subject to audit under the provisions of OMB Circular A-133. Beginning for fiscal year ended December 31, 2015, such grants are subject to audit under the provisions of *Title 2 U.S. Code of Federal Regulations (CFR) Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. The ultimate determination of amounts received under the United States Government grants is based upon the allowance of costs reported to and accepted by the United States Government as a result of the audits. Audits in accordance with the applicable provisions have been completed for all required fiscal years through 2015. Until such audits have been accepted by the United States Government, there exists a contingency to refund any amount received in excess of allowable costs. Management is of the opinion that no material liability will result from such audits.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

7. AFFILIATES

The Foundation has six Affiliates, which are noted in Note 1.

Inter-company accounts are used during the year to track payments and receipts of cash by one Affiliate on behalf of another. The balances are eliminated at year-end in the consolidated financial statements that are prepared by Camfed International. The inter-company balances have not been eliminated in the accompanying financial statements. As of December 31, 2015, the Foundation owed the Affiliates \$585,375.

Substantially all of the program service expenses of the Foundation are incurred in African countries in which Camfed International operates. Expenses are translated at the rate of exchange in effect at the date that funds are transferred to United Kingdom and African Affiliates during the year. The Statement of Financial Position of the foreign entities are maintained on the books of Camfed International; therefore, gains and/or losses on currency translation for the foreign Affiliates' assets, liabilities and net assets are reported in the financial statements of Camfed International.

8. SUBSEQUENT EVENTS

In preparing these financial statements, the Foundation has evaluated events and transactions for potential recognition or disclosure through July 28, 2016, the date the financial statements were issued.

SUPPLEMENTAL INFORMATION

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED DECEMBER 31, 2015

| Federal Program Title | Pass-Through Entity | Pass-Through Entity Identifying Number | CFDA Number | 2015 Expenditures |
|---|------------------------------------|---|----------------|----------------------|
| Foreign Assistance for Programs Overseas | Education Development Center, Inc. | 11680 | 98.001 | \$ 909,998 |
| TOTAL EXPENDITURES OF F | EDERAL AWARDS | | | \$ <u>909,998</u> |

Note 1. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of the Foundation under programs of the federal government for the year ended December 31, 2015. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*. Because the Schedule presents only a selected portion of the operations of the Foundation, it is not intended to and does not present the financial position, changes in net assets or cash flows of the Foundation.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following, as applicable, either the cost principles in OMB Circular A-122, Cost Principles for Non-Profit Organizations, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. The Foundation has elected not to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2015

Section I - Summary of Auditor's Results

| Fir | nancial Statements | | | | |
|-----|--|------------------------------------|------------------------|----------------|--------------|
| 1). | Type of auditor's report issued: | | <u>Unmodifie</u> | <u>ed</u> | |
| 2). | Internal control over financial rep | orting: | | | |
| | Material weakness(es) identifi | ed? | ☐ Yes | ⋉ No | |
| | Significant deficiency(ies) ider considered to be material wear | | ☐ Yes | ⊠ No | ne Reported |
| 3). | Noncompliance material to finance | cial statements noted? | ☐ Yes | ⊠ No | |
| Fe | deral Awards | | | | |
| 4). | Internal control over major progra | ams: | | | |
| | Material weakness(es) identifi | ed? | ☐ Yes | ⊠ No | |
| | Significant deficiency(ies) ider considered to be material wear | | □ Yes | ⊠ No | ne Reported |
| 5). | Type of auditor's report issued or major programs: | n compliance for | Unmodifie | ed . | |
| 6). | Any audit findings disclosed that in accordance with 2 CFR 200.51 | | ☐ Yes | ⊠ No | |
| 7). | Identification of major programs: | | Pass-Through Entity | | |
| | Federal Program Title | Pass-Through Entity | Identifying Number | CFDA Number | Expenditures |
| | Foreign Assistance for Programs Overseas | Education Development Center, Inc. | 11680 | 98.001 | \$ 909,998 |
| 8). | Dollar threshold used to distingui and Type B programs: | sh between Type A | <u>\$750,000</u> | | |
| 9). | Auditee qualified as a low-risk au | ditee? | X Yes | □ No | |

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2015

Section II - Financial Statement Findings

There were no reportable findings.

Section III - Federal Award Findings and Questioned Costs (2 CFR 200.516(a))

There were no reportable findings.



REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Independent Auditor's Report

To the Board of Directors Camfed USA Foundation San Francisco, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Camfed USA Foundation (the Foundation) as of and for the year ended December 31, 2015, and the related notes to the financial statements, which collectively comprise the Foundation's basic financial statements, and have issued our report thereon dated July 28, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Foundation's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances, for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Foundation's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Foundation's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

4550 MONTGOMERY AVENUE · SUITE 650 NORTH · BETHESDA, MARYLAND 20814 (301) 951-9090 · FAX (301) 951-3570 · www.grfcpa.com

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Foundation's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

July 28, 2016

Gelman Rosenberg & Freedman



REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY TITLE 2 U.S. CODE OF FEDERAL REGULATIONS (CFR) PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS (UNIFORM GUIDANCE)

Independent Auditor's Report

To the Board of Directors Camfed USA Foundation San Francisco, California

Report on Compliance for Each Major Federal Program

We have audited the Camfed USA Foundation's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Foundation's major federal programs for the year ended December 31, 2015. The Foundation's major federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with the federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Foundation's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of *Title 2 U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Foundation's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Foundation's compliance.

Opinion on Each Major Federal Program

In our opinion, the Foundation complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2015.

4550 Montgomery Avenue · Suite 650 North · Bethesda, Maryland 20814 (301) 951-9090 · Fax (301) 951-3570 · www.grfcpa.com

MEMBER OF CPAMERICA INTERNATIONAL, AN AFFILIATE OF HORWATH INTERNATIONAL

MEMBER OF THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS' PRIVATE COMPANIES PRACTICE SECTION

Report on Internal Control Over Compliance

Management of the Foundation is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Foundation's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Foundation's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

July 28, 2016

Gelman Kozenberg & Freedman

** PUBLIC DISCLOSURE COPY **

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Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change CAMFED USA FOUNDATION Name change 54-2033897 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 415-963-4489 465 CALIFORNIA ST l626 termin-ated 5.944.327. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return SAN FRANCISCO, CA 94104 H(a) Is this a group return Applica-F Name and address of principal officer: BROOKE HUTCHINSON Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CAMFED.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Trust Association Other > L Year of formation: 2001 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>12</u> 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) <u>15</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 4,391,917. 5,260,<u>024</u>. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 2,856. 15,107. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -671.0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,394,102. 5,275,131. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,023,985. 845,685. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 453,118. 695,401. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,079,456. 3,308,501. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,556,559. 4,849,587. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 425,544. 1,837,543. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 4,222,670. 4,521,879. 20 Total assets (Part X, line 16) 661,298. 1,386,051. 21 Total liabilities (Part X, line 26) Net/ 3,56<u>1,372.</u> 3,135,828. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign BROOKE HUTCHINSON, CO-EXECUTIVE DIRECTOR Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Paid JAMES LARSON, P01329561 Firm's name SELMAN, ROSENBERG & FREEDMAN 52-1392008 Preparer Firm's EIN Firm's address $\sqrt{4550}$ MONTGOMERY AVE SUITE 650N Use Only Phone no. (301) 951-9090BETHESDA, MD 20814-2930

X Yes No

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

| Pai | Check if Schedule O contains a response or note to any line in this Part III |
|-----|--|
| 1 | |
| ' | Briefly describe the organization's mission: CAMFED FIGHTS POVERTY AND HIV/AIDS IN AFRICA BY EDUCATING GIRLS AND |
| | EMPOWERING WOMEN TO BECOME LEADERS OF CHANGE. |
| | Ent over the following to be only of our week. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| _ | the prior Form 990 or 990-EZ? |
| | 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 expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 3,809,445. including grants of \$ 845,685.) (Revenue \$) |
| | MULTIPLYING GIRLS' EDUCATIONAL OPPORTUNITIES: A PROGRAM OF EDUCATIONAL |
| | SUPPORT FOR GIRLS AND VULNERABLE BOYS OPERATING IN ZIMBABWE, ZAMBIA, |
| | GHANA, TANZANIA AND MALAWI. SUPPORT INCLUDES THE PROVISION OF MATERIALS |
| | (UNIFORMS, SHOES, BOOKS, SCHOOL FEES) AND THE TRAINING OF FEMALE |
| | TEACHER MENTORS IN PARTNER SCHOOLS TO PROVIDE PSYCHO-SOCIAL SUPPORT, |
| | RESULTING IN INCREASED ENROLLMENT AND RETENTION OF GIRLS IN SCHOOL, A |
| | MORE CHILD-FRIENDLY CLASS ENVIRONMENT, AND IMPROVED CHILD PROTECTION. |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$231 , 309 •including grants of \$) (Revenue \$) |
| | ENABLING EDUCATED WOMEN TO LEAD CHANGE: CAMFED'S ALUMNI NETWORK, CAMA, |
| | PROVIDES SUPPORT TO YOUNG RURAL WOMEN IN ZIMBABWE, ZAMBIA, GHANA, |
| | MALAWI AND TANZANIA THROUGH TRAINING IN BUSINESS, FINANCIAL LITERACY, |
| | TECHNOLOGY, LEADERSHIP AND HEALTH SKILLS TO ENABLE THEM TO SUPPORT |
| | THEMSELVES AND BECOME LEADERS IN THEIR RURAL COMMUNITIES AND COUNTRIES, INCLUDING SUPPORTING OTHER CHILDREN THROUGH SCHOOL. |
| | INCLUDING SUPPORTING OTHER CHILDREN THROUGH SCHOOL. |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 174,964 • including grants of \$) (Revenue \$) |
| 40 | (Code:) (Expenses \$ 174,964. including grants of \$) (Revenue \$) ADVOCACY: CAMFED PARTICIPATED IN NATIONAL AND INTERNATIONAL LEVEL |
| | FORUMS ON GIRLS' EDUCATION, GOVERNANCE AND CHILD PROTECTION TO SHARE |
| | BEST PRACTICES AND ADVOCATE FOR GREATER INVESTMENT IN GIRLS' EDUCATION |
| | AND YOUNG WOMEN'S EMPOWERMENT IN AFRICA. THIS ADVOCACY ALSO INCLUDED |
| | THE USE OF FILM AND OTHER COMMUNICATIONS TECHNOLOGY. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ 91,978 • including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶ 4,307,696. |
| | Form 990 (2015) |

Form 990 (2015) CAMFED USA F Part IV Checklist of Required Schedules

| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c 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 VII d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 E X 11 E X 11 E X 12 Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X In A VIII X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X In A VIII X 13 Is the organization maintain an office, employees, or agents outside of the United States? b Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking | | | | Yes | No |
|---|-----|--|-----|-----|----------------|
| 2 Is the organization required to complete Schedule B, Schedule of Contributors 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pss," complete Schedule C, Part I 3 | 1 | | | v | |
| 3 | _ | | | | |
| public office? If "Yes," complete Schedule C, Part II 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 III 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 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 III 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 III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V VIII b) Did the organization report an amount for investments- other securities in Part X, line 10? If "Yes," complete Schedule D, Part V VIII c) Did the organization report an amount for investments- other securities in Part X, line 10? If "Yes," complete Schedule D, Part V VIII d) Did the organization report an amount for investments- organization separate organization report and amount for investments- program related in Part X, line 10? If "Yes," complete Schedule D, Part X VIII d) Did the organization report an amount for other | | | 2 | Λ | |
| 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 III 5 Is the organization assett on 501(c)(4) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-189 If "Yes," complete Schedule C, Part III 5 S X 5 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment is such funds or accounts for which donors have the right to provide advice on the distribution or investment is such funds or accounts for which donors have the right to provide advice on the distribution or investment for amounts or other social account liability, serve as a custodian for amounts not listed in Part X, proplete Schedule 0, Part V III of the organization report an amount for the organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III of the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III of the organization report an amount for investments or there securities in Part X, line 12? If "Yes," complete Schedule D, Part X III of the organization report an amount for other assets in | 3 | | | | v |
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| 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 96-19? If "Yes," complete Schedule C, Part III 5 Did the organization and 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 II 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization neport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V I 10 Did the organization, directly or through a related organization, historical trepair, or debt negotiation services? If "Yes," complete Schedule D, Part V I 11 Did the organization and mount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part V I 11 Did the organization report an amount for investments or the rescurities in Part X, line 10? If "Yes," complete Schedule D, Part V II 11 Did the organization report an amount for investments or the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II 11 Did the organization in line of the part X, line 12 that I 11 Did the organization in such as experted or consolidated financial statements for the tax year? If "Yes," | 4 | | | | v |
| similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Ut the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I 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 III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 B Z Y 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Y 10 Did the organization incetty or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 9 Y 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - other securities 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 VII 11 If X 11 If | _ | | 4 | | |
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| provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part III 7 X X B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 7 X B Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If X | 6 | | э | | -25 |
| To 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 | O | · · · · · · · · · · · · · · · · · · · | _ | | x |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 1 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 2 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V I, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 1 Did the organization report an amount for other assets 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 1 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 1 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 1 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 2 Did the organization organization assets in Part X, line 15 that | 7 | | 0 | | |
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| Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | D | | 12h | х | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 13 | | | | 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 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | | Х | _ - |
| 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 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | | | |
| or more? If "Yes," complete Schedule F, Parts I and IV 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | - | | | | |
| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | 14b | X | |
| foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | | | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | 15 | | Х |
| | 16 | | | | |
| , | | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | X | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 17 | | | | |
| 55141111 V V, 11115 S 4114 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 17 | | Х |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 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 | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 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 | | complete Schedule G, Part III | | 000 | X |

Form **990** (2015)

Form 990 (2015) CAMFED USA FOUNDAT Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|----------|-----|--|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | l |
| | Schedule K. If "No", go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | l |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | Х |
| 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 | | | ٠,, |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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): | | | 37 |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | \ ₃₂ |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | 37 | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | , v |
| 00 | 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 | | | x |
| 00 | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 20 | | X |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Α. |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 04 | Х | |
| 25- | Part V, line 1 | 34 | 21 | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line? | 25h | | |
| 26 | 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? | 26 | | х |
| 27 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 20 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 31 | | |
| 38 | | 38 | Х | |
| | Note. All Form 990 filers are required to complete Schedule O | 30 | | |

Form **990** (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O Contains a response of note to any line in this Fart v | | | | | Ш |
|-----|--|-----------|------------------------|----------|-----|--------|
| | | | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 9 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and resources are supported by the control of th | | | | v | |
| _ | (gambling) winnings to prize winners? | T | | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 12 | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | | | X | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returnation. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | | | 2b | 21 | |
| 32 | | | | За | | х |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | 00 | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | | • | 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 A | Accour | nts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | ` , | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer | | | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did t | he org | anization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | tions c | r gifts | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | 77 | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | ervices p | provided to the payor? | 7a | X | |
| | | | | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | | | x |
| | to file Form 8282? | 1 | | 7с | | ^ |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | **0 | 70 | | х |
| f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization. | | | 7e 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | | | 7g | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | /- | | | |
| | | - | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | N/A | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | • | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 N/A | 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | ١ | 1 | | | |
| | Gross income from members or shareholders N/A | 11a | | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against | 146 | | | | |
| 100 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 11b | <u> </u> | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$. | 12b | f | ıza | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | LED | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | N/A | 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 | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| | Did the constitution which constitution the fact that the state of the | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | le O | | 14b | | |
| | | | | Form | 990 | (2015) |

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2015.04020 CAMFED USA FOUNDATION

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 | | | | Λ |
|--------|--|------------------------------|-----------|------|-----|
| Sec | tion 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 | 1a | 4 | | |
| | 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 | 1b 6 | 5 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi | p with any other | | | |
| _ | officer, director, trustee, or key employee? | | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | |
| 3 | | | _ | | Х |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | 5 | 77 | Δ. |
| 6 | Did the organization have members or stockholders? | | 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | ppoint one or | | | |
| | more members of the governing body? | | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | stockholders, or | | | |
| | persons other than the governing body? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | |
| а | The governing body? | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | x |
| Sac | tion B. Policies (This Section B requests information about policies not required by the Internal R | | 1 3 | | |
| | tion B. Follocs (This Section B requests information about policies not required by the internal re | evenue Code.) | | Yes | No |
| 100 | Did the expenientian have level chanters branches as affiliates? | | 10a | 163 | X |
| | Did the organization have local chapters, branches, or affiliates? | | IUa | | 125 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such c | | 40. | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | Х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | ly before filing the form? | 11a | Λ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | 37 | |
| 12a | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es," describe | | | |
| | in Schedule O how this was done | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approv | al by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | Х | |
| | Other officers or key employees of the organization | | 15b | | Х |
| | 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 arrange | ment with a | | | |
| | taxable entity during the year? | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua | | | | |
| _ | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | | | | |
| | exempt status with respect to such arrangements? | | 16b | | |
| Sec | tion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶CA , DE | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- | (Section 501(c)(3)s only) | availah | ole | |
| | for public inspection. Indicate how you made these available. Check all that apply. | () | | - | |
| | | in Schedule O) | | | |
| 10 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | | d finan | cial | |
| 19 | | innot of interest policy, an | u iiilali | cial | |
| 20 | statements available to the public during the tax year. | oko and reservets: | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boundaries by BROOKE HUTCHINSON - (415)963-4489 | ouks and records: | | | |
| | | 0.4 | | | |
| | 465 CALIFORNIA ST, NO. 626, SAN FRANCISCO, CA 941 | .∪± | | | |

Form **990** (2015)

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.

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

| Nours for related organization organizatio | (A) | (B) | | | ((Pos | C) | | | (D) | (E) | (F) |
|--|-----------------------|--|--------------|-------|---------------|--------------|------------------------------|--------|---------------------|---------------|--|
| (iist any hours for related organizations below line) (iine) | Name and Title | hours per | box | not c | heck ss pe | more rson | than is bot | h an | compensation | compensation | amount of |
| X X X X X X X X X X | 1) DUIDEN CUAU | (list any hours for related organizations below line) | | | Officer | Key employee | Highest compensated employee | Former | the organization | organizations | compensatior from the organization |
| 1.50 | | 2.50 | × | | × | | | | 0. | 0. | 0 |
| X X X X X X X X X X | | 1.50 | | | | | | | | | |
| STEP | SECRETARY | | x | | х | | | | 0. | 0. | 0 |
| (4) PATRICK MCGUIRE 1.50 DIRECTOR X (5) ANN COTTON 7.50 DIRECTOR 40.00 (6) HELEN LICATA 2.50 DIRECTOR (BEG. 12/15) X (7) GARGEE GHOSH 1.50 DIRECTOR (BEG. 12/15) X (8) BROOKE HUTCHINSON 30.00 (9) SANDRA SPENCE 40.00 | (3) FIONA MACAULAY | 2.50 | | | | | | | | | |
| X | TREASURER | | Х | | Х | | | | 0. | 0. | 0 |
| Total Tota | (4) PATRICK MCGUIRE | 1.50 | ₩. | | | | | | | 0 | _ |
| A | | 7.50 | _ | | | | | | 0. | 0. | |
| Co HELEN LICATA 2.50 X 0. | | | \mathbf{x} | | | | | | 0. | 113,505. | 11,351 |
| 1.50 X 0. 0. 0. 0. 0. 0. 0. | (6) HELEN LICATA | | | | | | | | - | , , , , , , | , |
| X 0. 0. (2) (3) (3) (4) (4) (5) (7) | DIRECTOR (BEG. 12/15) | | X | | | | | | 0. | 0. | 0 |
| (8) BROOKE HUTCHINSON 30.00 X 83,419. 0. 5,005 (9) SANDRA SPENCE 40.00 | (7) GARGEE GHOSH | 1.50 | ļ., | | | | | | 0 | 0 | 0 |
| CO-EXECUTIVE DIRECTOR X 83,419. 0. 5,005 (9) SANDRA SPENCE 40.00 | | 30.00 | <u> </u> | | | | | | 0. | 0. | U |
| (9) SANDRA SPENCE 40.00 | | 30.00 | 1 | | x | | | | 83,419. | 0. | 5,005 |
| CO-EXECUTIVE DIRECTOR X 117,066. 0. 21,265 | (9) SANDRA SPENCE | 40.00 | | | | | | | | | |
| | CO-EXECUTIVE DIRECTOR | | | | X | | | | 117,066. | 0. | 21,265 |
| | | | | | | | | | | | |
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Form **990** (2015)

| Pai | Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , an | d Hi | ighe | st C | ompensated Employe | es (continued) | | | | |
|---------------|--|-----------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|---------|---------------------------|-----------------------------|----------|---------|----------------------|-------|
| | (A) | (B) | | | _ ((| | | | (D) | (E) | | | (F) | |
| | Name and title | Average hours per | | not c | | more | than | | Reportable | Reportable | | | timate | |
| | | week | | | | | is bot or/trus | | compensation from | compensatio from related | | | nount o other | OŤ |
| | | (list any | ctor | | | | | | the | organization | | | pensa | tion |
| | | hours for | or dire | يو | | | ated | | organization | (W-2/1099-MIS | 3C) | | om the | |
| | | related organizations | ustee | truste | | 9 | suadı | | (W-2/1099-MISC) | | | • | anizati d relati | |
| | | below | Individual trustee or director | Institutional trustee | _ | nploye | Highest compensated employee | 5 | | | | | a reiati anizatio | |
| | | line) | Indivi | Institu | Officer | Key employee | Highe emplo | Former | | | | | | |
| | | | - | | | | | | | | | | | |
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| | | | \vdash | | | | | | | | | | | |
| | | | 1_ | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Sub-total | | | | | | | | 200,485. | 113,50 | | 3 | 7,6 | |
| | Total from continuation sheets to Part V | | | | | | | | 0. | 112 5/ | 0. | | 7 6 | 0. |
| <u>d</u> 2 | Total (add lines 1b and 1c) | | | | | | | | 200,485. | 113,50 | | | 7,6 | ∠⊥• |
| | Total number of individuals (including but r compensation from the organization | iot iimitea to tr | iose | IISLE | eu ai | DOV | e) wi | 10 16 | eceived more than \$100 | ,,000 or reportable | <u> </u> | | | 1 |
| 3 | Did the organization list any former officer, | director or tri | ısta | o ka | av er | mnlc | WAA | or l | highest compensated e | mnlovee on | Γ | | Yes | No |
| Ü | line 1a? If "Yes," complete Schedule J for s | | | - | • | • | • | | • | | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the si | | | | | | | | | | | | | |
| | and related organizations greater than \$15 | 0,000? If "Yes, | " co | mpl | ete S | Sche | edule | e J f | or such individual | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | | | | | 37 |
| -Soc | rendered to the organization? If "Yes," com | plete Schedul | e J f | or s | uch | pers | son . | | | | | 5 | | X |
| 1 | ction B. Independent Contractors Complete this table for your five highest co | mponeated in | don | ando | nt c | onti | racto | orc t | hat received more than | \$100,000 of com | none: | ation (| rom | |
| • | the organization. Report compensation for | - | - | | | | | | | | iperise | 20011 | 10111 | |
| | (A) | | | | | | | | (B) | | | (C | | _ |
| | Name and business | address | NO | INC | <u> </u> | | | | Description of s | services | | ompe | nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Total number of independent control (| in alualis a tara | | | - ۱ ام | 41 | os " | | l ab ava) vilka irra-irra | novo there | | | | |
| 2 | Total number of independent contractors (\$100,000 of compensation from the organi | | JUT III | ııııte | น 10 | | se II: 0 | sted | i abovej who received n | iore trian | | | | |
| | , | <u> </u> | | | | | | | | | ſ | Form | 990 (2 | 2015) |

532008 12-16-15

| Pa | rt V | / | Statement of Reve | nue | | | | | |
|--|------|---|---|------------------|--------------------|----------------------|--|---|--|
| | | | Check if Schedule O con | tains a response | or note to any lin | e in this Part VIII | | | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts | 1 | а | Federated campaigns | 1a | | | | | |
| ar our | | | Membership dues | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Fundraising events | | 18,355. | | | | |
| | | | Related organizations | | | | | | |
| ini, | | | Government grants (contribu | | 941,666. | | | | |
| rior S | | f | All other contributions, gifts, gran | nts, and | | | | | |
| 章 | | | similar amounts not included abo | ove 1f 4, | 300,003. | | | | |
| d O | | g | Noncash contributions included in line | s 1a-1f: \$ | 663,154. | | | | |
| <u>8 8</u> | | h | Total. Add lines 1a-1f | | | 5,260,024. | | | |
| | | | | | Business Code | | | | |
| Se | 2 | а | | _ | | | | | |
| e Z | | b | | | | | | | |
| n S | | С | | | | | | | |
| yrar Rev | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| т. | | | All other program service rev | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | | Investment income (including | | | 15,321. | | | 15,321. |
| | 4 | | other similar amounts) | | i | 13,321. | | | 13,321 |
| | 4 | | Income from investment of ta | | · · | | | | |
| | 5 | | Royalties | (i) Real | (ii) Personal | | | | |
| | 6 | 2 | Gross rents | | (II) Fersorial | | | | |
| | | | Less: rental expenses | | | | | | |
| | | | Rental income or (loss) | | | | | | |
| | | | Net rental income or (loss) | | • | | | | |
| | | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | - | | assets other than inventory | 662,940. | | | | | |
| | | b | Less: cost or other basis | | | | | | |
| | | | and sales expenses | 663,154. | | | | | |
| | | С | Gain or (loss) | -214. | | | | | |
| | | d | Net gain or (loss) | | | -214. | | | -214. |
| ē | 8 | а | Gross income from fundraising | | | | | | |
| enc | | | including \$ 18, | | | | | | |
| Other Revenue | | | contributions reported on line | = | 6 040 | | | | |
| ē | | | Part IV, line 18 | | 6,042. | | | | |
| ₽ | | | Less: direct expenses | | <u> </u> | ^ | | | |
| | | | Net income or (loss) from fun | | | 0. | | | |
| | 9 | а | Gross income from gaming a | | | | | | |
| | | h | Part IV, line 19 Less: direct expenses | | | | | | |
| | | | | | | | | | |
| | | | Net income or (loss) from gar Gross sales of inventory, less | | ······ | | | | |
| | 10 | а | and allowances | | | | | | |
| | | h | Less: cost of goods sold | | | | | | |
| | | | Net income or (loss) from sale | | | | | | |
| | | _ | Miscellaneous Reveni | | Business Code | | | | |
| | 11 | а | | | | | | | |
| | • | b | | | | | | | |
| | | С | | | | | | | |
| | | d | All other revenue | | | | | | |
| | | | Total. Add lines 11a-11d | | > | | | | |
| | 12 | | Total revenue. See instructions. | | ▶ [| 5,275,131. | 0. | 0. | 15,107. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Dο | Check if Schedule O contains a responsion tinclude amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|----------|--|----------------|--------------------------|---------------------------------|----------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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 | 0.45 605 | 0.45 605 | | |
| | individuals. See Part IV, lines 15 and 16 | 845,685. | 845,685. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 226 755 | 120 044 | 22 520 | C4 272 |
| | trustees, and key employees | 226,755. | 138,944. | 23,538. | 64,273 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 205 004 | 1.62.407 | 01 (00 | 140 760 |
| 7 | Other salaries and wages | 385,884. | 163,487. | 81,629. | 140,768 |
| 8 | Pension plan accruals and contributions (include | 783. | 412. | 105. | 266 |
| _ | section 401(k) and 403(b) employer contributions) | 32,819. | 14,534. | 6,757. | 266 11,528 |
| 9 | Other employee benefits | 49,160. | | 7,667. | |
| 10 | Payroll taxes | 49,100. | 26,166. | 7,007. | 15,327 |
| 11 | Fees for services (non-employees): | | | | |
| a | • | | | | |
| b | 5 | 26 500 | 2 022 | 21 562 | 2 104 |
| С | 5 ······ | 26,589. | 2,832. | 21,563. | 2,194 |
| | Lobbying | | | | |
| e | · | | | | |
| f | Investment management fees | | | | |
| g | | 198,095. | 139,866. | 20,583. | 37,646 |
| | column (A) amount, list line 11g expenses on Sch O.) | 190,093. | 139,000. | 20,303. | 37,040 |
| 12 | Advertising and promotion | 53,530. | 13,700. | 5,285. | 34,545 |
| 13 | Office expenses | 15,497. | 7,168. | 2,776. | 5,553 |
| 14 | Information technology | 13,437. | 7,100. | 2,770• | 3,333 |
| 15 | Royalties | 56,793. | 56,658. | 45. | 90 |
| 16 | Occupancy | 28,754. | 7,768. | 6,877. | 14,109 |
| 17 | Travel | 20,754. | 7,700. | 0,011. | 14,103 |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 568. | | 568. | |
| 19 20 | Conferences, conventions, and meetings | 300• | | 300• | |
| 20 21 | Interest | | | + | |
| 21 22 | Payments to affiliates | 1,976. | 914. | 354. | 708 |
| 22 22 | Depreciation, depletion, and amortization | 9,998. | 4,624. | 1,791. | 3,583 |
| 23 24 | Insurance Other expenses. Itemize expenses not covered | 5,550. | 7,027. | 1,1010 | 3,303 |
| 24 | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| | amount, list line 24e expenses on Schedule O.) | | | | |
| а | DIRECT PROGRAM DELIVERY | 2,887,306. | 2,881,462. | 4,469. | 1,375 |
| b | MISCELLANEOUS EXPENSES | 29,395. | 3,476. | 1,346. | 24,573 |
| С | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,849,587. | 4,307,696. | 185,353. | 356,538 |
| 26 | Joint costs. Complete this line only if the organization | | _ | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form **990** (2015)

Form 990 (2015) Part X Balance Sheet

| Pai | rt X | Balance Sheet | | | | | |
|---------------|------|--|------------|----------------------------|---------------------------------|---------|---------------------------|
| | | Check if Schedule O contains a response or not | e to ar | ny line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 533,622. | 1 | 570,733. |
| | 2 | Savings and temporary cash investments | | | 3,447,108. | 2 | 2,527,035. |
| | 3 | Pledges and grants receivable, net | | | 518,376. | 3 | 1,095,307. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensation | | | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | | section 4958(f)(1)), persons described in section | 4958 | c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sect | ion 50 | 1(c)(9) voluntary | | | |
| ţ | | employees' beneficiary organizations (see instr). | Comp | lete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| ğ | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 19,933. | 9 | 26,069. | |
| | 10a | Land, buildings, and equipment: cost or other | | Ι | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 7,979. | | | |
| | b | Less: accumulated depreciation | | 4,453. | 2,840. | 10c | 3,526. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 4,521,879. | 16 | 4,222,670. | | |
| | 17 | Accounts payable and accrued expenses | 82,232. | 17 | 75,923. | | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to current and former | office | rs, directors, trustees, | | | |
| ≝ | | key employees, highest compensated employee | | | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | 17-24 |). Complete Part X of | 1 202 010 | | 505 355 |
| | | Schedule D | 1,303,819. | 25 | 585,375. | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,386,051. | 26 | 661,298. |
| | | Organizations that follow SFAS 117 (ASC 958 | | ck here LA and | | | |
| Ses | | complete lines 27 through 29, and lines 33 an | | | 2 001 250 | | 2 772 526 |
| anc | 27 | Unrestricted net assets | | | 3,001,352. | 27 | 2,773,526. |
| Fund Balances | 28 | Temporarily restricted net assets | | | 134,476. | 28 | 787,846. |
| <u>n</u> | 29 | | | | | 29 | |
| | | Organizations that do not follow SFAS 117 (A | SC 95 | 8), check here 🕨 📖 | | | |
| S Q | | and complete lines 30 through 34. | | | | | |
| set | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated in | | | 2 125 020 | 32 | 2 561 272 |
| _ | 33 | Total net assets or fund balances | | | 3,135,828. | 33 | 3,561,372. |
| | 34 | Total liabilities and net assets/fund balances | | | 4,521,879. | 34 | 4,222,670. |

Form **990** (2015)

| Pa | rt XI Reconciliation of Net Assets | | | | |
|--|---|---|------|------------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 5,27 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,84 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 5,5 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,13 | <u>5,8</u> | <u> 28.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 3,56 | 1,3 | <u>72.</u> |
| Part XII Financial Statements and Reporting | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII | | | | | Ш |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, | | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis X Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| За | a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | | |
| | Act and OMB Circular A-133? | | 3a | Х | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | X | |
| | | | | 990 | (2015) |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CAMPED IISA FOIINDATTON

Employer identification number 54-2033897

| _ | | | ED OBY LOO | | | | | 4-2033091 |
|------|---|---|---------------------------------------|-----------------------------|--------------------|---------------------|---------------------------------------|------------------------|
| Pa | rt I | Reason for Public | Charity Status (| All organizations must co | omplete th | is part.) Se | ee instructions. | |
| The | organ | ization is not a private found | lation because it is: (| For lines 1 through 11, o | check only | one box.) | | |
| 1 | Ш | A church, convention of ch | urches, or association | on of churches described | d in sectio | n 170(b)(1 | I)(A)(i). | |
| 2 | Ш | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | l described | d in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | d or opera | ted by a g | overnmental unit describ | ped in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | |
| 6 | | A federal, state, or local go | vernment or governn | nental unit described in | section 17 | 70(b)(1)(A) | (v). | |
| 7 | X | An organization that norma | Illy receives a substa | ntial part of its support f | rom a gov | ernmental | unit or from the general | public described in |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | - | | - | |
| 8 | | A community trust describe | ed in section 170(b) | 1)(A)(vi). (Complete Par | t II.) | | | |
| 9 | | An organization that norma | | | - | contribution | ons. membership fees. a | nd 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 | • | ively to test for public sa | afetv. See | section 50 |)9(a)(4). | |
| 11 | | An organization organized | • | • | • | | | purposes of one or |
| | | more publicly supported or | • | • | - | | · · · · · · · · · · · · · · · · · · · | |
| | | lines 11a through 11d that | - | | | | | |
| а | | Type I. A supporting orga | | | | - | | aivina |
| _ | | the supported organization | · · · · · · · · · · · · · · · · · · · | • | • | | | |
| | | organization. You must o | ., . | | a majority | or the direc | | аррогинд |
| b | | Type II. A supporting org | | | tion with it | s support | ed organization(s) by ha | vina |
| | | control or management o | | | | | | - |
| | | organization(s). You mus | | | arrio poroc | orio triat oc | milior or manage the out | portod |
| | | Type III functionally inte | | | in connec | tion with | and functionally integrate | ad with |
| · | | its supported organizatio | - | | | | • • | sa with, |
| d | | Type III non-functionally | | • | | | | zation(s) |
| u | | that is not functionally int | | | | | | |
| | | requirement (see instruct | - | • | • | | - | iveriess |
| _ | | Check this box if the orga | · | - | | | | |
| е | _ | functionally integrated, or | | | | | i Type I, Type II, Type III | |
| | Ento | er the number of supported | * * | | | | | |
| ' | | ride the following information | - | od organization(s) | | | | |
| 9 | | i) Name of supported | (ii) EIN | | (iv) Is the o | rganization | (v) Amount of monetary | (vi) Amount of |
| | • | organization | . , | (described on lines 1-9 | listed i | n your document? | support (see | other support (see |
| | | | | above (see instructions)) | Yes | No | instructions) | instructions) |
| | | | | | | | | |
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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

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 | Section 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.") | 5,179,800. | 3,276,545. | 3,142,191. | 4,391,917. | 5,260,024. | 21,250,477. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 5,179,800. | 3,276,545. | 3,142,191. | 4,391,917. | 5,260,024. | 21,250,477. |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 6,442,460. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 14,808,017. |
| | ction B. Total Support | | | | | | <u>, , , </u> |
| | endar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Amounts from line 4 | 5,179,800. | 3,276,545. | 3,142,191. | 4,391,917. | 5,260,024. | 21,250,477. |
| | Gross income from interest, | , , | , , | | . , | . , | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 34,591. | 36,317. | 13,977. | 2,405. | 15,321. | 102,611. |
| 9 | Net income from unrelated business | , | | | · | - | <u> </u> |
| | 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.) | 1,853. | 13,035. | 303. | | | 15,191. |
| 11 | Total support. Add lines 7 through 10 | | - | | | | 21,368,279. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 2,356. |
| 13 | First five years. If the Form 990 is for | • | , | d, fourth, or fifth ta | ıx year as a sectio | n 501(c)(3) | |
| | organization, check this box and stop | - | | | - | | |
| Se | ction C. Computation of Publ | | | | | | |
| 14 | Public support percentage for 2015 (I | line 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 69.30 % |
| 15 | Public support percentage from 2014 | Schedule A, Part | II, line 14 | | | 15 | 66.62 % |
| 16a | 33 1/3% support test - 2015. If the o | | | | | nore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ X |
| b | 33 1/3% support test - 2014. If the o | | | | | | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | > |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | lorganization | | ▶□ |
| b | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | ū | | | | • | |
| | organization meets the "facts-and-circ | | • | | • | | |
| 18 | Private foundation. If the organization | | • | | , | | |
| | | | , | , ,, | | dula A (Form 000 | |

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.)

| Se | ction A. Public Support | , I | , | | | | |
|------|---|---------------------|----------------------|------------------------|-----------------------|----------------------|---------------------------------------|
| 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.") | | | | | | |
| 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 | | | | | | |
| | 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 | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ŀ | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | • |
| Cale | endar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Amounts from line 6 | | , , | , , | | 1 ' | , , , , , , , , , , , , , , , , , , , |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | 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 | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First five years. If the Form 990 is for | r the organization' | s first, second, thi | rd. fourth, or fifth t | tax vear as a section | on 501(c)(3) organi: | zation. |
| | | | | | • | | |
| Se | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2015 (| | | column (f)) | | 15 | % |
| | Public support percentage from 2014 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | 1 | ,, |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | // |
| | a 33 1/3% support tests - 2015. If the | | | | | | |
| .50 | more than 33 1/3%, check this box a | | | | | | |
| ŀ | 33 1/3% support tests - 2014. If the | | | | | | |
| • | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 |
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| m 0 | 90 or 90 | 00 E7 | 2015 |

| Pa | rt IV | Supporting Organizations (continued) | | | |
|----------|-----------|---|----------|-----|----|
| | _ | | | Yes | No |
| 11 | Has th | he organization accepted a gift or contribution from any of the following persons? | | | |
| а | | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | | the governing body of a supported organization? | 11a | | |
| b | | illy member of a person described in (a) above? | 11b | | |
| | | 6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | ne directors, trustees, or membership of one or more supported organizations have the power to | | | |
| - | | arly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | | ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | | olled the organization's activities. If the organization had more than one supported organization, | | | |
| | | ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | | izations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | ne organization operate for the benefit of any supported organization other than the supported | • | | |
| _ | | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | // how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | vised, or controlled the supporting organization. | 2 | | |
| 800 | | C. Type II Supporting Organizations | | | |
| <u> </u> | LIOIT | 5. Type if Supporting Organizations | | Yes | No |
| 4 | Moro | a majority of the avantitation's divertors by trustons duving the tay year also a majority of the divertors | | 162 | NO |
| 1 | | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | nagement of the supporting organization was vested in the same persons that controlled or managed | _ | | |
| 800 | | upported organization(s). D. All Type III Supporting Organizations | 1 | | |
| Sec | LIOIT | D. All Type III Supporting Organizations | | V | N. |
| _ | D: -1 41- | | | Yes | No |
| 1 | | ne organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | | ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| _ | _ | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | _ | | |
| _ | | rganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | | ason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | _ | icant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | _ | | |
| | | orted organizations played in this regard. | 3 | | |
| | | E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | | k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): | | | |
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti | ructions | | |
| 2 | | ties Test. <i>Answer (a) and (b) below.</i> | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | he organization was responsive to those supported organizations, and how the organization determined | | | |
| | that th | hese activities constituted substantially all of its activities. | 2a | | |
| b | | ne activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | | organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasor | ns for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activit | ties but for the organization's involvement. | 2b | | |
| 3 | Paren | nt of Supported Organizations. <i>Answer (a) and (b) below.</i> | | | |
| а | | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | truste | es of each of the supported organizations? Provide details in <i>Part VI.</i> | 3a | | |
| b | Did th | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | 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 Org | anizations | 3 |
|------|---|-----------|-------------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust c | on Nov. 20, 1970. See instru | uctions. All |
| | other Type III non-functionally integrated supporting organizations must co | mplete | Sections A through E. | |
| 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 | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| 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 | y-integr | ated Type III supporting org | anization (see |
| | inetructions) | | | • |

Schedule A (Form 990 or 990-EZ) 2015

| Par | ^{∕t V} │ Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | , |
|-------|--|-------------------------------|--|---|
| Secti | 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 | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | s | |
| 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 to | he organization is responsive | 9 | |
| | (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 | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| | | | 110 2010 | 7111041111101 2010 |
| 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 | | | | |
| d | From 2013 | | | |
| е | From 2014 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2015 distributable amount | | | |
| i | Carryover from 2010 not applied (see instructions) | | | |
| j | 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 | | | |
| b | Applied to 2015 distributable amount | | | |
| С | 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 | | | |
| | 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 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2015

| Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 19a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Par line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1; Part IV, Section B, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional informat (See instructions.) | t IV, Section C, line 1e; Part V, |
|--|--------------------------------------|
| line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional informat | line 1e; Part V, |
| Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional informat | line 1e; Part V, |
| Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional informat (See instructions.) | ion. |
| (See instructions.) | |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **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

Name of the organization

Employer identification number

CAMFED USA FOUNDATION 54-2033897

| Organiz | Organization type (check one): | | | | | | |
|-----------|---|--|--|--|--|--|--|
| Filers of | : | Section: | | | | | |
| Form 99 | 0 or 990-EZ | \overline{X} 501(c)($\overline{3}$) (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | | 527 political organization | | | | | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | |
| | neck if your organization is covered by the General Rule or a Special Rule . Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | | |
| General | eneral Rule | | | | | | |
| | ~ | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special | Rules | | | | | | |
| X | sections 509(a)(1) a any one contributo | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II. | | | | | |
| | year, total contribu | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| | year, contributions is checked, enter h purpose. Do not co | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$ | | | | | |
| | - | nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 | | | | | |

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)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

CAMFED USA FOUNDATION 54-2033897

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. |
|--------|---|---|
| (a) | (b) | (c) (d) |
| No. | Name, address, and ZIP + 4 | Total contributions Type of contribution |
| 1 | | \$ 643,756. Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) (d) |
| No. | Name, address, and ZIP + 4 | Total contributions Type of contribution |
| 2 | | \$ 484,287. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) (d) |
| No. | Name, address, and ZIP + 4 | Total contributions Type of contribution |
| 3 | | \$ 607,425. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) (d) |
| No. | Name, address, and ZIP + 4 | Total contributions Type of contribution |
| 4 | | \$ 128,888. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) (d) |
| No. 5 | Name, address, and ZIP + 4 | \$ 761,400. Type of contribution Person X Payroll D Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) (d) |
| No. | Name, address, and ZIP + 4 | Total contributions Type of contribution |
| 6 | | \$ 249,109. Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

CAMFED USA FOUNDATION 54-2033897

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | f additional space is needed. | |
|------------|---|-------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (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.) |
| (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.) |

CAMFED USA FOUNDATION

54-2033897

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|------------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 1 | 10,000 SHARES OF ISHARES CHINA LARGE CAP STOCK AND 1,332 SHARES OF FACEBOOK STOCK | \$643,756. | _12/14/15 |
| (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 |
| | | \$ | |
| (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 |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

Employer identification number

Name of organization

| Exclusively religious, charitable, etc., co | ontributions to organizations described | 54-2033897 in section 501(c)(7), (8), or (10) that total more than \$1, |
|---|---|--|
| the year from any one contributor. Complet | te columns (a) through (e) and the follov | ving line entry. For organizations |
| completing Part III, enter the total of exclusively relig Use duplicate copies of Part III if addition | | iess for the year. (Enter this info. once.) |
| OSE dupiloate copies of Fart III il adulti | onal space is needed. | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | |
| | · | |
| | · | |
| | · | |
| | (e) Transfer of gift | |
| | ,, | |
| Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee |
| | | |
| | | |
| | | |
| | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| . , , | ,, , , , , , , , , , , , , , , , , , , | , , , , |
| | . | |
| | · | |
| | - | |
| | (e) Transfer of gift | L |
| | (c) Transier of gift | • |
| Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee |
| , , | | · |
| | | |
| | | |
| | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| (2,1 2) | (0,000000 | (4, 2 |
| | . | |
| | - | |
| | · | |
| | (e) Transfer of gift | <u> </u> |
| | (e) Transier of gift | • |
| Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee |
| | | |
| | | |
| | | |
| | | |
| | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| (b) Purpose of gift | | |
| (b) Purpose of gift | (c) Use of gift (e) Transfer of gift | |
| | (e) Transfer of gift | |
| (b) Purpose of gift Transferee's name, address, | (e) Transfer of gift | (d) Description of how gift is held |
| | (e) Transfer of gift | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CAMPED USA FOUNDATION

Employer identification number 54-2033897

| Pai | t I Organizations Maintaining Donor Advise | | or Accounts. | Complete if the |
|-----|--|---|-----------------------|---------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | | | |
| | , , | (a) Donor advised funds | (b) Funds and | other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advise | d funds | |
| | are the organization's property, subject to the organization's | - | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| | for charitable purposes and not for the benefit of the donor of | | | |
| | | | - | Yes No |
| Pai | | | | |
| 1 | Purpose(s) of conservation easements held by the organizati | on (check all that apply). | | |
| | Preservation of land for public use (e.g., recreation or e | education) Preservation of a histo | rically important lai | nd area |
| | Protection of natural habitat | Preservation of a certif | ed historic structu | re |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualit | fied conservation contribution in the form o | f a conservation ea | asement on the last |
| | day of the tax year. | | Held a | t the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified historic str | ucture included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structu | re | |
| | listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, re- | | | g the tax |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation ea | sement is located | | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it | t holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conse | ervation easements | s during the year |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservat | on easements dur | ing the year |
| | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | * | | |
| | and section 170(h)(4)(B)(ii)? | | | └── Yes └── No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense | statement, and bal | ance sheet, and |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes t | ne organization's a | ccounting for |
| _ | conservation easements. | | | |
| Pai | | - | ner Similar As | sets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | | |
| | historical treasures, or other similar assets held for public exh | nibition, education, or research in furtheran | ce of public servic | e, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of pub | lic 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 | | | |
| 2 | If the organization received or held works of art, historical tre | • | gain, provide | |
| | the following amounts required to be reported under SFAS 1 | | | |
| а | 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.

| Pai | rt III Organizations Maintaining Co | ollections of Ar | t, Hist | orical Tr | easures, d | or Othe | er Simi | ilar Asse | t s (contin | ued) | |
|----------|--|-----------------------|-------------|---------------|---------------|------------|-----------|--------------|--------------------|-------|-----------|
| 3 | Using the organization's acquisition, accession | n, and other record | s, check | any of the | following tha | at are a s | ignifican | t use of its | collection | item | IS |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | ı | oan or exc | hange progra | ams | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's col | lections and explair | n how th | ey further t | he organizati | on's exe | mpt pur | oose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit or | receive donations of | of art, his | storical trea | sures, or oth | er simila | r assets | | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | | L | Yes | | <u>No</u> |
| Pai | rt IV Escrow and Custodial Arrang | | ete if the | organizatio | n answered | "Yes" on | Form 99 | 90, Part IV, | line 9, or | | |
| | reported an amount on Form 990, Part | X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | | | | | | | | _ | _ | _ |
| | on Form 990, Part X? | | | | | | | L | Yes | | ∟ No |
| b | If "Yes," explain the arrangement in Part XIII a | nd complete the fol | llowing t | able: | | | | | | | |
| | | | | | | | | | Amount | | |
| С | Beginning balance | | | | | | | | | | |
| d | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| | Did the organization include an amount on Fo | | | | | | • | L | ⊻ Yes | | ∐ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Pai | rt V Endowment Funds. Complete if | | | | | | | | | | |
| | | (a) Current year | (b) Pi | rior year | (c) Two year | rs dack | (d) Three | years back | (e) Four | years | раск |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | . , | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balanc | | g, column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | 0/ | _% | | | | | | | | |
| | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment | <u>%</u> | | | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c should be a sh | | . 4 41 | | | | l | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation tha | t are neid a | ina aaministe | erea for t | ne orgar | lization | Г | V | Na |
| | by: | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | | | |
| h | (ii) related organizations If "Yes" on line 3a(ii), are the related organizat | | | | | | | | | | |
| <i>1</i> | Describe in Part XIII the intended uses of the | | | | | | | | . 30 | | |
| Pai | rt VI Land, Buildings, and Equipme | | WITIETTE | urius. | | | | | | | |
| . a. | Complete if the organization answered | |) Part IV | line 11a S | See Form 990 |) Part X | line 10 | | | | |
| - | Description of property | (a) Cost or of | | , | or other | | ccumula | ted | (d) Book | valu | |
| | Description of property | basis (investr | | | (other) | | preciatio | | (u) Dook | valu | 5 |
| 12 | Land | | | | . / | == 0 | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | | | | 7,979. | | 4,4 | 153. | 3 | 3,5 | 26. |
| | I. Add lines 1a through 1e. (Column (d) must eq | | X, colum | n (B), line 1 | | | | ▶ | | | 26. |
| | | , | _ | | | | | | | | |

| Part VII Investments - Other Securities |
|---|
|---|

| Complete if the organization answered "Yes" | | | | l of year market yelling |
|--|---------------------------------------|-----------------------------|------------------------|--------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) ivietnod of va | aluation: Cost or end | d-of-year market 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. (B) line 12.) | | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | | , line 11c. See Form 990, | Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of va | aluation: Cost or end | d-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | | , line 11d. See Form 990, | Part X, line 15. | |
| (a) | Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | ne 15.) | | | |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV | , line 11e or 11f. See Form | n 990, Part X, line 25 | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) DUE TO AFFILIATES | | 585,375. | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | 25) | 585,375. | | |
| | · · · · · · · · · · · · · · · · · · · | 202,3,3 | | |

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 X

| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | nts With | Revenue per R | eturn |). |
|----------------|---|---------------|---------------------|----------|---------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 5,681,972. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 400,799. | | |
| С | | | | | |
| d | Other (Describe in Part XIII.) | | 6,042. | | |
| е | Add lines 2a through 2d | | | 2e | 406,841. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,275,131. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| С | Add lines 4a and 4b | | | 4c | 0. |
| _5_ | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 5,275,131. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | ents Wit | h Expenses per | Retu | rn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | - 056 400 |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 5,256,428. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | 400 500 | | |
| а | | | 400,799. | | |
| b | | | | | |
| С | | | C 042 | | |
| | Other (Describe in Part XIII.) | • | 6,042. | | 106 011 |
| _ | Add lines 2a through 2d | | | 2e | 406,841. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,849,587. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1.1 | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | $\overline{}$ | | | |
| | Other (Describe in Part XIII.) | | | | 0. |
| _ | Add lines 4a and 4b | | | 4c | 4,849,587. |
| D _a | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. | | | 5 | 4,040,007. |
| | ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part | IV lines 1h | and 2h: Part V line | 1. Dart | Y line 2: Part YI |
| | 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi | | | +, r arc | λ, πιο Σ, ι αιτ λί, |
| 111100 | 22 and 45, and 1 are Mi, into 23 and 45.7 1100 complete time part to provide any addi | itional imo | mation. | | |
| | | | | | |
| PAI | RT X, LINE 2: | | | | |
| | · | | | | |
| FO | R THE YEAR ENDED DECEMBER 31, 2015, THE FO | UNDAT | ON HAS DOC | UMEI | NTED ITS |
| | | | | | |
| COI | NSIDERATION OF FASB ASC 740-10, INCOME TAX | ES, TH | HAT PROVIDE | S G | UIDANCE FOR |
| | | | | | |
| RE: | PORTING UNCERTAINTY IN INCOME TAXES AND HAS | S DETI | ERMINED THA | T NO | O MATERIAL |
| | | | | | |
| UN | CERTAIN TAX POSITIONS QUALIFY FOR EITHER R | ECOGN: | TION OR DI | SCL | OSURE IN |
| | | | | | |
| TH. | E FINANCIAL STATEMENTS. | | | | |
| | | | | | |
| | | | | | |
| יים | DE VI IINE OD OBIJED AD TIJOMADNIMO | | | | |
| PA | RT XI, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| מה | ECTAL EMENU EADENGE DEDODUED AG EMPENGES T | יייות די | DTNIX NICT X T | | 6 040 |
| SP. | ECIAL EVENT EXPENSE REPORTED AS EXPENSES II | N THE | FINANCIAL | | 6,042. |
| GШ. | ATEMENT AND NETTED AGAINST REVENUE ON FORM | 990 | מאסת זידדד | | |
| 217 | WIEWENI WAN MELIED WOWINGL KEAFAAF ON LOKW | <i>33</i> 0, | TAKI VIII, | | |
| | NE 8B. | | | | |

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Name of the organization

Employer identification number

| 3 | | | | | . , | |
|----------------------------------|---------------------|---------------------------|--|------------------|---------------------|---------------------|
| CAMFED USA FOUN | DATION | | | | 54-20338 | 97 |
| | | ctivities Ou | tside the United States. Compl | ete if the organ | | |
| Form 990, Part IV | /, line 14b. | | | | | |
| | | | ds to substantiate the amount of its gr | | | |
| the grantees' eligibility for | or the grants or a | assistance, and | the selection criteria used to award the | e grants or ass | istance? <u>X</u> | Yes No |
| 2 For grantmakers. Desc | vribe in Dort V the | organization's | procedures for monitoring the use of it | to grants and a | ther agaistance ou | toido tho |
| United States. | nbe in Fait v tile | e organization s | procedures for monitoring the use of it | is grants and o | irier assistance ou | itside trie |
| | he following Parl | t I, line 3 table ca | an be duplicated if additional space is | needed.) | | |
| (a) Region | (b) Number of | (c) Number of | (d) Activities conducted in region | 1 | vity listed in (d) | (f) Total |
| | offices | employees, agents, and | (by type) (e.g., fundraising, program | | gram service, | expenditures |
| | in the region | agents, and independent | services, investments, grants to | | specific type | for and investments |
| | | contractors in region | recipients located in the region) | of servi | ce(s) in region | in region |
| | | | | MULTIPLYING | GIRLS' | |
| | | | | EDUCATIONAL | 1 | |
| | | | | OPPORTUNITI | • | |
| SUB-SAHARAN AFRICA | 5 | 262 | PROGRAM SERVICES | EDUCATED WO | MEN TO LEAD | 2,876,775. |
| | | | | | | |
| | | | | | | |
| SUB-SAHARAN AFRICA | | 0 | GRANTS TO RECIPIENTS | | | 045 605 |
| SUB-SAHARAN AFRICA | 0 | | GRANIS TO RECIPIENTS | | | 845,685. |
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| 3 a Sub-total | 5 | 262 | | | | 3,722,460. |
| b Total from continuation | | | | | | |
| sheets to Part I | 0 | 0 | | | | 0. |
| c Totals (add lines 3a | | | | | | |
| and 3b) | 5 | 262 | | | | 3,722,460. |
| LHA For Paperwork Reduct | ion Act Notice, | see the Instruc | tions for Form 990. | | Schedule F | (Form 990) 2015 |

SEE PART V FOR COLUMN (E) DESCRIPTIONS

| Scriedule | ; (1 01111 990) 2013 | <u> </u> | D ODII I OOMBII | 1 1 0 1 1 | | 31 20 | 55057 | | Fayı |
|-----------|--|----------|-----------------|-----------|--|-------|------------------|---------------|----------------|
| Part II | Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any | | | | | | | | |
| | recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | |
| | | | | | | | | | |
| 4 | | | | | | | (a) A a | (la) December | (:) Mathead of |

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--|---|---------------------------|-------------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
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| | | | I recognized as charities by the | | | | | 1 |
| the IRS, or for which t 3 Enter total number of | he grantee or counse | el has provided a section | n 501(c)(3) equivalency letter | | | | | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance SUB-SAHARAN AFRICA 845,685.WIRE BURSARY 2,819 0.

Page 4

Schedule F (Form 990) 2015 (Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | Yes | X No |

Page 5

Part V Supplemental Information

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

PART I, LINE 2:

EXPLANATION OF GRANT BUDGETING AND MONITORING PROCESSES BY CAMFED USA: HOW AMOUNTS PAID ON BEHALF OF STUDENTS ARE DETERMINED: THE FOLLOWING DESCRIBES THE ANNUAL BUDGETING PROCESS: USING AGREED CRITERIA, CONSTITUENTS IDENTIFY VULNERABLE CHILDREN WHO NEED SUPPORT TO STAY IN SCHOOL, ALONG WITH OTHER ACTIVITIES AND AREAS OF NEED. INFORMATION ABOUT CHILDREN AND AREAS OF NEED IS COLLECTED AND TRANSLATED INTO A BUDGET SHOWING THE FINANCIAL INPUTS REQUIRED. AN ANNUAL GENERAL MEETING IS THEN HELD IN THE FOURTH QUARTER WHERE BUDGETS AND PLANS ARE PRESENTED AND DISCUSSED BY PARTICPANTS, INCLUDING CAMFED STAFF. THESE BUDGETS AND PLANS FORM THE BASIS OF THE COUNTRY'S INDIVIDUAL BUDGET AND THIS IS CONSOLIDATED INTO A GLOBAL ANNUAL PLAN AND BUDGET THAT IS THEN REVIEWED AT THE INTERNATIONAL LEVEL.

MONITORING:

MONITORING IS PERFORMED AT THE SCHOOL, DISTRICT, NATIONAL, AND INTERNATIONAL LEVELS. MONITORING AT ALL LEVELS ENTAILS REVIEW OF FUNDS TRANSFERRED, ENSURING THE FUNDS ARE REMITTED AND USED IN A PROPER AND TRANSPARENT MANNER WHILE VALUE FOR MONEY IS UPHELD. CAMFED USA AND CAMFED INTERNATIONAL MONITOR ALL PROJECTS ON AN ONGOING BASIS AND PERFORM FIELD AND INTERNAL AUDITS YEARLY. THESE AUDITS ARE INTENDED TO ENSURE ALL POLICY AND PROCEDURES ARE BEING MAINTAINED ACROSS ALL LEVELS.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MULTIPLYING GIRLS' EDUCATIONAL OPPORTUNITIES; ENABLE EDUCATED WOMEN TO LEAD AND YOUNG WOMEN'S LEADERSHIP 532075 10-01-15

03782 1

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

CAMPED USA FOUNDATION

Employer identification number 5.4 - 2.033897

| CAMPED | USA FOUNDATION | | | | 54-2033 | 091 |
|---|---|---|---|---|--|---|
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | |
| Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the | e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs | ion of ion of fundra (includerofess | non-g gover lising o ding o ional f | overnment grants nment grants events fficers, directors, true fundraising services? | stees or Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have c or con contrib | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
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| - Total | | | • | | | |
| 3 List all states in which the organization or licensing. | n is registered or licensed to solicit o | contrib | utions | s or has been notified | d it is exempt from re | egistration |
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532081

Schedule G (Form 990 or 990-EZ) 2015

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

Schedule G (Form 990 or 990-EZ) 2015 CAMFED USA FOUNDATION 54-2033897 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ESCAPE FROM NONE (add col. (a) through NYC MARATHONALCATRAZ col. (c)) (event type) (total number) (event type) 10,549. 24,397. 1 Gross receipts 13,848. 10,606 7,749 18,355. 2 Less: Contributions 3,242 2,800. 6,042. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 2,800. 3,242. 6,042 9 Other direct expenses 6,042 **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

| Schedule G (Form 990 or 990-EZ) 2015 CAMFED USA FOUNDATION | 54-2033897 Page 3 |
|--|---|
| 11 Does the organization conduct gaming activities with nonmembers? | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other e | |
| to administer charitable gaming? | |
| 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 b | |
| Name ▶ | |
| Address > | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming | g 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: | |
| | |
| 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 procee | eds to |
| retain the state gaming license? | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organization | |
| organization's own exempt activities during the tax year > \$ | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i | ii) and (v); and Part III, lines 9, 9b, 10b, 15b, |
| 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). | |
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| Schedule G | (Form 990 or 990-EZ) | CAMPED USA | FOUNDATION | 54-2 | 033897 Page 4 |
|------------|--|--------------------|------------|------|---------------|
| Part IV | (Form 990 or 990-EZ) Supplemental Information | mation (continued) | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

Employer identification number 54-2033897 CAMFED USA FOUNDATION

| Pai | LI | Types of Property | | | | | | | | |
|-----|--------|--|-------------------------------|--|--|--------------|---|-----|------|----------|
| | | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contri amounts report Form 990, Part VII | ed on | (d) Method of de noncash contribu | | | S |
| 1 | Art - | Works of art | | | | ., | | | | |
| | | Historical treasures | | | | | | | | |
| | | Fractional interests | | | | | | | | |
| | | ks and publications | | | | | | | | |
| | | ning and household goods | | | | | | | | |
| | | and other vehicles | | | | | | | | |
| | | s and planes | | | | | | | | |
| | | ectual property | | | | | | | | |
| | | urities - Publicly traded | Х | 7 | 663 | ,154. | FMV | | | |
| | | urities - Closely held stock | | | | , | | | | |
| | | urities - Partnership, LLC, or | | | | | | | | |
| | | | | | | | | | | |
| | | interests | | | | | | | | |
| | | urities - Miscellaneous | | | | | | | | |
| 13 | | ified conservation contribution - | | | | | | | | |
| | | oric structuresified conservation contribution - Other | | | | | | | | |
| | | | | | | | | | | |
| | | estate - Residential | | | | | | | | |
| | | estate - Commercial | | | | | | | | |
| | | estate - Other | | | | | | | | |
| | | ectibles | | | | | | | | |
| | | d inventory | | | | | | | | |
| | | s and medical supplies | | | | | | | | |
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| | | orical artifacts | | | | | | | | |
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| | | eological artifacts | | | | | | | | |
| 25 | Othe | er 🚩 () | | | | | | | | |
| 26 | Othe | er 🕨 () | | | | | | | | |
| 27 | Othe | er 🚩 () | | | | | | | | |
| | | er ▶ () | | | | | | | | |
| | | ber of Forms 8283 received by the organiz | | | | | | | | |
| | for w | hich the organization completed Form 828 | 33, Part IV, I | Donee Acknowled | gement [| 29 | | | | |
| | | | | | | | | | Yes | No |
| | | ng the year, did the organization receive by | | | | - | | | | |
| | | t hold for at least three years from the date | | | | | | | | |
| | exen | npt purposes for the entire holding period? | | | | | | 30a | | <u> </u> |
| | | es," describe the arrangement in Part II. | | | | | | | | |
| 31 | Does | s the organization have a gift acceptance p | oolicy that re | equires the review | of any non-standar | rd contribu | utions? | 31 | X | |
| 32a | Does | s the organization hire or use third parties o | or related or | ganizations to soli | cit, process, or sell | noncash | | | | |
| | cont | ributions? | | | | | | 32a | | X |
| b | If "Ye | es," describe in Part II. | | | | | | | | |
| 33 | If the | e organization did not report an amount in | column (c) f | or a type of prope | rty for which colum | ın (a) is ch | ecked, | | | |
| | | ribe in Part II. | | | | | | | | |
| 114 | | " Denominant Dedication Ast Notice and | | | ^ | | Calaaduda M | /E | 0001 | 0045 |

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015)

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CAMFED USA FOUNDATION

Employer identification number 54-2033897

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RESEARCH AND DEVELOPMENT: BUILDING THE EVIDENCE BASE FOR THE CAMFED MODEL OF ADVANCING GIRLS' EDUCATION, YOUNG WOMEN'S LEADERSHIP AND COMMUNITY EMPOWERMENT, AND SHARING CAMFED'S NETWORK OF PARTNERSHIPS WITH MINISTRIES OF EDUCATION IN AFRICA, FOUNDATIONS, CORPORATIONS, INDIVIDUALS AND ACADEMIC INSTITUTIONS. EXPENSES \$ 91,978. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE MEMBER, CAMFED INTERNATIONAL.

FORM 990, PART VI, SECTION A, LINE 7A:

CAMFED INTERNATIONAL HAS THE RIGHT TO APPOINT THE BOARD OF CAMFED USA FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11:

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

THE TAX RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. THE AUDIT COMMITTEE HAS THE RESPONSIBILITY FOR REVIEWING THE ORGANIZATION'S FORM 990 (INCLUDING ALL PERTINENT SCHEDULES) BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. ONCE THE AUDIT COMMITTEE HAS COMPLETED ITS INITIAL REVIEW OF THE FORM 990, A CONFERENCE CALL IS SCHEDULED WITH THE EXECUTIVE COMMITTEE THE PREPARER OF THE FORM 990 IF APPROPRIATE) TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE AUDIT COMMITTEE. ANY REVISIONS TO THE FORM 990 ARE MADE AS SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE ON A TIMELY BASIS. AFTER THE FORM 990 HAS BEEN REVIEWED BY THE AUDIT COMMITTEE,

532211 09-02-15

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

Name of the organization CAMFED USA FOUNDATION

Employer identification number 54-2033897

AUDIT COMMITTEE MAKES A PRESENTATION AT THE NEXT FULL BOARD OF DIRECTORS

MEETING TO UPDATE THE FULL BOARD REGARDING ITS REVIEW OF THE FORM 990. AT

THIS MEETING WITH THE FULL BOARD OF DIRECTORS, IT IS NOT REQUIRED FOR THE

AUDIT COMMITTEE TO REVIEW ALL OF THEIR QUESTIONS, COMMENTS, AND SUGGESTED

REVISIONS; A SUMMARY OF THEIR MORE IMPORTANT POINTS IS SUFFICIENT. THE

ORGANIZATION WILL PROVIDE THE FINAL COPY OF THE 990 TO THE BOARD PRIOR TO

FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

STAFF SHOULD AVOID PUTTING THEMSELVES IN A POSITION WHERE THEIR PERSONAL

INTERESTS MIGHT CONFLICT WITH THEIR RESPONSIBILITY TO CAMFED. WHERE SUCH A

POTENTIAL CONFLICT OF INTEREST DOES ARISE, STAFF SHOULD DECLARE THIS IN

WRITING TO THEIR MANAGER. IF A MEMBER OF THE STAFF IS UNSURE WHETHER

PERSONAL INVOLVEMENT IN AN ISSUE REPRESENTS A CONFLICT OF INTEREST, HE/SHE

SHOULD DISCUSS THE MATTER WITH THE LINE MANAGER. THE ORGANIZATION HAS ALSO

DEVELOPED A CONFLICT OF INTEREST POLICY FOR THE BOARD OF DIRECTORS, WHICH

INCLUDES ANNUAL DISCLOSURE AND PROCESSES FOR ENFORCEMENT.

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

THE COMPENSATION PROCESS INVOLVED MARKET RESEARCH BY AN INDEPENDENT

COMPENSATION CONSULTANT ON THE SALARIES AND BENEFITS OF CEOS OF SIMILAR

SIZED ORGANIZATIONS IN THE SAME GEOGRAPHICAL AREA. THIS INFORMATION WAS

PROVIDED TO THE BOARD OF CAMFED USA FOUNDATION FOR APPROVAL. THE DECISION

AND PROCESS IS DOCUMENTED IN THE INDIVIDUAL'S PERSONNEL FILE. THE MOST

RECENT COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR WAS COMPLETED IN

DECEMBER 2015.

FORM 990, PART VI, SECTION C, LINE 19:

03782 1

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

organizations during the tax year.

CAMFED USA FOUNDATION

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-2033897

| (a) | (b) | (c) | (d) | (e) | (f) |
|--|------------------|---|--------------|--------------------|-----------------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controllin entity |
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| (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 | (f) Direct controlling entity | 1 | g) 512(b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|-----|-------------------------------------|
| | | | | 501(c)(3)) | | Yes | No |
| CAMFED GHANA | | | | | | | |
| 23B AGRIC RIDGE, MARIAM RD | | | | | CAMFED | | |
| TAMALE, GHANA | PROGRAMS FOR GIRLS | GHANA | N/A | N/A | INTERNATIONAL | | X |
| CAMFED TANZANIA | | | | | | | |
| URSINO ESTATE SOUTH PLOT44, UPOROTO STREET P | | | | | CAMFED | | |
| DAR ES SALAAM, TANZANIA | PROGRAMS FOR GIRLS | TANZANIA | N/A | N/A | INTERNATIONAL | | X |
| CAMFED ZAMBIA | | | | | | | |
| 13 LUBWA RD, RHODES PARK |] | | | | CAMFED | | |
| LUSAKA, ZAMBIA | PROGRAMS FOR GIRLS | ZAMBIA | N/A | N/A | INTERNATIONAL | | X |
| CAMFED ZIMBABWE | | | | | | | |
| 3RD FLOOR CHARTER HOUSE, 70 SAMORA MACHEL AV |] | | | | CAMFED | | 1 |
| HARARE, ZIMBABWE | PROGRAMS FOR GIRLS | ZIMBABWE | N/A | N/A | INTERNATIONAL | | X |

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

Schedule R (Form 990) 2015

Part II

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 | contr | 512(b)(13) rolled zation? |
|--|-----------------------------|---|-------------------------------|--|-------------------------------|-------|---------------------------------|
| CAMFED INTERNATIONAL | | | | | | 103 | 140 |
| 22 MILLERS YARD | HEADQUARTERS OF THE | | | | | | |
| CAMBRIDGE, UNITED KINGDOM CB30AJ | ORGANIZATION | UNITED KINGDOM | N/A | N/A | N/A | | х |
| CAMFED MALAWI | | | | | | | |
| PLOT NO. 2593, NAMIWARA AVE, PO BOX 2593 | | | | | CAMFED | | |
| BLANTYRE, MALAWI | PROGRAMS FOR GIRLS | MALAWI | N/A | N/A | INTERNATIONAL | | х |
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| 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. |
|---|
| organizations treated as a partnership during the tax year. |

| (b) | (c) | (d) | (e) | (f) | (a) | (1 | h) | (i) | (i) | (k) |
|------------------|---|--|----------------------|-----|--|-------------------|-----------|--|--|--------------|
| Primary activity | Legal domicile (state or foreign | | | | Share of end-of-year assets | Disprop alloca | ortionate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | |
| | country) | | 00000110 0 12 0 1 1) | | | res | NO | 101 (10111111005) | resin | |
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| | (b) Primary activity | Primary activity Legal domicile (state or | | | Primary activity Legal domicile (state or foreign foreign Direct controlling entity Predominant income (related, unrelated, excluded from tax under income excluded from tax under Share of total income excluded from tax under Share of total entity Predominant income (related, unrelated, excluded from tax under Predominant income (related, unrelated, unrelate | | | Co Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Primary assets Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary ac | (b) Primary activity Col. Legal domicile (state or foreign country) (c) Legal moderation and processing country) (c) Legal domicile (state or foreign country) (c) Predominant income (related, unrelated, unrelated, under sections 512-514) (d) Predominant income (related, unrelated, unrelated, under sections 512-514) (ex) Predominant income (related, unrelated, unrelat | |

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 | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(l conti ent | ction b)(13) rolled tity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|--|--|--------------------------------|------------------------------|--|
| | | country) | | , | | | | Yes | No |
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Page 3

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Yes No

1a

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | _ X |
|-------------|--|---------------------------|-----------------------------|---|------------|--------|------|
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X |
| g | Sale of assets to related organization(s) | | | | 1g | | X |
| | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | X |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | X |
| - 1 | Performance of services or membership or fundraising solicitations for related orga | nization(s) | | | 11 | Х | |
| m | Performance of services or membership or fundraising solicitations by related orga | nization(s) | | | 1m | | X |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization | | | | 1n | Х | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | Х | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1 p | Х | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | Х | |
| | | | | | | | |
| | Other transfer of cash or property to related organization(s) | | | | 1r | | X |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on w | vho must complete t | his line, including covered | relationships and transaction thresholds. | | | |
| | (a) | (b) | (c) | (d) | | | |
| | Name of related organization | Transaction type (a-s) | Amount involved | Method of determining amount in | /olved | | |
| | | type (a-s) | | | | | |
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| (2) | | | | | | | |
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| (5) | | | | | | | |
| (6) | | | | | | | |
| (6) | 3 09-08-15 | 48 | | Schedule | B (Ecr | n 000 | 2015 |
| JJZ 16 | ง บซ-บอ- เช | | | Schedule | 11 (1-01) | 11 990 | 2013 |

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

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

| (a) | (b) | (c) | (d) | (e) Are al partners 501(c) orgs. | | (f) | (g) | (| h) | (i) | (j) | (k) |
|------------------------|------------------|-------------------|--|--|----------|----------|-------------|----------|----------------|--|-----------------|---------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partners | Sec. | Share of | Share of | Disp | ropor- nate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera | or Percentage |
| of entity | | (state or foreign | excluded from tax under | orgs. | (3) ? | total | end-of-year | alloca | tions? | of Schedule K-1 | partne | ownership |
| | | country) | sections 512-514) | Yes 1 | | income | assets | Yes | No | (Form 1065) | Yes N | ю |
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