Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

	For th	ne 2015 d	alendar year, or tax year beginni	ng 01-01-2015 , and ending 12-31-2	015				
		applicable	C Name of organization	,		D Employe	er identification number		
		change	NAMATI INC			45-279	6201		
ΓN	ame cl	hange	Doing business as			—	0201		
┌ Ir	ntıal re	turn							
Fi	ınal			nail is not delivered to street address) Room/	suite	E Telephone number			
		erminated	1710 RHODE ISLAND AVENUE NW N	0 900		(202)888-1083			
Га	mende	d return	City or town, state or province, cou	ntry, and ZIP or foreign postal code					
Г A	pplicati	on pendin	WASHINGTON, DC 20036			<b>G</b> Gross rec	eipts \$ 2,858,373		
			F Name and address of pri	ncıpal officer	H(a) ī	s this a group re	eturn for		
			VIVEK H MARU	NUE NWING COO	1	ubordinates?	□Yes □No		
			1710 RHODE ISLAND AVE WASHINGTON, DC 20036	NOE NW NO 900		re all subordina	ates [Yes [No		
			· ·			ncluded? f "No " attach a	list (see instructions)		
I T	ax-exe	empt statu	s ▼ 501(c)(3)	insert no )		Group exemptio			
J V	Vebsi	te:► W	WW NAMATI ORG						
<b>V</b> E0	rm of	organizatio	on 🔽 Corporation 🗀 Trust 🗀 Association	Othor No.	 	of formation 2011	1 <b>M</b> State of legal domicile DE		
	art I		nmary	on Cother -	L rear	or formation 2011	M State of legal domicile. DE		
			escribe the organization's mission	n or most significant activities MONG THE POOR AND UNDERPRIV	TLEGED IN	I COMMUNITI	ES A BOUND THE WORLD		
		PROMO	TING LEGAL EMPOWERMENT A	MONG THE POOR AND UNDERPRIV	ILEGED II	N COMMUNITI	ES AROUND THE WORLD		
ဗ									
€									
틃	١,	Chack	this hav Mar if the arganization di	continued its operations or disposed	of more the	an 25% of its n	at accets		
Governance	1	CHECK	tills box = If the organization dis	an 25% of its net assets					
	3	Numbe	r of voting members of the govern		<b>3</b> 6				
8	4	Numbe	r of independent voting members	o)	📙	<b>4</b> 5			
È	5	Total n	umber of individuals employed in		[	<b>5</b> 21			
Activities &	6	Total n	umber of volunteers (estimate if n		🛭	<b>6</b> 8			
Q.	7a	Total u	nrelated business revenue from P	art VIII, column (C), line 12		🗔	<b>7a</b> 0		
	- 1			om Form 990-T, line 34		<u> </u>	<b>7b</b> 0		
						Prior Year	Current Year		
	8	Cont	ributions and grants (Part VIII.)	ne 1h)		2,514,35	2,799,251		
≗	9			ine 2g)			0 12,250		
Rayenue	10	_	stment income (Part VIII, colum		21,55				
ř	111			lines 5, 6d, 8c, 9c, 10c, and 11e)		27,16			
	12			(must equal Part VIII, column (A), li	ne				
		12)			2,563,07	78 2,858,373			
	13	Gran	ts and sımılar amounts paıd (Part	IX, column (A), lines 1-3)		1,279,58	30 1,331,234		
	14	Bene	efits paid to or for members (Part	IX, column (A), line 4)			0 0		
ø.	15			ee benefits (Part IX, column (A), lines	:	1,079,77	78 1,451,045		
Ψ 2		5-1	,						
Expenses	16		essional fundraising fees (Part IX		•		0 12,266		
ठ	b		fundraising expenses (Part IX, column (D						
	17			lines 11a-11d, 11f-24e)		851,77			
	18			st equal Part IX, column (A), line 25)		3,211,13			
	19	Reve	enue less expenses Subtract line	18 from line 12	-	-648,05	52 -1,190,332		
ර්ජි විසි					Beginni	ing of Current Ye	ear End of Year		
Net Assets or Fund Balances	20	Tota	l assets (Part X, line 16)			2,514,39	1,289,472		
걸	21		I liabilities (Part X, line 26)			149,47			
žĒ	22			line 21 from line 20		2,364,91			
	Tital I					, , , ,	, , ,		
Und my l	er pe knowl	nalties o edge and has any		amined this return, including accompa nplete Declaration of preparer (other					
Sig	n	Sig	nature of officer			Date			
He		. VIV	/EK H MARU PRESIDENT & CEO						
			pe or print name and title						
			Print/Type preparer's name	Preparer's signature	Date	L CHECK I II L	PTIN		
Pai	id		FRANK H SMITH	FRANK H SMITH	2016-04-04	sell elliployed	P00639053		
	par	er	Firm's name RAFFA PC			Firm's EIN 🟲 52-			
		_	Firm's address 1899 L STREET NW SU	ITE 850		Phone no (202)	822-5000		

WASHINGTON, DC 20036
May the IRS discuss this return with the preparer shown above? (see instructions)

**Use Only** 

. ✓ Yes ┌ No

	(	,							
Par	t III	Statement of Pr	_	_					_
1	Briefl	Check if Schedule C ly describe the organi			o any line in this	Part III	<u> </u>	<u> </u>	<u></u>
VAM WHIO AFFE PRO PRO PRA	ATI, II CH EVI CT OU TECT A VIDIN	NC (NAMATI) IS DE ERY ONE OF US CAN JR LIVES NAMATI'S AND PROMOTE THE G AND TRAINING ODNERS TO FACILITATION FOR LEGAL EMPO	DICATED TO N TAKE PART S WORK ENAE IR SOCIAL, C THERS TO PF ATE THE SHA	PUTTING THE IN THE DECISION THE	ONS AND DEMA UNDERPRIVIL ECONOMIC LI AID SERVICES	AND ACCOUNTA EGED PEOPLE T /ELIHOODS OU NAMATI INTEN	ABILITY FROM T O EXERCISE TH JR ACTIVITIES IDS TO BUILD A	HE INSTITUT EIR LEGAL RI PRIMARILY C GLOBAL NET	TIONS THAT IGHTS TO ONSIST OF WORK OF
2	the pr	ne organization under rior Form 990 or 990 es," describe these ne	-EZ?				e not listed on	ΓYes Γ	 No
3	Did th	ne organization cease ces?	conducting, o	r make significan	t changes in ho	wit conducts, any	y program • • • • •	□Yes □	No
4	Desci	ribe the organization's nses Section 501(c)( otal expenses, and rev	s program serv (3) and 501(c	vice accomplishm )(4) organizations	are required to	report the amour			
4a	(Code	e )	(Expenses \$	1,414,043	ıncludıng grants o	f \$ 578	3,532 ) (Revenue \$	12	,000 )
	CUST PROT INSTI THRO GREA WORI WORI ASSIS CPRO INCO PROT ELDEI	MUNITY LAND PROTECTION OMARY LAND CLAIMS AND TECTIONS FOR WOMEN'S L ITUTE HAVE SIGNED AN MO OUGHOUT THE COUNTRY AT BRITAIN CURRENTLY SU K WITH FARMERS WHO HA KING WITH OUR MYANMAN STED BY LAWYERS ALONE CG HAVE DRAWN ON AGGR PROPATED INTO THE LATE TECT LAND RIGHTS IN SIEF RS AND CHIEFS WHO DID DESSFULLY INFLUENCE, IN	O STRENGTHENIN AND RIGHTS AND OU WITH THE LAI IN 2015, 73 GRO JPPORTS US TO T AVE SUFFERED LA R PARTNER PROV. IN 2015 ALONE, REGATE DATA FRO EST DRAFT IN 20 RRA LEONE, WE NOT HAVE THE V	G LOCAL GOVERNANC IN SUSTAINABLE NA ND COMMISSION TO I UPS APPLIED FOR 5 F "RAIN THEIR PARTNE AND-GRABBING BY TH /IDE A FRONTLINE, G THE MYANMAR TEAM DM THOSE CASES TO 015, NAMATI WORKEI RE WORKING WITH VHOLE COMMUNITY'S	CE OVER COMMUNITURAL RESOURCE DEPLOY GRASSROO PARTNERSHIP OPEN RS IN KENYA AND N IE MILITARY AND PO IVING ADVICE ON L HAS TRAINED OR A ADVOCATE FOR AN O WITH FIVE NEW F COMMUNITIES WHO BEST INTERESTS A	Y LANDS A RANDOM MANAGEMENT NAMA FS LEGAL ADVOCATES INGS WITHIN OUR CHEPAL ON COMMUNITOWERFUL FIGURES LAND LAWS TO A MUCHOVISED 27 ORGANIZ IMPROVED LAND POIL ARTNERS TO TRIPLE ON HAVE SEEN THE EN	MIZED CONTROLLED TO THE MID OUR PARTNE TO ENGAGE IN COME OF THE MID PROTECTION OF THE MID PROTECTION OF THE MID SOUTH OF THE REACH AND SCATTIFE LAND OF THEIR	RIAL SHOWED IM R SUSTAINABLE D MUNITY LAND PR OTECTION PROGE I EFFORTS IN MY, DICTATORSHIP P. F PEOPLE THAN C DEL NAMATI AND PROPOSED CHAN ALE OF PARALEGA VILLAGES SIGNEI	IPROVEMENTS IN DEVELOPMENT KOTECTION RAM, AND OXFAM ANMAR, WE ARALEGALS OULD BE OUR PARTNER GES HAVE BEEN LLS WORKING TO D AWAY BY
4h	(Code	۹ ۱	(Expenses \$	476,387	ıncludıng grants o	f &	0) (Revenue \$		250 )
4b	GLOB. ANSW FOR I THRE ORGA LEARI FIRST CHIN. COMM 3,000 EURO	e )  SAL NETWORK IN 2015, WI  VERS AND COMPARE EXPE  MOBILE DEVICES, INTEGR.  EE LEARNING EXCHANGES  ANIZATIONS IN THE FIELD  NING, WE AIM TO STRENG  T LEARNING EXCHANGES  A WE LAUNCHED THE "JU!  MUNITY WE RECEIVED OV.  D PEOPLE FROM 100 COUN  DPEAN UNIVERSITY AND BI  CULATE A COMMON UNDE!  UDING CIVIL SOCIETY LEAR	E LAUNCHED AN A RIENCES REGARI ATED WITH EMAII IN BANGLADESH, ABOUT ADDRESS THEN OUR COMI CANDIDATES REF STICE PRIZE" CO /ER 160 APPLICAT ITRIES PARTICIP RAC UNIVERSITY RSTANDING OF T	ACCESSIBLE ONLINE IDING THE PRACTICAL L, AND DESIGNED TO PHILIPPINES, AND SO ING COMMON CHALLI MUNITY OF PRACTICE PRESENTED 40 DIFFE MPETITION, HIGHLIG TIONS REPRESENTING ATED 11 RISING STA TO DEVELOP THE FIR HE FIELD THROUGH A	HOME FOR ONGOIN OUESTIONS THEY ACCOMMODATE US OUTH AFRICA, WHE ENGES AND IMPROVE AND OUR MOVEMINENT ORGANIZATION OF PROGRAMS FROM RS WERE ULTIMATE OF LEGAL EMPOWE AN EXPLORATION O	G DISCUSSIONS AMC FACE BUILT ON OPEI ERS WITH INTERMIT REIN BUDDING LEGA ING LEGAL EMPOWEI INT AS A WHOLE NA NS AND OVER 24 CC IG LEGAL EMPOWERN 50 COUNTRIES DUI ILY RECOGNIZED AS RMENT LEADERSHIP HISTORY, METHOD	ING PRACTITIONERS, N-SOURCE SOFTWAR TENT OR POOR INTE L EMPOWERMENT AC RMENT METHODS TH MATI RECEIVED OVER JUNITIES, FROM ECU MENT EFFORTS TO RA RING THE COURSE OF PRIZE WINNERS WE COURSE, AN EXECUT OLOGY, AND EVIDENC	E, THE PLATFORM RNET ACCESS WI TIVISTS LEARN FI ROUGH PRACTIC  SO APPLICATION JADOR TO SOMAL ALISE THE PROFILE F THE VOTING PE COLLABORATED  IVE COURSE THA CE OVER 400 PEC	AN SEEK M IS OPTIMIZED E ORGANIZED ROM LEADING CAL, HANDS-ON NS FOR OUR ILAND TO E OF OUR ERIOD, OVER WITH CENTRAL T WILL DPLE -
40	(Code	2	/Evpansas ¢	427 170	including grants o	F & 200	) 221 ) (Payanya f		
<b>4</b> c	LAWS TO DO POLIC FACIL ARTIC THES	e TH ACCOUNTABILITY OUR B, POLICIES AND PROTOCO OOR, SPEAKING WITH PEC CY SO THAT PATIENTS CAN LITATE DIALOGUES BETWE CULATE PRIORITIES, AND BE PUBLIC DISCUSSIONS, T LE TO ADDRESS GRIEVANO	DLS ACCESSIBLE TOPLE IN THEIR HO N MORE EFFECTIN EN COMMUNITIE: DEVELOP A JOINT THE PARALEGALS	O EVERYONE THEY ADMES, AND CONDUCT VELY ADVOCATE FOR S AND CLINIC STAFF PLAN OF ACTION FO SUPPORT COMMUNIT	ADDRESS LARGE GF PROGRAMS OVER THEMSELVES DRAW THOSE OPEN MEET OR GRIEVANCES OF Y MEMBERS TO PU	I MOZAMBIQUE AND OUPS OF PATIENTS I RADIO OUR EDUCAT ING ON THE SOCIAL INGS PROVIDE AN O SERVICE DELIVERY RSUE CONCRETE REI	IN HEALTH CENTER W TON EFFORTS INCOR ACCOUNTABILITY TR PPORTUNITY TO DISC FAILURES THAT CANI MEDIES IN 2015, PAI	VAITING AREAS TO PORATE A MIX OF ADITION, THE PACUSS KEY INDICATION OF THE PACUS RESOLVER	THEY GO DOOR F SCIENCE AND RALEGALS TORS, D THROUGH
	See	Addıtıonal Data							
4.1	0		D	-1-1-1-0-1					
4d		er program services ( penses \$		chedule O ) ncluding grants o	f\$	453,482 ) (Rev	enue \$	)	

3,223,782

Total program service expenses ▶

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Par	t IV Checklist of Required Schedules		V	N.
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	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		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? <i>If "Yes," complete Schedule D, Part II</i>	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	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? <i>If "Yes," complete Schedule D, Part V</i> 🚨	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.  I	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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c	•	No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	.,	No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	
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	Yes	
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 Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
	"Yes," complete Schedule G, Part III	19		No
		20a		No
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

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Pai	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
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 22			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country - See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	1		
h	required?	7g		
0	Form 1098-C?	7h		
0	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report an Schodule O	13		
ь	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states	13a		
•	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		<b>+</b> •••

Se	ction 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 6								
	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 5								
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		Νο					
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	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	<b>9</b> 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? <i>If "Yes," provide the names and addresses in Schedule O</i>								
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)					
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		No					
	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							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	<b>12</b> c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo					
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							
	ction C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed▶ CA								
18	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								
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of								

State the name, address, and telephone number of the person who possesses the organization's books and records IN LEE BOYCE 1710 RHODE ISLAND AVENUE NW NO 900 WASHINGTON, DC 20036 (202) 888-1083

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h ar	check , unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) MATTHEW A BROWN	2 00	x		х				0	0	0
CHAIR										
(2) CHETAN GULATI TREASURER	1 00	x		х				0	0	0
(3) CHI A MGBAKO SECRETARY	1 00	х		х				0	0	0
(4) PRATAP BHANU MEHTA DIRECTOR	1 00	х						0	0	0
(5) RICKEN PATEL DIRECTOR	1 00	х						0	0	0
(6) VIVEK H MARU PRESIDENT & CEO	40 00	х		х				156,142	0	24,466
(7) LEE BOYCE FINANCE DIRECTOR	40 00			х				100,766	0	15,495
										Form <b>990</b> (2015)

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
-------	---------------------	------------	-----------	---------	---------	---------------	---------------	----------	------------

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Repor comper from organiza	rtable nsation i the tion (W-	(E) Reportable compensation from related organizations (W-	amou com fi	(F) stimat unt of ipensa rom th	other ation ie
		for related organizations below dotted line)				Former Highest compensated employee Key employee		Former	2/1099	-MISC)	2/1099-MISC)		relatio relate anizat	
1b	Sub-Total			•			-							
c d	Total from continuation sheet Total (add lines 1b and 1c) .	s to Part VII, S	ection A	· .	٠.	٠.	•		25	6,908	0			39,961
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan			
												Y	es	No
3	On line 1a? If "Yes," complete S					key •	emplo	yee, •	or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual	e 1a, is the sum izations greater	of repo than \$:	rtable 150,0	e co	mpe ? <i>If</i>	nsatio "Yes," o	n and	d other cou lete Sched	mpensation ule J for si	on from the uch	4 Y	es	
5	Did any person listed on line 1 services rendered to the organ										or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fix compensation from the organiz	/e highest comp											year	
		(A) lame and business	<u> </u>								(B) scription of services	(C) Compensation		

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  $\blacktriangleright$  0

Part V	4 + + 1	Statement of Revenue					_
		Check if Schedule O contains a response	onse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaigns 1	a				512-514
nts nts		Membership dues 1					
Contributions, Gifts, Grants and Other Similar Amounts	b						
s, c Am	C	Fundraising events 1	c				
Siff Iar	d	Related organizations 1	d				
Contributions, Giffs, Grants and Other Similar Amounts	e	Government grants (contributions) 1	e				-
ion r S	f	All other contributions, gifts, grants, and 1	<b>f</b> 2,799,251				
te a		similar amounts not included above  Noncash contributions included in lines					
ntri 40	g	1a-1f \$					
Col	h	Total. Add lines 1a-1f		2,799,251			-
			Business Code				
ini	2a	CONTRACT SERVICES	900099	12,000	12,000		
₽e v€	ь	HONORARIUM	900099	250	250		
Program Serwde Revenue	c						
ar vic	d						
<u>%</u>	e						
jran	f	All other program service revenue					
<b>چ</b> ا							
_	g	Total. Add lines 2a-2f		12,250			
	3	Investment income (including divide and other similar amounts)		21,243			21,24
	4	Income from investment of tax-exempt bond	<b>⊢</b>				
	5	Royalties	🔸 [				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental					
		expenses Rental income					
	C	or (loss)	1				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	ь	Less cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)					
/enue	8a	Gross income from fundraising events (not including \$	,				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18	a				
5		'	b				
		Net income or (loss) from fundraising					<u> </u>
	94	Gross income from gaming activities See Part IV, line 19	a				
		·	ь				
		Net income or (loss) from gaming ac	tivities				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold <b>b</b>					
		Net income or (loss) from sales of in	Lventory ▶-				
	Ť	Miscellaneous Revenue	Business Code				
	11a	SUBLEASE RENTAL INCOME	900099	25,629			25,62
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	25.525			
	12	Total revenue. See Instructions .		25,629			
	l		· · · · •	2,858,373	12,250	(	46,872

Part	Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiza	atıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,331,234	1,331,234		
5	Compensation of current officers, directors, trustees, and				
_	key employees	296,869	158,935	137,934	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	915,740	582,747	282,920	50,073
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,382	43,870	19,579	3,933
9	Other employee benefits	86,513	53,652	28,517	4,344
10	Payroll taxes	84,541	51,919	29,012	3,610
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,171	1,780	2,391	
с	Accounting	21,623	390	21,233	
d	Lobbying	12.266			42.266
e f	Professional fundraising services See Part IV, line 17 Investment management fees	12,266			12,266
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	523,735	470,685	53,050	
12	Advertising and promotion	8,726	644	8,082	
13	Office expenses	96,454	53,940	41,683	831
14	Information technology	47,751	30,196	15,546	2,009
15	Royalties				
16	Occupancy	95,597	31,004	64,539	54
17	Travel	309,448	245,225	59,656	4,567
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	85,541	77,011	7,366	1,164
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,865	31,865	2.060	
23 24	Insurance	2,960		2,960	
24	miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	REGISTRATION FEES	13,279	1,564	9,955	1,760
b	MISCELLANEOUS EXPENSES	5,229	1,365	3,489	375
c	MEMBERSHIPS/DUES	4,629	2,779	1,500	350
d	ONLINE SUBSCRIPTIONS	2,449	818	1,571	60
e	All other expenses	703	52,159	-51,456	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	4,048,705	3,223,782	739,527	85,396
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (	2015)
Part X	Balance Sheet
	Charle & Cabadula O assesses

		Check if Schedule O contains a response or note to any line	e in thi	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			47,522	1	200
	2	Savings and temporary cash investments	[	480,749	2	477,964	
	3	Pledges and grants receivable, net		[	1,370,276	3	154,639
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Co Schedule L	mplete	Part II of			
			,			5	
Assets	6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of so voluntary employees' beneficiary organizations (see instruction of Schedule L	c)(3)(B ection	), and 501(c)(9)			
8	l _			ŀ		6	
⋖	7	Notes and loans receivable, net		-		7	
	8	Inventories for sale or use		ŀ		8	
	9	Prepaid expenses and deferred charges	,		27,380	9	69,017
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	166,140			
	b	Less accumulated depreciation	10b	102,411	73,454	<b>10</b> c	63,729
	11	Investments—publicly traded securities			508,663	11	510,624
	12	Investments—other securities See Part IV, line 11 .				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		6,350	15	13,299	
	16	Total assets.Add lines 1 through 15 (must equal line 34)			2,514,394	16	1,289,472
	17	Accounts payable and accrued expenses			86,221	17	135,341
	18	Grants payable		[	61,667	18	0
	19	Deferred revenue		[		19	
	20	Tax-exempt bond liabilities		[		20	
	21	Escrow or custodial account liability Complete Part IV of	fSchec	ule D		21	
"iabilities	22	Loans and other payables to current and former officers, of key employees, highest compensated employees, and dis					
运		persons Complete Part II of Schedule L		[		22	
<u>. E</u>	23	Secured mortgages and notes payable to unrelated third p	parties			23	
	24	Unsecured notes and loans payable to unrelated third par		ŀ		24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	d third parties,				
					1,587	25	2,400
	26	<b>Total liabilities.</b> Add lines 17 through 25			149,475	26	137,741
ş		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	e► 🔽	and complete			
e E	27	Unrestricted net assets			265,715	27	631,981
Balance	28	Temporarily restricted net assets			2,099,204	28	519,750
Ä	29	Permanently restricted net assets		ŀ		29	
Fund		Organizations that do not follow SFAS 117 (ASC 958), ch					
or F		complete lines 30 through 34.		, -			
رم د	30	Capital stock or trust principal, or current funds		[		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment f	und .			31	
	32	Retained earnings, endowment, accumulated income, or o	ther fu	nds		32	
Net	33	Total net assets or fund balances			2,364,919	33	1,151,731
2	34	Total liabilities and net assets/fund balances			2,514,394	34	1,289,472
	•						<del></del>

Dat	t XI Reconcilliation of Net Assets			'	age 1
Pel	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,8	358,37
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,(	148,70!
3	Revenue less expenses Subtract line 2 from line 1	3		-1,:	190,33
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,3	364,919
5	Net unrealized gains (losses) on investments	5			-22,856
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,:	151,73
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 45-2796201 **Name:** NAMATI INC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

		•	•	<u> </u>					
(Code	) (Expenses \$	317,267	including grants of \$	244,425 ) (Revenue \$	)				
ENVIRONMENTAL JUSTICE									
(Code	) (Expenses \$	304,118	ıncludıng grants of \$	35,730 ) (Revenue \$	)				
ADVOCACY AND	COMMUNICATION								

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

1 01111 330, 1 dit 111	Tirogram bervie	e Accompi	ent one occurrence	ti actions,	
(Code	) (Expenses \$	158,251	ıncludıng grants of \$	73,327 ) (Revenue \$	)
CITIZENSHIP					
(Code	) (Expenses \$	126,537	ıncludıng grants of \$	100,000 ) (Revenue \$	)
LEGAL AID 2 0					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493096001126

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

NAMA	TI INC							
Da	rt I	Peacon for Dubli	c Charity S	<b>Status</b> (All organiza	tions must co	mnlete this r	45-2796201	anc
		ization is not a private fo					•	
1	Ji gaiii	A church, convention						
2	<u>'</u>	A school described in	•			•		
	<u>'</u>							
3	Ļ	A hospital or a cooper						<b>&gt;</b> =
4	ı	A medical research or	-	erated in conjunction v	vitn a nospitai d	escribed in <b>se</b>	Tion 1/0(b)(1)(A)(iii	). Enter the
5	Γ	hospital's name, city, An organization opera 170(b)(1)(A)(iv). (C	ated for the be	nefit of a college or un I )	iversity owned	or operated by	a governmental unit o	lescribed in <b>section</b>
6	Γ	A federal, state, or loc	•	•	described in <b>se</b>	ection 170(b)(1	L)(A)(v).	
7	고	An organization that n described in <b>section 1</b>	70(b)(1)(A)(v	<b>/i).</b> (Complete Part II	)	_	ental unit or from the g	eneral public
8	<u> </u>	A community trust de						
9	Г Г	receipts from activition from gross investmen	es related to it nt income and ne 30, 1975 S	ves (1) more than 33 is exempt functions—s unrelated business tail eesection 509(a)(2).	subject to certa xable income (lo (Complete Part	in exceptions, ess section 51 III )	and (2) no more than 1 tax) from businesse	3 3 1/3% of its suppor
11	<u>'</u>	An organization organ						ut the nurneses of
a		one or more publicly s the box in lines 11a th <b>Type I.</b> A supporting of supported organization organization <b>You mus</b>	upported orga nrough 11d tha organization op n(s) the power	nizations described in at describes the type o erated, supervised, oi to regularly appoint o	section 509(a) of supporting or r controlled by i r elect a majori	)(1) or section ganization and ts supported o	509(a)(2) See <b>sectio</b> complete lines 11e, 1 rganization(s), typical	<b>n 509(a)(3).</b> Check .1f, and 11g ly by giving the
ь	$\vdash$	Type II. A supporting	-	-		with its suppo	rted organization(s) h	ov having control or
_	'	management of the su						
		must complete Part I			·		,,	, ,
C	Г	Type III functionally						grated with, its
	_	supported organization		· · · · · · · · · · · · · · · · · · ·				
d	ı	Type III non-function not functionally integr			•		• • • •	
		(see instructions) <b>Yo</b>					ement and an attentiv	eness requirement
е	Г	Check this box if the o					s a Type I, Type II, T	ype III functionally
		integrated, or Type III					,, , ,, ,	,
f	Ente	er the number of support	ed organizatio	ns			<u> </u>	
g 		Provide the following i	nformation abo	out the supported orga	inization(s)			
Name of supp		(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	es document? (s		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Tota		<u> </u>						

Pa	(Complete only if you Part III. If the organiz	checked the bo	ox on line 5, 7,	or 8 of Part I or	r if the organiza	ation failed to qu	
S	ection A. Public Support		-				
(or	Calendar year fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	0	4,543,775	3,889,673	2,514,355	2,799,251	13,747,054
2	Tax revenues levied for the						
	organization's benefit and either						
3	paid to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit						
	to the organization without						
4	charge <b>Total.</b> Add lines 1 through 3	0	4,543,775	3,889,673	2,514,355	2,799,251	13,747,054
5	The portion of total contributions	0	4,545,775	3,003,073	2,314,333	2,733,231	15,747,054
	by each person (other than a						
	governmental unit or publicly						7 724 006
	supported organization) included on line 1 that exceeds 2% of the						7,721,986
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						6,025,068
	ection B. Total Support						
_	Calendar year						
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
7	A mounts from line 4	0	4,543,775	3,889,673	2,514,355	2,799,251	13,747,054
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	0	0	11,470	42,973	46,872	101,315
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly						
	carried on						
10	Other income Do not include						
	gain or loss from the sale of		21,375		5,750		27,125
	capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7						13,875,494
	through 10						
12	Gross receipts from related activi					12	12,250
13	<b>First five years.</b> If the Form 990 is check this box and <b>stop here</b>						organization,
	ection C. Computation of Pu						
14	Public support percentage for 201			11, column (f))		14	
15	Public support percentage for 201	L4 Schedule A . Pa	rt II. line 14	, , , , , ,		15	
	33 1/3% support test—2015.If the	•	•	con line 13 and li	ine 14 is 33 1/3%		nis hox
	and <b>stop here.</b> The organization qu						►F
b	<b>33 1/3% support test—2014.</b> If th				and line 15 is 33	3 1/3% or more, ch	
17a	box and stop here. The organizati 10%-facts-and-circumstances tes				a 13 16a or 161	and line 14	<b>►</b>
174	is 10% or more, and if the organiz	_				•	
	in Part VI how the organization me						
L	organization	+ 2014 TE+L	المارية والمارية والمواطنة	shaak a bassas too	- 12 16- 16b		▶□
Ь	<b>10%-facts-and-circumstances tes</b> 15 is 10% or more, and if the organization						
	Explain in Part VI how the organiz						
	supported organization			- بمد مه	4-1		<b>▶</b> □
18	<b>Private foundation.</b> If the organizations	ition did not checl	k a box on line 13	, 16a, 16b, 17a, c	or 1/b, check this	s pox and see	<b>▶</b> □
							- 1

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 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 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 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

### 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 and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	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 $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
<b>4</b> a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 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?  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.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5 <b>a</b>	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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	9c		
10a	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.	10a		
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).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
	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		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
Ŀ	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	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		
ı	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		
1	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	Average 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)	1d		
e	<b>Discount</b> 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		
<b>i</b>	<b>Distributable Amount.</b> 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 o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
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			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
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>b</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 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

### Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
	MISCELLANEOUS - 2011 AMOUNT \$ 0 2012 AMOUNT \$ 21,375 2013 AMOUNT \$ 0 2014 AMOUNT \$ 5,750 2015 AMOUNT \$ 0

Schedule A (Form 990 or 990-EZ) 2015

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

DLN: 93493096001126

**SCHEDULE C** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

OMB No 1545-0047 2015

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6)	organizations Complete Part III
----------------------------------	---------------------------------

Name of the organization NAMATI INC **Employer identification number** 45-2796201

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2		
oliti	cal expenditures	
<b>þ</b> -		
	\$	

Par	t I-A	Complete if the organization is exempt under section 501(c) or is a section	527 organiza	tion.
1 2	Provi	ide a description of the organization's direct and indirect political campaign activities in Part IV		
olit	ıcal ex	penditures		
Þ	-			
			\$	
3				
/ oru	nteer h	nours		
Par	t I-B	Complete if the organization is exempt under section 501(c)(3).		
1	Enter	r the amount of any excise tax incurred by the organization under section 4955	\$	
2	Enter	r the amount of any excise tax incurred by organization managers under section 4955	\$	
3	Ifthe	e organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes	┌ No
4a				
Was	a corre	ection made?		
- <sub>Y</sub>	es F	_ No		
b	•	es," describe in Part IV		
Par	t I-C	Complete if the organization is exempt under section 501(c), except section	1 501(c)(3).	
1	Enter •	r the amount directly expended by the filing organization for section 527 exempt function activities	\$	
2				
		mount of the filing organization's funds contributed to other organizations for section 527 ction activities		
۰				
			\$	
3	Total	l exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶	\$	
4				
Oid t	he filir	ng organization file <b>Form 1120-POL</b> for this year?		
- <sub>Y</sub>	es [	- No		
5	orgar amou	r the names, addresses and employer identification number (EIN) of all section 527 political organization made payments. For each organization listed, enter the amount paid from the filing organization of political contributions received that were promptly and directly delivered to a separate political rate segregated fund or a political action committee (PAC). If additional space is needed, provide info	on's funds Also e organization, suc	enter the ch as a
		(a) Name (b) Address (c) FIN (d) Amount paid fr	om (a) A mou	nt of politic

	·
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing
	organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the
	amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

	·					
Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990-	EZ. Cat N	lo 50084S	Schedule C (	Form 990 or 990-EZ) 201	.5

Schedule C (F	offil 990 of 990-E2/2015	age <b>z</b>
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election	n n
	under section 501(h)).	

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

 $oldsymbol{b}$  Total lobbying expenditures to influence a legislative body (direct lobbying)

f c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d)  ${f e}$ 

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000	\$1,000,000			

Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total	
2a	Lobbying nontaxable amount	248,400	323,533	313,056	351,822	1,236,811	
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,855,217	
_c	Total lobbying expenditures			50,000	80,000	130,000	
_d	Grassroots nontaxable amount	62,100	80,883	78,264	87,956	309,203	
e 	Grassroots ceiling amount (150% of line 2d, column (e))					463,805	
_f	Grassroots lobbying expenditures			45,000	· 1	<u> </u>	
				Sched	lule C (Form 990 🤈	or 990-EZ) 2015	

75,000

5,000 80,000

3,956,439

4,036,439

351,822

87,956

	filed Form 5768 (election under section 501(h)).	(	a)	(b)
For each "Yes" r activity.	esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	Yes	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	res		
<b>a</b> /olunteers?				
	f or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertis	ements?			
	<u></u>			
<b>d</b> Mailings to me	mbers, legislators, or the public?			
1				
<b>e</b> Publicati	ons, or published or broadcast statements?			
<b>f</b> Grants to	o other organizations for lobbying purposes?			
<b>g</b> Direct co		<u> </u>		
<b>h</b> Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activitie	57	'		
	] 			
j	a 1 a bhuanach 1.			
otal Add line	s 1c through 1:			
	Loctivities in line 1 cause the organization to be not described in section 501(c)(3)?  Enter the amount of any tax incurred under section 4912		$\vdash$	
c If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the fili	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	501(c	(5), o	r section
4 ) ) / / - /				Yes No
	ostantially all (90% or more) dues received nondeductible by members?		F	2
	organization agree to carry over lobbying and political expenditures from the prior year?			3
Part III-B	Complete if the organization is exempt under section 501(c)(4), section	501(c	)(5), o	r section
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."			
ues, assessn	nents and similar amounts from members			
1 Section :	162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1	I	
	s for which the section 527(f) tax was paid).	ı		
Current year				
2a				
<b>b</b> Carryover from	last year			
2b				
<b>c</b> Fotal				
2c		_		
3 Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
loes the organ	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?			
1				
4		,		
	amount of lobbying and political expenditures (see instructions)	5		
Provide the d	Supplemental Information escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground provided in the second prov	nun lie+)	Part II	-Δ  ınec 1 ənd
	escriptions required for Part 1-A, line 1, Part 1-B, line 4, Part 1-C, line 5, Part 11-A (allifiated gro ctions), and Part II-B, line 1 Also, complete this part for any additional information	oup 115t)	, rait II	n, mes I allu
	urn Reference Explanation			

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DLN: 93493096001126

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

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

Open to Public Inspection

ame of the organization		Empl	oyer identification number
AMATI INC		45-2	796201
	or Advised Funds or Other Similar F red "Yes" on Form 990, Part IV, line 6.		
Total number at end of year	(a) Donor advised funds	(b)	Funds and other accounts
Aggregate value of contributions to (during			
year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			<u> </u>
Did the organization inform all donors and donor funds are the organization's property, subject to		nor advis	Yes No
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?			purpose <b>Yes No</b>
rt III Conservation Easements. Comp	lete if the organization answered "Yes" o	on Form	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recipion Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization easement on the last day of the tax year	reation or education) Preservation of ar Preservation of a	certified	historic structure
,			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easen	nents	2b	
Number of conservation easements on a certifie	d historic structure included in (a)	2c	
Number of conservation easements included in historic structure listed in the National Register		2d	
Number of conservation easements modified, tratax year ►	ansferred, released, extinguished, or terminato	ed by the	e organization during the
Number of states where property subject to con	servation easement is located ►		
Does the organization have a written policy regardiolations, and enforcement of the conservation		dling of	┌ Yes
Staff and volunteer hours devoted to monitoring year	, inspecting, handling of violations, and enforc	ing cons	ervation easements during the
A mount of expenses incurred in monitoring, ins	pecting, handling of violations, and enforcing c	onserva	tion easements during the year
<b>▶</b> \$	· · · · · · · · · · · · · · · ·		,
Does each conservation easement reported on (B)(I) and section $170(h)(4)(B)(II)$ ?	line 2(d) above satisfy the requirements of sec	ction 17	0(h)(4)
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	ct of the footnote to the organization's financia		
	ctions of Art, Historical Treasures,	or Oth	er Similar Assets.
If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foo	er assets held for public exhibition, education,	or resea	irch in furtherance of public
If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide the following amounts relating to	er assets held for public exhibition, education,		
i) Revenue included on Form 990, Part VIII, line	1	<b>►</b> \$_	
i) Assets included in Form 990, Part X		<b>►</b> \$_	
If the organization received or held works of art, following amounts required to be reported under			ial gain, provide the
Revenue included on Form 990, Part VIII, line	1		<b>►</b> \$

**b** Assets included in Form 990, Part X

Part	****	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal Tre	asures,	or Ot	her Simila	ar Ass	ets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	ords, c	heck a	·	_		_	nt use of	fits	
а	┌ P	ublic exhibition		d	Г	Loan or	exchange	progra	ms			
b	┌ s	cholarly research		e	Γ	Other						
c	_	reservation for future generations										
4		de a description of the organization?	s collections and exp	laın ho	w they	further t	the organiz	zatıon's	exempt pur	pose in		
5		g the year, did the organization solic s to be sold to raise funds rather th								Yes	┌ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ngements.							nount o	n Forn	n 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other intern	nediary	y for co	ontributio	ons or othe	rasse		Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowing	g table				Amour	ıt	
c		jinning balance	·		•	_		1c				
d		ditions during the year						1d				
e		tributions during the year						1e				
f		ding balance						1f				
2a		ie organization include an amount o	n Form 990 Part X lu	ne 21	for es	crow or o	ustodial a		· liahility? [	Yes		
	Dia cii	ie organization merade an amount of		ne zi,	, 101 65		. ascourar a	ccount	induliney ,	103	, 110	
b	If"Ye	s," explain the arrangement in Part	XIII Check here if th	ne expl	lanatio	n has be	en provide	ed in Pa	ırt XIII			Γ
Pai	rt V	Endowment Funds. Comple									<u> </u>	
			(a)Current year		nor yea		:)Two years	— i	<b>d)</b> Three years		)Four ye	ars back
1a	Begir	nning of year balance										
b	Contr	ributions										
С	losse											
d		ts or scholarships										
e		r expenditures for facilities rograms • • • • • • • •										
f	A dmı	nistrative expenses										
g	End o	of year balance										
2		de the estimated percentage of the	current vear end bala	nce (lu	ne 1a	column	a)) held as			ı		
a		designated or quasi-endowment	carrent year end bara		9,	Coramin	(4))	-				
_												
b		anent endowment 🕨										
С		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%									
За		nere endowment funds not in the pos	session of the organi	zatıon	that a	re held a	nd adminis	stered	for the			
		ization by								- 415	Yes	No
		related organizations								3a(i)		
b	• •	lated organizations s" on 3a(ii), are the related organizations.					•			3a(ii) 3b		
4		The in Part XIII the intended uses of								30		
	t VI	Land, Buildings, and Equip										
		Complete if the organization a		orm 9	990, P	art IV,	line 11a.9	See Fo	rm 990, Pa	art X, lı	ne 10.	
		Description of property			Cost or	(a) other basis stment)	Cost or ot	ther bası	Accumi s <b>(c)</b> depred		<b>(d)</b> Boo	ok value
1a	Land				•	•	,	<u> </u>				
b	Buildin	gs		.								
		nold improvements		. $dash$								
		nent		. $dash$								
				_, _				166,140		102,411		63,729
		ines 1a through 1e (Column (d) mus		X, colu	ımn (B	), line 10	(c).)					63,729

See Form 990, Part X, line 12.		(I-)D I I	C-SM - No J - Combon boom
(a) Description of security or categor (including name of security)	-y	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
S)O their			
	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIIII Investments—Program Related.	<b>*</b>		
Complete if the organization answere	ed 'Yes' on Form 99	0, Part IV, line 11c. <sub>Se</sub>	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	Þ		
Part IX Other Assets. Complete if the organizat	uan anguarad 'Vas' ar	Form 990 Part IV line	11d See Form 990 Part X line 15
·		rronn 990, Fait IV, nne	
·	cription	Troini 990, Fait IV, ille	(b) Book value
·		in omi 990, raiciv, ime	
·		Tromi 990, raiciv, ille	
·		in omi 990, raic iv, ille	
·		TOTAL STOP ALC IV, IIIIE	
·		TOTH 990, Parc IV, IIIIe	
·		TOTH 990, Parc IV, IIIIe	
·		TOTH 990, Parciv, mie	
·		TOTH 990, Parciv, line	
·		TOTH 990, Parc IV, IIIIe	
·		TOTH 990, Parciv, line	
·		TOTH 990, Parciv, line	
(a) Des  (a) Des	eription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or	eription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	eription	ed 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability	e 15.) ganızatıon answere	ed 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability	e 15.) ganızatıon answere	ed 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu	ed 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	cription  e 15.)  ganization answere  (b) Book valu	ed 'Yes' on Form 990,  e  400	(b) Book value

ГСІ	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Retur	'n
1	Total revenue, gains, and other support per audited financial statements	1	2,835,517
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-22,856
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,858,373
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	2,858,373
	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,048,705
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		_
е	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,048,705
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIII)............... 4b		
C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	4,048,705

ınformatıon

Return Reference	Explanation
	NAMATI PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2015, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

	e of the organization				Employer identi	Employer identification number					
N A M	ATI INC				45-2796201						
Pa	rt I General Information Complete if the organ				14b.						
1	<b>For grantmakers.</b> Does the of and other assistance, the grants or a used to award the grants or a	the selection criteria	✓ Yes								
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the use of its grant	s and other					
3	Activites per Region (The follow	ung Part I, line 3	table can be d	uplicated if additional spa	ace is needed )						
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region					
(1)	See Add'l Data		-								
( 2)											
(3)											
(4)											
(5)											
	Sub-total Total from continuation sheets to Part I	1 0	4			2,119,283 1,500					
c	Totals (add lines 3a and 3b)	1	4			2,120,783					

Part II Grants and Other Assistance to Organizations or Entities Outside the U	Jnited States.
--	----------------

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
( 2)								
(3)								
(4)								
(5)								
( 6)								
(7)								
(8)								
(9)								
(10)								
(11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								

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

20

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	e duplicated if addit	tional space is no	<u>∍eded.</u>				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					1		1
( 2)		+ +			†		<u> </u>
(3)		+ +			†		
(4)		+			†		† · · · · · · · · · · · · · · · · · · ·
(5)		+ +			†		†
(6)		+ +			†		+
(7)		+ +			<del>                                     </del>		<del>                                     </del>
(8)		+			<del>                                     </del>		<del>                                     </del>
(9)		+			<del>                                     </del>		<del>                                     </del>
( 10)					<del>                                     </del>		<del>                                     </del>
(11)		+			<del>                                     </del>		<del>                                     </del>
( 12)					<del>                                     </del>		
( 13)		+			<del>                                     </del>		
( 14)		+ +			<del>                                     </del>		
( 15)		+			<del>                                     </del>		
( 16)	+	+			+		
( 17)		+			+	<u> </u>	
( 18)	<del>                                     </del>	+			+	<u> </u>	+

## Part IV Foreign Forms

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

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page 5

### Part V

### **Supplemental Information**

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

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	NAMATI HAS DEVELOPED A GRANTMAKING POLICIES MANUAL, APPROVED BY ITS BOARD OF DIRECTORS THA T PROVIDES GUIDANCE FOR NAMATI STAFF FOR ENTERING INTO, MANAGING AND CLOSING OUT GRANT AGR EEMENTS WITH ITS COUNTRY-BASED IMPLEMENTING PARTNERS NAMATI AWARDS GRANTS TO PARTNER ORGA NIZATIONS ON AN INVITATION-ONLY BASIS PARTNER ORGANIZATIONS ARE SELECTED FROM AMONG THE M ANY ORGANIZATIONS FAMILIAR TO NAMATI THAT ARE WORKING ON LEGAL EMPOWERMENT ISSUES OFTENTI MES, NAMATI STAFFS HAVE ALREADY VISITED THE PARTNER ORGANIZATIONS AND HAVE HELD PLANNING S ESSIONS WITH LEADERSHIP FROM THOSE ORGANIZATIONS BEFORE THEY ARE INVITED TO SUBMIT A FUNDING PROPOSAL NAMATI'S SELECTION PROCESS INCLUDES A VETTING OF THE ORGANIZATION AND THEIR KEY PERSONNEL IN COMPLIANCE WITH U S ANTI-TERRORIST LAW AS WELL AS AN ASSESMENT OF THE ORGANIZATION'S CAPACITY TO IMPLEMENT THE PROPOSED PROGRAM AND MANAGE THE GRANT FUNDS NAMATI IS GRANT AGREEMENTS WITH RECIPIENT ORGANIZATIONS IDENTIFY THE NAMATI STAFF PERSON RESPONSIBLE FOR TECHNICAL OVERSIGHT FOR THE GRANT, ESTABLISHING PROGRAM OBJECTIVES AND DELIVERABLE S AND CREATING PROGRESS AND FINANCIAL REPORTING FRAMEWORKS WITH DUE DATES THESE GRANT AGREEMENTS CLEARLY STATE THAT NO ADDITIONAL FUNDING WILL BE TRANSFERRED TO THE RECIPIENT ORGANIZATION IF THE TERMS AND CONDITIONS OF THE GRANT ARE NOT MET WITH REGARD TO IMPLEMENTATI ON, IN SEVERAL CASES NAMATI STAFF IS WORKING ALONGSIDE THE STAFF OF ITS IMPLEMENTING PARTN ERS AND WILL HAVE ONGOING ACCESS TO THE PARTNER ORGANIZATIONS FINANCIAL RECORDS ON OTHER OCCASIONS NAMATI STAFF VISITS ITS PARTNERS ON A REGULAR BASIS AND REVIEWS FINANCIAL RECORD DS DURING THOSE VISITS, PER THE TERMS OF THE SUB-AGREEMENT BETWEEN THE TWO ORGANIZATIONS NAMATI STAFF VISITS ITS PARTNERS ON A REGULAR BASIS AND REVIEWS FINANCIAL RECORD DS DURING TO THE TERMS OF INDIVIDUAL GRANT AGREEMENTS) AS WELL AS ANNUAL AUDIT R EPORTS FROM ITS PARTNER ORGANIZATIONS

### **Additional Data**

Software ID:

**Software Version: EIN:** 45-2796201

Name: NAMATI INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	1	2	PROGRAM SERVICES	COMMUNITY LAND PROTECTION	251,044
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		291,450
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	ADVOCACY AND COMMUNICATIONS	7,500

Form 990 Schedule F	Part I - Activi	ties Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		16,730
SOUTH ASIA	0	0		ENVIRONMENTAL JUSTICE (INDIA), CITIZENSHIP (BANGLADESH), COMMUNITY LAND PROTECTION (NEPAL), GLOBAL NETWORK	159,788
SOUTH ASIA	0	0	GRANTMAKING		289,156

Form 990 Schedule F	<u>Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	COMMUNITY LAND PROTECTION, GLOBAL NETWORK, STRENGTHENING ACCOUNTABILITY (SIERRA LEONE), CITIZENSHIP (KENYA), HEALTH ACCOUNTABILITY	371,217
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		732,398
CENTRAL AMERICA AND	0	0	GRANTMAKING		500

THE CARIBBEAN

Form 990 Schedule F P	art I - Activit	<u>ies Outside Tl</u>	ne United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTMAKING		500
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		500

Form 990 Schedi	ule F Part II	: - Grants or Entitie	≥s Outside The Uni′	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			ENVIRONMENTAL JUSTICE	244,425	WIRE TRANSFER			
			COMMUNITY LAND PROTECTION	92,960	WIRE TRANSFER			
			COMMUNITY LAND PROTECTION	44,915	WIRE TRANSFER			
			COMMUNITY LAND PROTECTION	87,199	WIRE TRANSFER			

Form 990 Schedu	ale F Part II	: - Grants or Entitie	≥s Outside The Un	ited States				, , , , , , , , , , , , , , , , , , ,
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			COMMUNITY LAND PROTECTION	100,000	WIRE TRANSFER			
			CITIZENSHIP RIGHTS	36,095	WIRE TRANSFER			
			CITIZENSHIP RIGHTS	33,231	WIRE TRANSFER			
			COMMUNITY LAND PROTECTION	131,101	WIRE TRANSFER			

Form 990 Schedu	le F Part II!	- Grants or Entitie	∡s Outside The Uni′	ted States			_	· ,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			ACCESS TO HEALTH SERVICES	299,221	WIRE TRANSFER			
			ADVOCACY AND COMMUNICATIONS	,	WIRE TRANSFER			
			COMMUNITY LAND PROTECTION	28,023	WIRE TRANSFER			
			COMMUNITY LAND PROTECTION	31,198	WIRE TRANSFER			

, Form 990 Scheau	ie E bart II	- Grants or Entitie	es outside i ne un	itea States	_			
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
			COMMUNITY LAND PROTECTION	31,128	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	COMMUNITY LAND PROTECTION	20,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	COMMUNITY LAND PROTECTION	20,000	WIRE TRANSFER			
	1		COMMUNITY LAND PROTECTION	20,000	WIRE TRANSFER			

, rorm 990 Scheau	ie F Part II	- Grants or Entition	es outside ine un	itea States	_			
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			COMMUNITY LAND PROTECTION	20,000	WIRE TRANSFER			
			COMMUNITY LAND PROTECTION	50,000	WIRE TRANSFER			
			COMMUNITY LAND PROTECTION	7,752	WIRE TRANSFER			
			2015 JUSTICE PRIZE	10,000	WIRE TRANSFER			

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DLN: 93493096001126

# **Schedule J**

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization NAMATI INC

**Employer identification number** 

45-2796201

Pa	rt I Questions Regarding Compensation			
	Variable regarding compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	•		N.a
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	8		No

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	` '	(E) Total of columns		
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 VIVEK H MARU PRESIDENT & CEO	(i)	156,142	0	0	14,428	10,038	180,608	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2015

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DLN: 93493096001126

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Return Reference

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

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

▶ Attach to Form 990 or 990-EZ.

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

2015

Open to Public Inspection

Name of the organization NAMATI INC	Employer identification number
	45-2796201

Evolunation

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	NAMATI'S FINANCE DIRECTOR WILL REVIEW THE DRAFT VERSION OF THE FEDERAL FORM 990 BEFORE MEETING WITH NAMATI'S PRESIDENT & CEO TO DISCUSS THE REPORT ONCE THE PRESIDENT & CEO IS SATISFIED WITH THE REPORT, HE WILL EMAIL IT TO NAMATI'S BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST EXISTS WHENEVER THE INTERESTS OR CONCERNS OF ANY DIRECTOR OR OFFICE R MAY BE SEEN AS COMPETING WITH THE BEST INTERESTS OF THE ORGANIZATION THE PROCEDURES INC LUDE THE DISCLOSURE OF ALL CONFLICTS AND POTENTIAL CONFLICTS BY ALL INCUMBENT AND INCOMING DIRECTORS AND OFFICERS POLICIES AND FORMS ARE DISTRIBUTED ANNUALLY AND EACH DIRECTOR AND OFFICER MUST SIGN AND AFFIRM THAT THEY HAVE READ, UNDERSTOOD, AND ARE COMPLYING WITH THE POLICY THE FORM MUST LIST ANY OUTSIDE EMPLOYMENT OR CONSULTING WORK THAT COULD CONSTITUTE A CONFLICT, AND ANY BOARD MEMBERSHIP OR AFFILIATION WITH OTHER ORGANIZATIONS THAT COULD CONSTITUTE A CONFLICT EACH DIRECTOR OR OFFICER MUST ALSO LIST HIS OR HER INVESTMENTS IN AN Y CORPORATION, PARTNERSHIP, TRUST, OR FUND IN WHICH HE OR SHE, TOGETHER WITH MEMBERS OF HIS OR HER FAMILY, HAS DIRECTLY OR INDIRECTLY A GREATER THAN 35% OWNERSHIP INTEREST, REGARDLESS OF WHETHER SUCH INVESTMENTS COULD CONSTITUTE A CONFLICT NO DIRECTOR OR OFFICER MAY BE PRESENT FOR A VOTE BY THE BOARD OF DIRECTORS ON ANY DECISION OR ACTION BY THE ORGANIZATION NUMICH WOULD DIRECTLY OR INDIRECTLY BENEFIT SUCH DIRECTOR OR OFFICER
FORM 990, PART VI, SECTION B, LINE 15	NAMATI'S PROCESS FOR RECOMMENDING COMPENSATION FOR NAMATI'S PRESIDENT & CEO AND DIRECTOR-L EVEL POSITIONS CONSISTS OF CONDUCTING MARKET RESEARCH OF SIMILAR POSITIONS AT SIMILAR ORGA NIZATIONS THROUGH SEVERAL MEANS AS WELL AS DOCUMENTING THE SALARY HISTORY OF THE INDIVIDUA L PROPOSED FOR THE POSITION FOR THE DIRECTOR-LEVEL POSITIONS, THIS INFORMATION IS SUBMITT ED TO NAMATI'S PRESIDENT & CEO WHO REVIEWS THE INFORMATION AND DETERMINES THE APPROPRIATE SALARY THIS IS THEN EXTENDED AS A SALARY OFFER TO THE CANDIDATE NAMATI'S PRESIDENT & CEO RECEIVED A COST OF LIVING INCREASE IN 2015, WHICH WAS ALSO PROVIDED TO ALL STAFF
FORM 990, PART VI, SECTION C, LINE 19	NAMATI MAKES THE ORGANIZING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART IX, LINE 11G	CONSULTING PROGRAM SERVICE EXPENSES 468,572 MANAGEMENT AND GENERAL EXPENSES 53,050 FUND RAISING EXPENSES 0 TOTAL EXPENSES 521,622 MEDIA CONTRACT EXPENSES PROGRAM SERVICE EXPEN SES 2,113 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,113

DLN: 93493096001126

OMB No 1545-0047

2015

**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

**Open to Public** Inspection

Name of the organization NAMATI INC						ation number		
Part I Identification of Disregarded Entities Comple	ete if the organization ai	nswered "Yes" on	Form 990, Part	45-27962 IV, line 33.	201			
(a)  Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	<b>(e)</b> nd-of-year assets	D	<b>(f)</b> irect controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		organization ans	wered "Yes" on	Form 990, Pa	art IV, li	ine 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity (if section 50		(f) Direct controlling entity	Section (13) co en	(g) n 512(t controlle ntity?
(1)RES PUBLICA (US) INC 857 BROADWAY 3RD FLOOR NEW YORK, NY 10003 13-4286728	PROVIDES STRATEGIC ADVICE TO OTHER NON-PROFIT ORGANIZATIONS	NY	501(C)(3)	LINE 7		NAMATI INC	Yes Yes	No
							+	
								<u> </u>
For Panerwork Reduction Act Notice, see the Instructions for Form 990		Cat No. 5013				Schedule R (For	000) (	2015

Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 3	4
because it had one or more related organizations treated as a partnership during the tax year.	

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	( <b>h</b> Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	agıng	<b>(k)</b> Percentage ownership
				31.7			Yes	No		Yes	No	
												•
											М	
		_										

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

	No					
(i) Section 512 (b)(13) controlled entity?	Yes					
<b>(h)</b> Percentage ownership						
(g) Share of end- of-year assets						
(f) Share of total Income						
(e) Type of entity (C corp, S corp, or trust)	·					
(d) Direct controlling entity						
<b>(c)</b> Legal domicile (state or foreign country)						
<b>(b)</b> Primary activity						
(a) Name, address, and EIN of related organization						

Part \	Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
No	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> Durin	g the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?				
a Re	ceipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a		No
<b>b</b> Gı	t, grant, or capital contribution to related organization(s)				1b		No
<b>c</b> Gr	, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Lo	ans or loan guarantees to or for related organization(s)				1d		No
<b>e</b> Lo	ans or loan guarantees by related organization(s)				1e		No
<b>f</b> Di	ıdends from related organization(s)				<b>1</b> f		No
<b>g</b> Sa	e of assets to related organization(s)				1g		No
h Pu	rchase of assets from related organization(s)				1h		No
i Ex	hange of assets with related organization(s)				1i		No
j Le	se of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Le	ase of facilities, equipment, or other assets from related organization(s)				1k		No
<b>I</b> Pe	formance of services or membership or fundraising solicitations for related organization(s)				11		No
<b>m</b> Pe	formance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sh	aring of paid employees with related organization(s)				10		No
p Re	mbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Re	mbursement paid by related organization(s) for expenses				1q		No
r Ot	ner transfer of cash or property to related organization(s)				1r		No
s Ot	ner transfer of cash or property from related organization(s)				1s		No
2 If	ne answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount in	volved	
		+					
		+					
		+					

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

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

revenue) that was not a related organization. See instructions			ertain invest										
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	·	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	I
	•	•		—	•	•			•	•	•		

### Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2015