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DLN: 93493320118886

OMB No 1545-0047

Form 990

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

Return of Organization Exempt From Income Tax

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/foim990

Open to Public Inspection

| A F | or the 2 | 2015 ca | lendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 | 5 | | | | | | |
|-----------------------------|-------------------|----------------------|--|---------------------|------------|-------------------------|--------------|-------------|-----------------------------|----------|
| B Che | ck ıf ap | plicable | C Name of organization The Key Worldwide Foundation | | | D Emplo | yer i | dentifica | tion number | |
| ☐ Ac | dress ch | nange | The Key Worldmac Foundation | | | 46-1 | 603 | 030 | | |
| - | me cha | | Doing business as | | | | | | | |
| In Fir | tıal retu | rn | | | | E Talaah | | | | |
| | iai termina | ted | Number and street (or P O box if mail is not delivered to street address) Room/suite 265 Hartnell Place | е | | E Teleph | one r | umber | | |
| Am | ended r | eturn | | | | (916) | 489 | 9-8802 | | |
| App | olication | pending | City or town, state or province, country, and ZIP or foreign postal code Sacramento, CA 95825 | | | G Gross | receij | ots \$ 2,65 | 7,027 | |
| | | | F Name and address of principal officer | H(a) | Is thi | s a group | ret | urn for | | |
| | | | | | | dinates? | | | Yes | ~ |
| | | | | 11753 | No Area | II subord | ınate |) C | | |
| I Ta: | c-exemp | ot status | ▼ 501(c)(3) | | ınclud | ded? | | | 「Yes ▼ Instructions) | |
| J W | ebsite: | : ▶ N/A | | H(c) | Grou | p exemp | tion | • | • | |
| K Form | n of orga | anızatıon | ✓ Corporation Trust Association Other ► | L Yea | ar of for | rmation 20 | 012 | M State | of legal domicile | CA |
| | | C | | | | | | | | |
| Pa | rt I | | mary scribe the organization's mission or most significant activities | | | | | | | |
| Activities & Governance | onl sıt O u | ly atťair uations | Vorldwide Foundation endeavors to provide education that would normally nable but realistic. With programs that are designed to assist young peop, we hope to open new avenues of educational access to students that wibutions to major athletic university programs, may help to provide place annels. | ole in e ould no | very c | day situal y have no | tions acc | , and ed | lucational hese program | าร |
| Ë | _ | | | | | | | | | |
| Ň | | | | | | | | | | |
| ত *ধ | 2 C | heck th | is box $ ightharpoonup$ if the organization discontinued its operations or disposed of | fmore | than 2 | 5% of its | s net | assets | | |
| e S | 3 N | | ef cabina manakana af bha accentina hadir (Daub VII. lina da) | | | | ١, | ı | - | |
| ₹ | | | of voting members of the governing body (Part VI, line 1a) | | | | 4 | _ | 3 0 | |
| Acti | | | nber of individuals employed in calendar year 2015 (Part V., line 2a) | | | | 5 | | | |
| | | | nber of volunteers (estimate if necessary) | | | | 6 | | | , |
| | | | related business revenue from Part VIII, column (C), line 12 | | | • | 7a | , | |) |
| | | | ated business taxable income from Form 990-T, line 34 | | | | 71 | | | |
| | | | | T | | r Year | 1 - | | urrent Year | |
| | 8 | Contri | butions and grants (Part VIII, line 1h) | | | 900, | 000 | - | 1,977,9 | 915 |
| enu | 9 | | am service revenue (Part VIII, line 2g) | | | | | | | 0 |
| Raver | 10 | Invest | tment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | 1,: | 197 |
| æ | 11 | Other | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | 0 |
| | 12 | | revenue—add lines 8 through 11 (must equal Part VIII, column (A), line | | | 900, | 000 | | 1,979, | 112 |
| | | 12) | | - | | | | | | |
| | 13 | | s and similar amounts paid (Part IX, column (A), lines 1–3) | | | 524, | 898 | | 1,235,7 | |
| | 14 | | ts paid to or for members (Part IX, column (A), line 4) | | | | | | | 0 |
| & | 15 | 5-10) | es, other compensation, employee benefits (Part IX, column (A), lines | | | | | | | 0 |
| ens | 16a | Profes | ssional fundraising fees (Part IX, column (A), line 11e) | | | | | | | 0 |
| Expenses | b | Total fu | ndraising expenses (Part IX, column (D), line 25) ▶0 | | | | | | | |
| ш | 17 | | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 254, | 229 | | 516,9 | 965 |
| | 18 | Total | expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | | 779, | 127 | | 1,752,6 | 572 |
| | 19 | Reven | ue less expenses Subtract line 18 from line 12 | | | 120, | 873 | | 226,4 | 140 |
| % & % & | | | | Begin | ning o | f Current | Year | | End of Year | |
| Net Assets or Fund Balances | 30 | T-4-1 | posets (Part V. line 16) | | | | | | | 110 |
| Ass 1 Ba | 20 | | assets (Part X, line 16) | | | 200, | 670 200 | - | 427, | |
| Nex CITY | 21 | | liabilities (Part X, line 26) | | | 25, | 200 | | 25,2 | 200 |
| | 22 (1111 | | ature Block | | | | | | | |
| | | | ature Block perjury, I declare that I have examined this return, ir | | | | | | | |
| my kr | nowled | ge and i | belief, it is true, correct, and complete Declaration o | | | | | | | |
| prepa | rer has | s any kr | nowledge | | | | | | | |
| | | **** | ** | | | | | | | |

Sign

Here

Signature of officer

Rick Singer President
Type or print name and title Print/Type preparer's name Preparer's signature

Paid Preparer Use Only

James B Williams CPA James B Williams CPA Firm's name

WILLIAMS & OLDS CPAS

Firm's address ▶ 900 UNIVERSITY AVENUE SUITE 100

SACRAMENTO, CA 958256737

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

For Paperwork Reduction Act Notice, see the separate instructions.

| Par | t IV Checklist of Required Schedules | | | |
|-----|---|-------------|-----|----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | No |
| 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 $98-197$ If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2 | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | • | No |
| 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, Pait V 💆 | , 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Yes | |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2 | 11 c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11 d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11 e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 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 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Par IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | t 17 | | No |
| 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 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20 a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

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Form **990** (2015)

24b

24c

24d

25a

25h

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28b

28c

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35a

35b

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Yes

Yes

| | () | | | |
|-----|--------------|----------|-----------|-------------|
| TV/ | Chacklist of | Poquirod | Schoduloc | (continued) |

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

| | checkist of Reduited Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 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 | Yes | |
| 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 | | No |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | No |

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

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

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

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

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

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

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

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

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

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

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

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

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

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

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

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

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

entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2 . . .* **36 Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

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

| Part V | Statements | Regarding | Other | IRS Filing | s and | Tax | Compliance |
|--------|------------|-----------|-------|------------|-------|-----|------------|
|--------|------------|-----------|-------|------------|-------|-----|------------|

| Pai | t V | Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----|---------|--|---------------|------|-----------|
| | | Check if Schedule O contains a response or note to any line in this Part V | . | Yes | · No |
| 1a | Enter | the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2 | | 1 63 | 110 |
| | | the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | |
| | | | | | |
| С | | ne organization comply with backup withholding rules for reportable payments to vendors and reportable in (gambling) winnings to prize winners? | 1c | | No |
| 2a | | the number of employees reported on Form W-3, Transmittal of Wage and | | | |
| | Tax S | statements, filed for the calendar year ending with or within the year covered | | | |
| _ | , | s return | - L | | NI - |
| b | | east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | No |
| 32 | | ne organization have unrelated business gross income of \$1,000 or more during the year? | 3а | | No |
| | | s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | No |
| | | y time during the calendar year, did the organization have an interest in, or a signature or other authority | | | 110 |
| 70 | over, | a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | accou | unt)? | 4a | | No |
| b | | es," enter the name of the foreign country 🕨 | | | |
| | | nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| _ | (FBAF | · ' | | | |
| | | the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did ai | ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If"Ye | es," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6- | Door | the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | No |
| Oa | | ization solicit any contributions that were not tax deductible as charitable contributions? | Oa | | NO |
| b | If"Ye | es," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | | not tax deductible? | 6b | | |
| 7 | Organ | nizations that may receive deductible contributions under section 170(c). | | | |
| а | | ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | | Νo |
| h | | ces provided to the payor? | 7b | | |
| | | ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| ٠ | | orm 82827 | 7c | | No |
| d | If"Ye | s," indicate the number of Forms 8282 filed during the year 7d 0 | | | |
| | | | | | |
| е | Did th | ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did th | ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| | | organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| • | requir | | 7 g | | Νo |
| h | | organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | | | NI - |
| | | 1098-C? | 7h | | No |
| 8 | | soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time | | | |
| | durıng | g the year? | 8 | | No |
| 9a | Did th | ne sponsoring organization make any taxable distributions under section 4966? | 9a | | No |
| b | Did th | ne sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | No |
| 10 | Section | on 501(c)(7) organizations. Enter | | | |
| а | Initia | tion fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | | receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| | facilit | ı | ı | ı | |
| 11 | | on 501(c)(12) organizations. Enter s income from members or shareholders | | | |
| | | s income from other sources (Do not net amounts due or paid to other sources | | | |
| - | | st amounts due or received from them) | | | |
| 122 | Section | on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | No |
| | | es," enter the amount of tax-exempt interest received or accrued during the | -£G | | 110 |
| , | year | 12b | | | |
| 13 | Section | on 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| _ | T - 11 | | | | |
| a | | e organization licensed to issue qualified health plans in more than one state? Note. See the instructions for onal information the organization must report on Schedule O | 13a | | No |
| ь | | the amount of reserves the organization is required to maintain by the states | | | |
| | | ch the organization is licensed to issue qualified health plans 13b | | | |
| c | Enter | the amount of reserves on hand | ļ | | |
| 14a | Did th | ne organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| b | If"Ye | es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

| orm | 990 (2015) | | | Page |
|-----|--|-------------|---------|------|
| Par | For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions. | or 10 |)b belo | _ |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | 🗸 |
| Se | ection A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 0 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | eveni | ue Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10 a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | | | | |

| | | | Yes | No |
|-----|--|-------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10 a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12 a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12 c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | No |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15 a | | No |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18

| 5 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) |
|---|---|
| (| (3)s only) available for public inspection. Indicate how you made these available. Check all that apply |
| | Own website |

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

unterest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records
▶Rick Singer 265 Hartnell Place Sacramento, CA 95825 (916) 489-8802

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable 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

| (A) Name and Title | (B) Average hours per week (list any hours for related | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
|------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|---|---|---|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| 1) Rick Singer President & CEO | 0 00 | x | | × | | | | 0 | 0 | |
| (2) Dawud Raamuh Secretary | 0 00 | × | | × | | | | 0 | 0 | |
| 3) John Peter Byrne Jr Director | 0 00 | × | | | | | | 0 | 0 | |
| 4) Steve Masera Freasurer | 0 00 | | | х | | | | 0 | 0 | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| art VII | Section A. Officers | , Directors, Trustee: | , Key Employees, | , and Highest Compe | nsated Employees (c | continued) |
|---------|---------------------|-----------------------|------------------|---------------------|---------------------|------------|
|---------|---------------------|-----------------------|------------------|---------------------|---------------------|------------|

| | (A) Name and Title | (B) Average hours per week (list any hours | more t | tion (han d n is l | one b both | oox, an d | heck unless officer stee) | i | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the |
|----|---------------------------------|---|-----------------------------------|---------------------------|---------------|--------------|------------------------------------|----------|--|---|---|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | organization and related organizations |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 1b | Sub-Total | | | | | | • | | | | |
| C | Total from continuation sheet | • | | | • | | . 🔪 | | | | |
| d | Total (add lines 1b and 1c) . | | | • • | • | • | • | | | | |
| 2 | Total number of individuals (in | aluding but not | luma to di | -a +b- | | | d abou | ایدر د م | ha rasawad mara th | - n | |

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0
- Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Νo Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|---------------------|
| Gordon Ernst | | 287,000 |
| 3713 Thornapple Street Chevy Chase, MD 20815 | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Νo

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| Form 99 | 0 (20 | 15) | | | | | | Page S |
|--|----------|---|--|-----------------------|---------------------------------------|--|---|--|
| Part V | / | Statement o | f Revenue | | | | | |
| | | Check If Schedi | ule O contains a respons | se or note to any lir | 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 |
| s s | 1a | Federated cam | paigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ь | Membership du | es 1b | | | | | |
| | c | Fundraising eve | ents 1c | | | | | |
| | d | Related organiz | zations 1d | | | | | |
| i5 i≝ | e | Government grants | | | | | | |
| Sin | | _ | | 1,977,915 | | | | |
| utic Ter | f | similar amounts no | ons, gifts, grants, and 1f ot included above | | | | | |
| <u> </u> | g | Noncash contribution 1a-1f \$ | ons included in lines | 677,915 | | | | |
| Cont | h | Total. Add lines | s 1a-1f | | 1,977,915 | | | |
| | | | T | Business Code | | | | |
| 굺 | 2a | | - | Business code | | | | |
| Program Service Revenue | ь | | | | | | | |
| | _ c | | | | | | | |
| | d | | _ | | | | | |
| | e | | | | | | | |
| grar | f | All other progra | am service revenue | | | | | |
| Æ | g | Total. Add lines | L s 2a-2f | > | 0 | | | |
| | 3 | | ome (including dividend | | | | | |
| | ١. | | ar amounts) stment of tax-exempt bond pi | - | 0 | | | |
| | 4 5 | Royalties | | oceeds • | 0 | | | |
| | | Royalties | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | (1) 11221 | (, | | | | |
| | Ь | Less rental | | | | | | |
| | | expenses Rental income | | | | | | |
| | ° | or (loss) | | | | | | |
| | d | Net rental inco | T | (w) Other | 0 | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities 679,112 | (II) O ther | | | | |
| | ь | Less cost or other basis and sales expenses | 677,915 | | | | | |
| | c | Gain or (loss) | 1,197 | | | | | |
| | d | Net gain or (los | s) | | 1,197 | 1,197 | | |
| Other Revenue | 8a | Gross income f events (not inc \$ of contributions | | | | | | |
| ier Re | | See Part IV, lir | ne 18 a | | | | | |
| O E | | | penses b (loss) from fundraising e | vents | 0 | | | |
| | 9a | | rom gaming activities le 19 | vents • | 0 | | | |
| | . | | a | | | | | |
| | ı | | penses b [loss] from gaming activ | ities | 0 | | | |
| | | | | ▶ | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | ь | Less cost of g | oods sold b | | | | | |
| | С | | (loss) from sales of inve | | 0 | | | |
| | - | Miscellaneous | s Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | b | | | | | | | |
| | C | All ather | | | | | | |
| | d e | All other reven | L | 🕨 | | | | |
| | | | | | 0 | | | |
| | 12 | rotal revenue. | See Instructions | · · · • | 1.979.112 | 1.197 | | |

Part IX Statement of Functional Expenses

| | ✓ | | | | |
|-----------|--|-----------------------|------------------------------------|--|---------------------------------------|
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and | | | | |
| | domestic governments See Part IV, line 21 | 1,235,707 | 1,235,707 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | | | | |
| | | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| b | Legal | 0 | | | |
| С | Accounting | 35,000 | 35,000 | | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 289,955 | 289,955 | | |
| 12 | Advertising and promotion | 2,000 | | 2,000 | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 0 | 15.010 | | |
| 17 18 | Travel | 16,818 | 16,818 | | |
| | state, or local public officials | 0 | | | |
| 19 20 | Conferences, conventions, and meetings | 0 | | | |
| 20 21 | Interest | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 0 | | | |
| 23 | Insurance | 0 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Key Intern Development Program | 113,635 | 113,635 | | |
| b | Administrative Expenses | 50,000 | 50,000 | | |
| c | Loss on stocks | 3,625 | 3,625 | | |
| d | Generation Wow | 3,000 | 3,000 | | |
| е | All other expenses | 2,932 | 2,712 | 220 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,752,672 | 1,750,452 | 2,220 | 0 |
| 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) | | | | |

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Net Assets or Fund Balances

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25,000

25,200

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401,910

427,110

Form 990 (2015)

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25.000

| | tΧ | Balance | She |
|--|----|---------|-----|
|--|----|---------|-----|

Savings and temporary cash investments

Pledges and grants receivable, net

Notes and loans receivable, net ...

Prepaid expenses and deferred charges

Investments—publicly traded securities

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

persons Complete Part II of Schedule L

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

lines 27 through 29, and lines 33 and 34.

Secured mortgages and notes payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here >

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets . . .

Grants payable

Deferred revenue .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets . .

complete lines 30 through 34.

Total net assets or fund balances

Temporarily restricted net assets

Permanently restricted net assets

Less accumulated depreciation .

Accounts receivable, net . .

II of Schedule L

| Part X | Balance Sheet | | | |
|--------|--|-------------------|---|-------------|
| | Check if Schedule O contains a response or note to any line in this Part X $$. $$. | | | |
| | | (A) | | (B) |
| | | Beginning of year | | End of year |
| 1 | Cash-non-interest-bearing | 175,670 | 1 | 298,186 |

Loans and other receivables from current and former officers, directors, trustees,

key employees, and highest compensated employees. Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

| 7 | Investment expenses | | | | |
|-----|---|----|--|-----|---------|
| | | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 2 | 101,910 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | _ | | | |
| - a | Ware the erganization's financial statements compiled or reviewed by an independent accountant? | | | | l |

Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Consolidated basis

basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Separate basis

Schedule O

Nο

2c

3a

3b

| efile | GRAPHIC | print - | DO NOT | PROCESS | As Filed | i Data |
|-------|---------|---------|--------|---------|----------|--------|
| | | | | | | |

hospital's name, city, and state

DLN: 93493320118886 OMB No 1545-0047

Employer identification number

46-1603030

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

www.irs.gov/form990.

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Key Worldwide Foundation

(i)

Total

SCHEDULE A

(Form 990 or

990EZ)

Part I

1

2 3 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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.) Section A. Public Support Calendar year (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 451,600 900,000 1,929,113 3,280,713 membership fees received (Do not include any unusual grants) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 451,600 900,000 1,929,113 3,280,713 Total. Add lines 1 through 3 The portion of total contributions

Section B. Total Support Calendar year

from line 4

12

13

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 Public support. Subtract line 5

| (0) | riscal year beginning in) 🟲 | , , | • • | , , | • • | |
|-----|---|-----|---------|---------|-----------|-----------|
| 7 | Amounts from line 4 | | 451,600 | 900,000 | 1,929,113 | 3,280,713 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | 0 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | 3,280,713 |

(c)2013

(b)2012

(d)2014

(e)2015

12

| check this box and stop here | | .▶ 🗸 | • |
|--|----|------|-----|
| Section C. Computation of Public Support Percentage | | | |
| Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | | n % |

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Gross receipts from related activities, etc. (see instructions)

(a)2011

14 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

and **stop here.** The organization qualifies as a publicly supported organization ▶□ b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶┌ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

0

3,280,713

(f)Total

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 | | | | | | |
|-----|--|--------------------------|---|----------------------------|--------------------|---------------------------|------------------------|
| | Calendar year | (a)2011 | (b) 2012 | (c)2013 | (d)2014 | (e)2015 | (f) ⊤otal |
| • | iscal year beginning in) | (4) | (-) | (-) | (-/ | (-) | (1) |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished | | | | | | |
| | in any activity that is related to | | | | | | |
| | the organization's tax-exempt | | | | | | |
| _ | purpose | | | | | | |
| 3 | Gross receipts from activities | | | | | | |
| | that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| 7 | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit | | | | | | |
| | to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, | | | | | | |
| | and 3 received from disqualified | | | | | | |
| | persons Amounts included on lines 2 and | | | | | | |
| U | 3 received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of | | | | | | |
| | the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| Se | ction B. Total Support | | Т | | | _ | |
| | Calendar year | (a)2011 | (b) 2012 | (c)2013 | (d) 2014 | (e) 2015 | (f)Total |
| • | iscal year beginning in) ▶ | | , , | , , | . , , | · , , | + ` ′ |
| 9 | Amounts from line 6 | | | | | | |
| .0a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable | | | | | | |
| | income (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| | June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated | | | | | | |
| | business activities not included in line 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| | VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years.If the Form 990 is f | or the organization | n's first, second | . third. fourth, or f | ifth tax vear as a | section 501(c |)(3) organization. |
| | check this box and stop here | or the organization | 511 5 111 5 C ₁ 5 C C G 11 G | , cilii a, loai cili, oi l | men can year as e | 3 3 5 5 5 6 7 7 7 7 7 7 7 | >(5) organizacion, |
| Se | ction C. Computation of Pub | lic Support P | ercentage | | | | - |
| 15 | - | | | 13 column (f)) | | 15 | |
| | | | | | | | |
| 16 | Public support percentage from 20: | | | | | 16 | |
| Se | ction D. Computation of Inv | estment Inco | me Percenta | ge | | | |
| 17 | Investment income percentage for | 2015 (line 10c, c | olumn (f) dıvıded | by line 13, colum | ın (f)) | 17 | |
| 18 | Investment income percentage from | • | • • | • | | 18 | |
| | · - | | | | line 15 is more | | and line 17 is not |
| 17d | 33 1/3% support tests—2015.If the | | | | | | - - |
| h | more than 33 1/3%, check this box 33 1/3% support tests—2014. If the | - | | • | | - | ▶ 3 1/3% and line |
| ט | | - | | | | | |
| 20 | 18 is not more than 33 1/3%, check | | | • | | | |
| | - Filivate i vunuativii. II tile (III dili / dili | on ara not check | a DOX OH HHE 14 | . 120. UL 130. CNE | .ck unis dux and | ace instruction | o = " |

Part IV Supporting Organizations

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

| | I, complete Sections A and D, and complete Part V) | | | |
|----|--|-------------|----------|----|
| Se | ction A. All Supporting Organizations | | | |
| 1 | A re 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, | | Yes | No |
| 2 | describe the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under | 1 | | |
| | 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) | 2 | | |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? | 3b | | |
| c | If "Yes," describe in Part VI when and how the organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | 3c | | |
| | 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 | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? | 4b | | |
| | 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 | 4c | | |
| | organization was used exclusively for section 170(c)(2)(B) purposes | | <u> </u> | l |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in | | | |
| | the organization's organizing document? | 5b | | |
| | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) | 7 | | |
| 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 II of Schedule L (Form 990) | 8 | | |
| 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 . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) 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 . | 9 c | | |
| 0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below | 10 a | | |
| 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) | 10 b | | |
| 1 | Has the organization accepted a gift or contribution from any of the following persons? | | _ | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11c | | |

Part IV Supporting Organizations (continued)

| | , | | | 9 | 9 | | (| |
|---------|-----|------|---|------|---------|------|----------|---|
| Section | n R | Tyna | T | Suni | nortina | Orga | nization | _ |

| | г | | Yes | NI - |
|-----------------|---|---|-----|------|
| | | | | No |
| If or ap | ppoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? f "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the rganization's activities. If the organization had more than one supported organization, describe how the powers to ppoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or estrictions, if any, applied to such powers during the tax year | 1 | | |
| th <i>If</i> | old the organization operate for the benefit of any supported organization other than the supported organization(s) hat operated, supervised, or controlled the supporting organization? f "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that perated, supervised or controlled the supporting organization | 2 | | |

| Saction | ^ | Typo | TT | Supporting | Organizations |
|---------|----|------|----|------------|----------------------|
| Section | ٠. | ivbe | | Suppoi una | Organizacions |

| | | | Yes | No | |
|---|--|---|-----|----|--|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or | | | | |
| | trustees of each of the organization's supported organization(s)? | | | | |
| | If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons | | | | |
| | that controlled or managed the supported organization(s) | 1 | | | |

| Section | n | All Ty | na TTT | Sunna | rtina | Organ | nizations |
|----------------|----|---------|-----------|-------|---------|-------|------------|
| Section | υ. | ~II I V | n = r + r | JUDDU | u ciiia | Oluai | IIZALIVIIS |

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to | satisfy the Integral Part | t Test during the year | (see instructions) |
|---|--|---------------------------|------------------------|--------------------|
| | | | | |

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

| 2 | Activities rest | _Answer (a) and (b) below. | |
|---|-------------------|---|---|
| 2 | Did substantially | all of the organization's activities during the tay year directly further the exempt numbers of the | Ī |

| supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the | | | |
|---|----|--|--|
| organization determined that these activities constituted substantially all of its activities | 2a | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have | | | |
| engaged in these activities but for the organization's involvement | 2b | | |

- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3а each of the supported organizations? Provide details in Part VI
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

| | Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S | | · | ructions. All other |
|---|--|------------|-------------------------|-------------------------------|
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
| | Net short-term capital gain | 1 | | |
| | Recoveries of prior-year distributions | 2 | | |
| | Other gross income (see instructions) | 3 | | |
| | Add lines 1 through 3 | 4 | | |
| | Depreciation and depletion | 5 | | |
| | 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 | | |
| | Other expenses (see instructions) | 7 | | |
| | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | A verage monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1 d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| | Subtract line 2 from line 1d | 3 | | |
| | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Multiply line 5 by 035 | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | | |
| | Section C - Distributable Amount | | | Current Year |
| | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| | Enter 85% of line 1 | 2 | | |
| | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| | Enter greater of line 2 or line 3 | 4 | | |
| | Income tax imposed in prior year | 5 | | |
| | Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrate | d Type III supporting (| organization (see |

| Part V Type III Non-Functionally Integra | ated 509(a)(3) Suppo | rting Organizations (co | ontinued) |
|---|--------------------------------|--|---|
| Section D - Distributions | | | Current Year |
| A mounts paid to supported organizations to accom | plish exempt purposes | | |
| 2 Amounts paid to perform activity that directly further | | orted organizations in | |
| excess of income from activity | ers exempt purposes or supp | orted organizations, in | |
| 3 Administrative expenses paid to accomplish exemp | ot purposes of supported orga | anızatıons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval rec | quired) | | |
| 6 Other distributions (describe in Part VI) See instru | ictions | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 7 Total allitual distributions. Add filles 1 tillough 6 | | | |
| Distributions to attentive supported organizations t details in Part VI) See instructions | o which the organization is re | esponsive (provide | |
| 9 Distributable amount for 2015 from Section C, line | 6 | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| | | 723 | , <u>,</u> |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| <u>c</u> | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributions of prior years | | | |
| 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 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c 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 | | | |
| (ıf amount greater than zero, see ınstructions) | | | |
| 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 31 and 4c | | | |
| 8 Breakdown of line 7 | | l | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| | | Schodulo A | /Form 990 or 990-F7) (2015 |

SCHEDULE D Supplement

(Form 990)

Treasury

Department of the

Name of the organization

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 <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493320118886

Employer identification number

Open to Public Inspection

| Ihe | e Key Worldwide Foundation | | | 46-1 | .603030 | |
|--------|---|--------------------------------------|-----------------------|------------|-------------------------------|----|
| Pa | Organizations Maintaining Donor Complete if the organization answere | | | | | |
| | | (a) Donor advised fun | ds | (b) | Funds and other accounts | |
| | Total number at end of year | | | | | |
| | Aggregate value of contributions to (during year) | | | | | |
| | Aggregate value of grants from (during year) | | | | | |
| į. | Aggregate value at end of year | | | | | |
| | Did the organization inform all donors and donor a funds are the organization's property, subject to | | | nor advis | sed Yes | No |
| • | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit? | | | | | No |
| a | rt III Conservation Easements. Comple | ete if the organization | answered "Yes" (| on Forn | n 990, Part IV, line 7. | |
| | Purpose(s) of conservation easements held by th | ie organization (check a | ll that apply) | | | |
| | Preservation of land for public use (e g , recreducation) | eation or [| Preservation of a | n histor | rically important land area | |
| | Protection of natural habitat | Γ | Preservation of a | certifie | d historic structure | |
| | Preservation of open space | | | | | |
| | Complete lines 2a through 2d if the organization easement on the last day of the tax year | held a qualified conserv | ation contribution in | the form | Γ | |
| _ | Total number of conservation easements | | | | Held at the End of the Ye | ar |
| a L | Total acreage restricted by conservation easeme | onte | | 2a 2b | | |
| b c | Number of conservation easements on a certified | | ded in (a) | 2D 2c | | |
| d | Number of conservation easements included in (a historic structure listed in the National Register | | , , | 2d | | |
| | Number of conservation easements modified, train | nsferred, released, extin | auished, or terminat | ed by th | e organization during the | |
| | tax year ▶ | , , | , | , | 3 | |
| i | Number of states where property subject to cons | ervation easement is lo | rated > | | | |
| | Does the organization have a written policy regar | | · | | | |
| | violations, and enforcement of the conservation of | | mig, mapeedon, nan | idining or | ☐ Yes ☐ No | |
| | Staff and volunteer hours devoted to monitoring, year | inspecting, handling of v | iolations, and enforc | ing cons | servation easements during th | ıe |
| | > | | | | | |
| | A mount of expenses incurred in monitoring, inspe | ecting, handling of violat | ions, and enforcing o | onserva | ation easements during the ye | ar |
| | ▶ \$ | | | | | |
| | Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$ | ne 2(d) above satisfy the | e requirements of se | ction 17 | [0(h)(4) | |
| | In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | of the footnote to the or sements | ganızatıon's fınancıa | ıl statem | nents that describes | |
| aı | t III Organizations Maintaining Collect Complete if the organization answere | | | or Oth | ner Similar Assets. | |

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

| Par | t III | Organizations Maintaining (continued) | Collections of A | rt, Hi | storic | al Tre | easure | s, or O | ther Sim | ilar Ass | ets | |
|------------|---------------------------------------|--|---------------------------|--------------|-----------|-----------------------|---------------------|-----------------------|----------------------|-----------------------|-------------------|----------|
| 3 | | the organization's acquisition, accetion items (check all that apply) | ession, and other rec | ords,c | heck a | ny of th | e followir | ng that a | ire a signific | cant use o | fits | |
| а | | Public exhibition | | d | | Loan | rexchar | ige prog | rams | | | |
| b | ☐ : | Scholarly research | | е | Г | Other | | | | | | |
| c | Γ | Preservation for future generations | | | | | | | | | | |
| 4 | Provide Part > | de a description of the organization's | s collections and exp | laın ho | w they | further | the orga | nızatıon | 's exempt p | urpose in | | |
| 5 | | g the year, did the organization solic s to be sold to raise funds rather tha | | | | | | | | ☐ Yes | □ No | , |
| Pa | rt IV | Escrow and Custodial Arra Complete if the organization a Part X, line 21. | ngements. | | | | | | | • | | |
| 1a | | e organization an agent, trustee, cus led on Form 990, Part X? | todian or other interr | mediary | y for co | ontribut | ons or ot | ther ass | ets not | ☐ Yes | ∏ No | • |
| ь | If" | Yes," explain the arrangement in Pa | art XIII and complete | e the fo | llowing | table | | | | A mou | nt | |
| c | | ginning balance | · | | _ | | | 1c | | | | |
| d | | ditions during the year | | | | | | 1d | | | | |
| e | | tributions during the year | | | | | | 1e | | | | |
| f | | ding balance | | | | | | 1f | | | | |
| 2a | | ne organization include an amount oi | n Form 990 Part V I | ıne 21 | for ac | crow or | custodia | | at Irability2 | | | |
| Za | Dia ti | ie organization include an amount of | ii i Oilii 990, Pait A, I | ille ZI, | ioi esi | CTOW OI | custouia | i accoui | it ilability ' | Yes | ☐ No | • |
| b | If"Ye | s," explain the arrangement in Part | XIII Check here if t | he expl | lanatio | n has b | een provi | ıded ın F | art XIII . | | | |
| Pa | rt V | Endowment Funds. Comple | | | | | | | | | | |
| | | | (a)Current year | (b) P | rıor year | · b (| (c) Two yea | ars back | (d) Three yea | rs back (| e) Four ye | ars back |
| 1 a | Begir | nning of year balance | | | | | | | | | | |
| b | Cont | ributions | | | | | | | | | | |
| c | Net II losse | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| d | | ts or scholarships | | | | | | | | | | |
| e | Othe | r expenditures for facilities rograms | | | | | | | | | | |
| | · Admi | nistrative expenses | | | | | | | | | | |
| - | | nistrative expenses | | | | | | | | | | |
| g | • • • • • • • • • • • • • • • • • • • | of year balance | | | | | | | | | | |
| 2 | Provid | de the estimated percentage of the (| current year end bala | nce (lu | ne 1g, | column | (a)) held | as | | • | | |
| а | Board | designated or quasi-endowment > | | | - | | | | | | | |
| ь | | anent endowment ► | | | | | | | | | | |
| | | | | | | | | | | | | |
| С | The p | orarily restricted endowment ercentages on lines 2a, 2b, and 2c | · | | | | | | | | | |
| 3a | | nere endowment funds not in the pos ization by | ssession of the organ | ızatıon | that a | re held | and admi | nistered | for the | | Yes | No |
| | _ | related organizations | | | | | | | | 3a(i) | _ | 140 |
| | | lated organizations | | | | | | | | 3a(ii) | _ | |
| b | | s" on 3a(II), are the related organiza | | | | | | | | . 3b | | |
| 4 | Desci | ribe in Part XIII the intended uses o | of the organization's e | endown | nent fui | nds | | | | | | |
| Pa | rt VI | Land, Buildings, and Equip | | | | | line dd | | | Dart V | | |
| | | Complete if the organization a Description of property | inswered 'Yes' to F | orm s | | art IV, or other b | | <u>а.See н</u> (b) | | Part X, I umulated | _ | ok value |
| | | bescription of property | | (a | | vestment |) Cost o | r other ba | | preciation | (4)50 | ok valac |
| 12 | Land | | | | | | | (other) | | | + | |
| | | | | . ⊢ | | | - | | | | + | |
| | | gs | | · - | | | | | | | + | |
| | | nold improvements | | . ⊢ | | 2 | 224 | | | | + | 2.024 |
| | | nent | | | | 3, | 924 | | | | + | 3,924 |
| | | ines 1a through 1e (Column (d) mus | | | ımn (B) |), line 10 |)(c)) . | | | . ▶ | + | 3,924 |

| (a) Description of security or category (b)Book value (c)Method of valuation (noticing mane of security) (3) citized equity interests. (3) Other (a) most again from 905, And x, cot (6) Jan (2) 10,000 Part VIII Investments—Program Related. Complete "the organization answered "yes" on Form 990, Part IV, line 116 See Form 990, Part X, line 13. (a) Description of investment (b) most again from 990, Part X, line 13. (b) Book value (c) most again from 990, Part X, line 13. (c) Description of most again from 990, Part X, line 13. (c) Description of most again from 990, Part X, line 13. (d) Description of most again from 990, Part X, line 15. (e) Description (b) most again from 990, Part X, line 15. (b) Book value (b) Book value (c) Book value (d) Book value (e) Book value (e) Book value (f) Book value | Part VII Investments—Other Securities. Com See Form 990, Part X, line 12. | plete if the organ | ızatıon answered 'Yes | on Form 990, Part IV, line 11b. |
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| Total. (Community constraint from 39th Arc X cot (1) Are 32) Part VIII Investments—Program Relater Complete of the organization answersed (Yes) on Form 990, Part IV, line 11c See Form 990, Part X, line 33. (a) Description of investment: (b) Book value (c) Method of valuation of cost or and of year instructivation cost or and of year instructivation cost or and of year instructivation. Total. (Community constraint from 39th Arc X, cot (8) new 33) Part IX Other Assets. Complete of the organization answersed Year on Form 990, Part IV, line 1,15 See Form 990, Part X, into 15. (a) Description Total. (Community constraint from 99th Arc X, cot (8) New 15) Part X Other Liabilities. Complete of the organization answersed Year on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Sees value Federal income taxes | | | | |
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| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13. (a) Description of investment (b) Book value (c) Yethold of visuation Cost or end-of-year market value Total. (Column (b) must equal form 990, Part IV, and (d) line 12) Part IV Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part IV, line 15 (b) Book value (c) Book value (d) Description Total. (Column (b) must equal form 990, Part X, cal (d) line 15) Total. (Column (b) must equal form 990, Part X, cal (d) line 15) Total. (Column (b) must equal form 990, Part X, cal (d) line 15) Total. (Column (b) must equal form 990, Part X, cal (d) line 15) Total. (Column (b) must equal form 990, Part X, cal (d) line 15) Total. (Column (b) must equal form 990, Part X, cal (d) line 15) Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 990, Part X, cal (d) line 25) **Total. (Column (b) must equal form 9 | Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | • | 100,000 | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | form 990, Part IV, line 1 | 1d See Form 990, Part X, line 15 |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
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| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| Federal Income taxes Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | See Form 990, Part X, line 25. | _ | 1 | dictiv, into the or this |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 1. (a) Description of liability | (b) Book value | _ | |
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| Totali (Column (b) mase equal form 550, fact x, cor (b) mile 25) | | | _ | |
| | Total (column (b) mast equal roll 350, rate N, cor (b) mic 25) | the text of the footr | note to the organization's | financial statements that reports the |

Schedule D (Form 990) 2015

| | Total revenue, gains, and other | zation answered 'Yes' on | | | | 1 | |
|-------------|---|---|------------------|------------------|------|-------|-------------------|
| | A mounts included on line 1 but | | | | | | |
| | | · · | • | 1 - 1 | | | |
| 1 | Net unrealized gains (losses) o | | | 2a | | | |
| 1 | Donated services and use of fa | | | 2b | | | |
| | Recoveries of prior year grants | | | 2c | | | |
| | Other (Describe in Part XIII) | | | 2d | | | |
| | Add lines 2a through 2d | | | | | 2e | |
| | Subtract line 2e from line 1 . | | | | • | 3 | |
| | Amounts included on Form 990 | | | 1 . 1 | | | |
| | Investment expenses not inclu | • | • | 4a | | | |
| ı | Other (Describe in Part XIII) | | | 4b | | | |
| | Add lines 4a and 4b | | | | • | 4c | |
| | Total revenue Add lines 3 and | | | | | 5 | |
| П | Complete if the organi | penses per Audited Fi zation answered 'Yes' on | n Form 990, F | Part IV, line 12 | a. · | s per | Keturn. |
| | Total expenses and losses per | | | | | 1 | |
| | Amounts included on line 1 but | not on Form 990, Part IX, li | ine 25 | | | | |
| | Donated services and use of fa | cilities | | 2a | | | |
| | Prior year adjustments | | | 2b | | | |
| | Other losses | | | 2c | | | |
| | Other (Describe in Part XIII) | | | 2d | | | |
| | Add lines 2a through 2d | | | | | 2e | |
| | Subtract line 2e from line 1 . | | | | | 3 | |
| | Amounts included on Form 990 | , Part IX, line 25, but not on | ı lıne 1: | | | | |
| | Investment expenses not inclu | • | • | . 4a | | | |
|) | Other (Describe in Part XIII) | | | 4b | | | |
| | Add lines 4a and 4b | | | | | 4c | |
| | Total expenses Add lines 3 an | d 4c. (This must equal Form | 990, Part I, lir | ne 18) | | 5 | |
| | <u>'</u> | | | | | | |
| rov | Supplemental Info ide the descriptions required for F V, line 4, Part X, line 2, Part XI, | Part II, lines 3, 5, and 9, Par | | | | | de any additional |
| rov Part | Supplemental Info | Part II, lines 3, 5, and 9, Par | | | | | de any additional |

| Schedule D (Form 990) 2015 | | Page 5 |
|------------------------------------|----------------|---------------|
| Part XIII Supplemental Information | on (continued) | |
| Return Reference | Explanation | |
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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493320118886 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number The Key Worldwide Foundation 46-1603030 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Additional Data

901 Bagby St Houston, TX 77002

Software ID: 15000324 **Software Version:** 2015v2.0

EIN: 46-1603030

Name: The Key Worldwide Foundation

| Form 990,Schedule I, Pai | rt II, Grants and | d Other Assistanc | e to Domestic Org | anizations and D | omestic Governme | ents. |
|--|-------------------|----------------------------------|--------------------------------------|------------------|--|-------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | , <i>,</i> | (f) Method of valuation (book, FMV, appraisal, other) | , ,,, |

| organization or government | if applicable | grant | cash assistance | (book, FMV, appraisal, other) | non-cash assistance |
|-------------------------------|-------------------|--------|--------------------|----------------------------------|---------------------|
| Baruch College | | 50,000 | 0 | | |

| g | | | | , | |
|--|--|--------|---|---|--|
| Baruch College One Bernard Baruch Way | | 50,000 | 0 | | |

| or government | | | assistance | other) | |
|--|--|---------|------------|--------|----------|
| Baruch College One Bernard Baruch Way New York, NY 10010 | | 50,000 | 0 | | Donation |
| Chapman University | | 175,000 | 0 | | Donation |

(g) Description of

(h) Purpose of grant

or assistance

Donation

| Baruch College One Bernard Baruch Way New York, NY 10010 | | 50,000 | 0 | |
|--|--|---------|---|--|
| Chapman University 1 University Dr Orange, CA 92866 | | 175,000 | 0 | |
| City of Houston | | 5,508 | 0 | |

| Baruch College One Bernard Baruch Way New York, NY 10010 | | 50,000 | |
|--|--|---------|--|
| Chapman University | | 175,000 | |

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Community Donations 7,829 Donation 265 Hartnoll Blace

| Sacramento, CA 95825 | | | | |
|--|--------|---|--|----------|
| DePaul Religious Studies Dept 2333 N Racine Stee 101 | 50,000 | 0 | | Donation |

19,200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Chicago, IL 60614

Friends of Cambodia

4017 Middlefield Road Palo Alto, CA 94303

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Loyola High School 37,970 Donation 1901 Venice Blvd

| Los Angeles, CA 90006 | | | | | |
|--------------------------------|--|--------|---|--|----------|
| NYU Athletics 181 Mercer St | | 51,200 | 0 | | Donation |
| New York, NY 10012 | | | | | |

40.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

University of Miami 1320 S Dixie Hwy Coral Gables, FL 33146

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance University of Texas Athletics 294,000 Donation 405 E 23rd St Austin, TX 78712 50,000 USC Soccer Program Donation

75.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

University Park Campus Los Angeles, CA 90089

University Park Campus Los Angeles, CA 90089

USC Water Polo

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) USC Womens Athleticcs 75,000 Donation Board University Park Campus

Donation

50.000

250,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| Los Angeles, CA 90089 |
|------------------------|
| USC Womens Volleyball |
| University Park Campus |
| Los Angeles, CA 90089 |

Yale Summer Time Sports

20 Tower Parkway
New Haven, CT 06511

Schedule L

Transactions with Interested Persons ▶ Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

DLN: 93493320118886 OMB No 1545-0047

Total

(Form 990 or 990-EZ)

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

| epartment of the reasury nternal Revenue Se | | in ormation a | bout belieu | www.irs.go | | , and its inst | ruccioi | 13 13 ut | | In | specti | on | |
|---|---|---------------------------|--|--|-------------------------------------|---------------------------|-----------|------------------------|-------------------------------------|-----------|-----------------------|----|--|
| Name of the or | ganization | | | | | | I | mploye | r identif | fication | number | 1 | |
| The Key Worldwide Foundation | | | | | | | | 46-1603030 | | | | | |
| Part I Exc | ess Benefit Tr | ansaction | s (section | 501(c)(3), se | ction 501(c) | (4), and 501 | (c)(29 |) organi | zations | only) | | | |
| Comp | olete if the organiz | ation answer | ed "Yes" o | n Form 990, F | Part IV , line 2 | 25a or 25b, c | r Form | 990-E | Z, Part \ | √, line 4 | 0 b | | |
| 1 (a) Name of disqualified person | | | (b) Rela | (b) Relationship between disqualified person and | | | | ` ' | | | (d) Corrected? | | |
| | | | | org | ganization | | | tran | saction | | Yes | No | |
| | | | | | | | | | | | | | |
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| 3 Enter the a | amount of tax, if an and or model of the organs to and organs to and organs to an and organs. | ny, on line 2, | above, rein | nbursed by th | e organizatio | n | | | ▶ \$. ▶ \$. | e 26. ni | r if the | | |
| | janization reported | | | | | ille 30a, or | 1 01111 3 | 30, F a | (I V , IIII | e 20, 0 | i ii ciic | | |
| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of Ioan | (d) Loan t or from th organizatio | e | (e)O riginal principal amount | (f) Balance due | | J) In fault? | (h) Approved by board or committee? | | (i)Written agreement? | | |
| | | | То | From | | | Yes | No | Yes | No | Yes | No | |
| 1) Rick Singer | Officer | Loan | Χ | | 200 | 2 | .00 | No | Yes | | | No | |
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Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(b) Relationship between (c) A mount of assistance (a) Name of interested (d) Type of assistance (e) Purpose of assistance person interested person and the organization

200

| | organization | | revenues? | |
|---------------------------|--------------|--|-----------|----|
| | | | Yes | No |
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| Deat V Commission and all | | | | |

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Explanation

Schedule L (Form 990 or 990-EZ) 2015

Page 2

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M**

Noncash Contributions

▶ 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

DLN: 93493320118886 OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Employer identification number The Key Worldwide Foundation 46-1603030 Types of Property (b) (d) (a) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles . . 7 Boats and planes Intellectual property . . Securities—Publicly traded . 9 Х 677,915 Market Value 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (__ **26** Other ▶ (_____) **27** Other ▶ (_____ **28** Other ▶ (_____) Number of Forms 8283 received by the organization during the tax year for contributions 29

for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Yes

No

Νo

Νo

Νo

contributions?

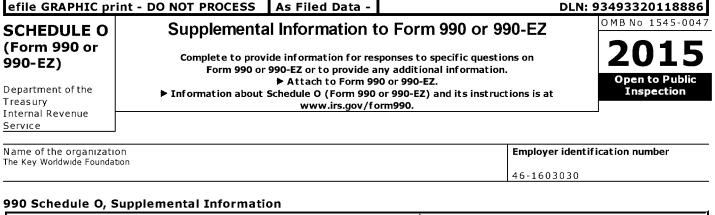
b If "Yes," describe in Part II

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



| 990 Schedule O, Supplemental Information | | | | | | |
|--|---|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
| Form 990, Part VI, Line 11b Form 990 Review Process | The form 990 will be reviewed by Rick Singer, President | | | | | |
| Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | Review prior to implementation | | | | | |

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part VI, Line 19 Other Organization Documents Publicly Available

No documents available to the public