EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

А	LOL IN	e 2014 calendar year, or tax year beginning and e	enaing		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		46-1	860634
	Initial return		Room/suite	E Telephone number	
	Final return		5FL	646-	462-9765
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,421,129.
	Amen			H(a) Is this a group re	
F	Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	·····- —
$\overline{}$	Ταν.αν	empt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)
		te: BTEAM. ORG	021	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: NY
	art I	Summary	L rour	01101111ation: 2020 1V	Otate of legal dofficile, 242
		Briefly describe the organization's mission or most significant activities: A NO	J PROF	TT SUSTATNA	RTLTTY
Activities & Governance	'	INITIATIVE FORMED BY A GLOBAL GROUP OF BU	ISTNES	S LEADERS	
nar	2				note.
Ver	1	Check this box if the organization discontinued its operations or dispos		1 1	16
င္ဟ				·····	15
જ		Number of independent voting members of the governing body (Part VI, line 1b)			8
ties		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			0
Ξ̈́		Total number of volunteers (estimate if necessary)			0.
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			
e				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	1,407,239.
Jen (9	Program service revenue (Part VIII, line 2g)		351,840.	1,013,890.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		351,840.	2,421,129.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		292,872.	731,446.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 74, 29		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	92.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,198.	714,903.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		306,070.	1,446,349.
	19	Revenue less expenses. Subtract line 18 from line 12		45,770.	974,780.
20.9	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		45,770.	1,052,913.
t As	21	Total liabilities (Part X, line 26)		0.	32,363.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		45,770.	1,020,550.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		RAJIV JOSHI, MANAGING DIRECTOR			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	WILLIAM SKODY WILLIAM SKODY	1	1/23/15 of self-employe	□ P00631754
Pre	parer	Firm's name SKODY SCOT & CO, CPAS, PC	•	Firm's EIN	13-3597814
	Only	Firm's address 520 EIGHTH AVE, SUITE 2200			
	•	NEW YORK, NY 10018		Phone no. 21	2 967-1100
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
	, 11				

OWNERSHIP TRANSPARENCY. IN JANUARY 2015, THE ORGANIZATION JOINED THE B20 ANTI-CORRUPTION TASK FORCE, WHERE WE ADVOCATE FOR AND ENSURE SUSTAINED FOCUS ON IMPLEMENTING BENEFICIAL OWNERSHIP TRANSPARENCY AT A NATIONAL LEVEL IN G20 COUNTRIES. WE ALSO MONITOR PROGRESS AND CALL FOR BUSINESSES TO START 'AT HOME' TO END ANONYMOUS COMPANIES.

4d	Other program	services	(Describe in	Schedule	Ο.

including grants of \$) (Revenue \$

619,236. 4e Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			3.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	110		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	77	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			 -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	Ω	(0014)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21 Did t	the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
dom	nestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22 Did t	the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
Part	t IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23 Did t	the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
and t	former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Sche	edule J	23	X	
	the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
last o	day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
Sche	edule K. If "No", go to line 25a	24a		X
b Did t	the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did t	the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
any t	tax-exempt bonds?	24c		
d Did t	the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Sect	tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
trans	saction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b Is the	ne 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			
Sche	edule L, Part I	25b		X
26 Did t	the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
form	ner officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
com	nplete Schedule L, Part II	26		X
27 Did t	the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
cont	tributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	ny of these persons? If "Yes," complete Schedule L, Part III	27		X
28 Was	s the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
instr	ructions for applicable filing thresholds, conditions, and exceptions):			
a A cu	urrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b A far	mily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c An e	entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
direc	ctor, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 Did t	the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 Did t	the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
cont	tributions? If "Yes," complete Schedule M	30		X
31 Did t	the organization liquidate, terminate, or dissolve and cease operations?			
If "Ye	'es," complete Schedule N, Part I	31		X
32 Did t	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Sche	edule N, Part II	32		X
33 Did t	the organization own 100% of an entity disregarded as separate from the organization under Regulations			
secti	tions 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34 Was	s the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
Part	t V, line 1	34		X
35a Did t	the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Ye	es" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
withi	nin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	tion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
If "Ye	es," complete Schedule R, Part V, line 2	36		Х
	the organization conduct more than 5% of its activities through an entity that is not a related organization			
and t	that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Did t	the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	e. All Form 990 filers are required to complete Schedule O	38	Х	1

Form 990 (2014) B TEAM HEADQUARTERS INC Part V Statements Regarding Other IRS Filings and Tax Compliance

Peach Peac		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W-2G included in line 1s. Enter of India applicable					Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to prize winners? 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 8 b If at least on it is reported on line 24, did the organization file all required federal employment tax returns? 8 b If at least on it is required to the calendar property and the second to e-file (see instructions) 8 b If the vision file is a and 2 a is greater than 250, you may be required to e-file (see instructions) 8 b If the vision file is a file of the vision of th	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2		
describing winnings to prize winners? a First 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 on is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) b If If Yes, 1 and 1 titled a Form 990 Th for this year If "No, 1 for line 5, provide an explanation in Schedule O b If Yes, 1 and 1 titled a Form 990 Th for this year If "No, 1 for line 5, provide an explanation in Schedule O b If Yes, 1 and 1 titled a Form 990 Th for this year If "No, 1 for line 5, provide an explanation in Schedule O c If Yes, 1 one Sor of 5, 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 accounts (FBAR). b If Yes, 1 one Sor of 5, 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 accounts (FBAR). b If Yes, 1 one Sor of 5, did the organization that it was benefit transaction at any time during the tax year? b If Yes, 1 one Sor of 5, did the organization that I was a contribution or a such as a contribution or organization solicit any contributions that were not tax deductibles a charitable contributions? c If Yes, 1 one Sor of 5, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitables contributions? c If Yes, 1 odd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitables contributions? c If Yes, 1 odd the organization that it was a contribution or a contribution or a contribution and partly for goods and services	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, find for the calendary are anding with or within the year covered by this return. The provided of the provided	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
tiled for the calandary year ending with or within the year covered by this return. 1		(gambling) winnings to prize winners?		1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Ibid the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at any time during the calendary vear, 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 A tany time 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? 5b Id and year 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? 6c In Yes, "to line 5a or 5b, did the organization file Form 8896-17 7 In granizations that many receive deductible contributions under section 170(c). 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 If Yes, "did the organization notictly the donor of the value of the goods or services provided? 9 If Yes, "did the organization notify the donor of the value of the goods or services provided? 10 Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 In Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 In If I bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If I bid the organization have excess business holdings at any time during the year? 9 Spo	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "set if filed a Form 990 Tor this year? If "No," to line 3b, provide an explanation in Schedule O 3b If Yes," set if filed a Form 990 Tor this year? If "No," to line 3b, provide an explanation in Schedule O 3b If Yes," set if the account in a foreign country, level as a bank account, securities account, or other financial accountly over, a financial account in a foreign country level. 5a If Yes," enter the name of the foreign country. Images of the organization and any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," is line 5a or 5b, diff the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edeductible as chariatate contributions? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes," indicate the number of Forms 8282 filed during the year 7c If Yes," indicate the number of Forms 8282 filed during the year 8 If Yes," indicate the number of Forms 8282 filed during the year 9 If Yes, "indicate the number of Forms 8282 filed during the year 9 If Yes, "indicate the number of Forms 8282 filed during the year 1 If Yes, "indicate the number of Forms 8282 filed during the year 1 If Yes, "proposition received a contribution of cularified intellectual property, did the organization file Form 8898 as required? 1 I		filed for the calendar year ending with or within the year covered by this return	2a	8		
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned federal employm	ns?	2b	X	
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country № 5 a Was the organization country (such as a bank account, securities account)? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization file Form 88861? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax eductibles as chariable contributions? 6 b If "Yes," to line 5a or 5b, did the organization file Form 88861? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization notify the donor of the value of the goods or services provided? 7 Organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 88822. d if "Yes," indicate the number of Forms 8282 filed during the year 1 For Expression of the organization received a contribution of caris, bots, alignation, directly, or paymeniums on a personal benefit contract? 7 The Contribution of caris, bots, alignation, directly, or a personal benefit contract? 7 The Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract? 7 The Sponsoring organization have access business holdings at any time during the year? 9 Sponsoring organization have access business holdings at any time during th		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b L Yx, and 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 X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive apayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Tys," did the organization notity the donor of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year pay premiums, directly or indirectly, or a personal benefit contract? 7 Did the organization guild be greatly as a contribution of qualified intellectual property, did the organization file or mass and a contribution of qualified intellectual property, did the organization file or mass and a contribution of qualified intellectual property, did the organization file or payor and the property of the property	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
triancial account in a foreign country (such as a bank account, securities account, or other financial accountly? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 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 X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization shall receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 882? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Life Form 8282? 9 Life Form 8282? 9 Life organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 Life organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Life organization make any taxable distributions under section 4966? 9 Section 501(c)(Z) organizations. Enter: a Initiation fees a	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 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? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · -	10a			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c			77
					1	X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		. 000	(0011

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

						Λ
Sec	tion A. Governing Body and Management					
		1 1	4 cF		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	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	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision	Γ			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form		г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		г	5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		····			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		····			
-	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		····			
а	The governing body?	-		8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real		····	0.0		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi			9		
000	tion B. Follocs (This Section B requests information about policies not required by the internal h	evenue Gode.)			Yes	No
100	Did the organization have local chapters, branches, or affiliates?		Г	10a	163	X
			····	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such conditions to an experience and procedures governing the activities of such conditions are consistent with the arganization, average and procedures governing the activities of such conditions are consistent with the arganization, average and procedures governing the activities of such conditions are consistent with the arganization.			10h		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	before filing the form	1.	11a		21
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	v	
12a			⊢	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc		···· -	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				v	
	in Schedule O how this was done		····	12c	Х	37
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Λ
15	Did the process for determining compensation of the following persons include a review and approve	•				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					7.7
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					77
	taxable entity during the year?		L	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	·				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's				
_	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s or	nly) av	/ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
		in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy	, and	finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records:				
	THE ORGANIZATION - 646-462-9765					
	115 FIFTH AVENUE, NO. 6FL, NEW YORK, NY 10003					

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

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

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

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

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

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

(A)	(B)	(C)					nout	(D)	(E)	(F)
Name and Title	Average hours per week	box	, unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SIR RICHARD BRANSON	1.00	X						0.	0.	0
BOARD CHAIR	1.00	^				-		0.	0.	0.
(2) KATHY CALVIN BOARD MEMBER	1.00	X						0.	0.	0.
(3) ARIANNA HUFFINGTON	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(4) DR. GRO HARLEM BRUNDTLAND	1.00							0.		
BOARD MEMBER		x						0.	0.	0.
(5) DR. MO IBRAHIM	1.00									
BOARD MEMBER		x						0.	0.	0.
(6) GUILHERME LEAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) STRIVE MASIYIWA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) BLAKE MYCOSKIE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DR. NGOZI OKONJO-IWEALA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) FRANCOIS-HENRI PINAULT	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) PAUL POLMAN	1.00	١							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) MARY ROBINSON	1.00	. ,							0	0
BOARD MEMBER	1.00	Х				<u> </u>		0.	0.	0.
(13) RATAN TATA	1.00	X						0.	0.	0.
BOARD MEMBER (14) ZHANG YUE	1.00	^				\vdash		0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(15) PROF MUHAMMAD YUNUS	1.00	1				\vdash		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(16) JOCHEN ZEITZ	8.00	ᢡ								
BOARD MEMBER & CO-CHAIR		x						0.	0.	70,000.
(17) RAJIV JOSHI	40.00	T								
MANAGING DIRECTOR		1		х				173,416.	0.	12,843.
432007 11-07-14	<u> </u>				•					Form 990 (2014)

432007 11-07-14

Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	yees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average		Position (do not check more than one box, unless person is both an					Reportable	Reportable		Estimated		
	hours per week			ess pe nd a d				compensation from	compensation from related			nount other	of
	(list any	tor						the	organization			ipensa	ition
	hours for	or director				pe		organization	(W-2/1099-MI			om th	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	`	,	org	anizat	ion
	organizations	altrus	nal tr		oyee	dwo:						d relat	
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizati	ons
(10) HOLLEG BURLEY	25.00	트	<u> </u>	동	Ş.	ij'n.	요						
(18) HOLLIS DUBLIN	25.00	-				x		110 027		0.	່	U 3	nο
SENIOR ADVISOR, NEW METRICS (19) JOANNA KELLY	40.00					^	-	119,927.		0.		0,3	0 4
PRODUCTION DIRECTOR	40.00	-				x		117,108.		0.		8,7	27
PRODUCTION DIRECTOR		-		-		<u> </u>	-	117,100.		<u> </u>		0,,	4/
		-											
			\vdash	-		\vdash	┢						
		-											
			\vdash	-		\vdash	┢						
		1											
						\vdash							
		1											
		1											
						\vdash	\vdash			-			
		1											
1b Sub-total	I						—	410,451.		0.	11	1,8	72.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								410,451.		0.	11	1,8	72.
2 Total number of individuals (including bu								<u> </u>	0.000 of reportat	ole	I		
compensation from the organization						-,			, ,				3
<u> </u>												Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	I			
line 1a? If "Yes," complete Schedule J fo				•	•	•		•			3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$	50,000? If "Yes	, " cc	mpl	ete S	Sche	edul	e J t	for such individual			4	Х	
5 Did any person listed on line 1a receive of	r accrue compe	nsat	tion 1	from	any	/ uni	relat	ed organization or indiv	idual for services	3			
rendered to the organization? If "Yes," co	omplete Schedu	le J i	for s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest	compensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation	from	
the organization. Report compensation for	or the calendar y	/ear	end	ing v	vith	or w	/ithir	n the organization's tax	year.				
(A)								(B)		_	(0	C)	
Name and busine	ss address	N	ON	E			_	Description of s	services	С	ompe	nsatio	n
							_						
							_			<u> </u>			
							_			<u> </u>			
							_			<u> </u>			
O Tabel manch on of it.	· Construction					"		1 -1 1 - 1 - 1					
2 Total number of independent contractors		iOt li	mite	a to	tno	se li ∩	stec	a above) who received n	nore tnan				
\$100,000 of compensation from the orga	Inization 🟲					<u> </u>						000 4	

432008 11-07-14

Ра	rt VI				and the land David VIIII			
		Check if Schedule O contains a	response	or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$	1b 1c 1d 1e	407,239.				
<u>ă Ö</u>	h	Total. Add lines 1a-1f	<u></u>	T .	1,407,239.			
Program Service Revenue	2 a			Business Code 900099	1,013,890.	1,013,890.		
₫		All other program service revenue			1 012 000			
	3 4	Investment income (including divider other similar amounts) Income from investment of tax-exem	nds, intere	est, and oroceeds	1,013,890.			
	5	Royalties(i)	Real	(ii) Personal				
	b	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
			ecurities	(ii) Other				
Ф	d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising even						
Other Revenue		including \$ contributions reported on line 1c). So Part IV, line 18 Less: direct expenses	of eea					
J	9 a	Net income or (loss) from fundraising Gross income from gaming activities Part IV, line 19	. See a					
	C	Less: direct expenses Net income or (loss) from gaming act Gross sales of inventory, less returns	ivities					
	b	and allowances Less: cost of goods sold Net income or (loss) from sales of inv	a b					
		Miscellaneous Revenue		Business Code	-			
	11 a							
	b				1			
	d				1			
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			2,421,129.	1,013,890.	0.	0.
43200 11-07	9 -14							Form 990 (2014)

Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp	se or note to any line in	this Part IX	Implete column (A).	X
	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	Program service	Management and	Fundraising
/b, 1	8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	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				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	173,416.	57,747.	99,890.	15,779.
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	423,453.	141,170.	243,916.	38,367
8	Pension plan accruals and contributions (include	-	-		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	85,361.	26,068.	54,864.	4,429
10	Payroll taxes	49,216.	15,761.	29,745.	4,429. 3,710.
11	Fees for services (non-employees):	-	-		
а	. , , , ,				
b	Legal	9,350.		9,350.	
С	Accounting	11,960.		11,960.	
d					
е	D (') () ' ' O D (N/!! 47				
f	Investment management fees				
g					
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	287,971.	202,463.	85,508.	
12	Advertising and promotion				
13	Office expenses	42,420.	2,660.	38,800.	960.
14	Information technology				
15	Royalties				
16	Occupancy	65,685.	30,084.	28,520.	7,081.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	11,619.		11,619.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) BOARD RELATED COSTS	80,320.		80,320.	
a b	DIGITAL PRODUCTION	75,845.	75,845.	00,520.	
	TRAVEL & MEETINGS	59,497.	22,912.	34,795.	1,790
C C	COMMUNITY DEVELOPMENT	36,000.	36,000.	3=,133•	±,100
d		34,236.	8,526.	23,534.	2,176
	All other expenses	1,446,349.	619,236.	752,821.	74,292
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	1,14U,J4J•	019,430.	134,041.	14,434
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	euucauviiai campaium amu minuraisiilu solicitation.				

Form **990** (2014)

432010 11-07-14

Par	τλ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	45,770.	1	513,631
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	506,194
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ည		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	33,088
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	45,770.	16	1,052,913
	17	Accounts payable and accrued expenses		17	32,363
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
ap		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	32,363
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	45,770.	27	1,020,550
Fund Balances	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
로		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ğ		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e e	32	Retained earnings, endowment, accumulated income, or other funds	4	32	4 000 ===
_	33	Total net assets or fund balances	45,770.	33	1,020,550
	34	Total liabilities and net assets/fund balances	45,770.	34	1,052,913

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,44	6,3	<u>49.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		4,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	5,7	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,02	0,5	50.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

B TEAM HEADQUARTERS INC

Employer identification number 46-1860634

Pai	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.		
he o	organi	zation is not a private found	lation because it is: (For lines 1 through 11.	check only	one box.)			
1		A church, convention of ch)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz					-	the hospital's name.	
		city, and state:		· ·				,	
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ned in	
		section 170(b)(1)(A)(iv). (C		mage or arminarany armina	u o, opo,u				
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v)		
	37	An organization that norma	-				•	public described in	
•		section 170(b)(1)(A)(vi). (C	•	artial part of its support	nom a gov	ommonia	ant of from the general	pasiio accombca iii	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II)				
9		An organization that norma				contribution	ons membershin fees a	nd aross receints from	
Ū		activities related to its exen	•	•	-			-	
		income and unrelated busin	•	•				-	
		See section 509(a)(2). (Cor		(ledd dedilerr o'r rtux) ir	om baome	ooco doqu	irea by the organization	and dance oo, 1070.	
10		An organization organized a	· ·	ively to test for public sa	afety See	section 50	19(a)(4).		
11		An organization organized a	•	•	•			e purposes of one or	
•		more publicly supported or	•	•	-		•		
		lines 11a through 11d that	-					moon the box in	
а		Type I. A supporting orga				•		aivina	
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•				
		organization. You must o							
b		Type II. A supporting org	=		tion with it	s supporte	ed organization(s) by ha	vina	
-		control or management o	· ·					-	
		organization(s). You mus			arrio poroc	orio triat oc	manage are eap	portod	
С		Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with.	and functionally integrate	ed with.	
•		its supported organization					• •		
d		Type III non-functionally						zation(s)	
		that is not functionally int					• • • •		
		requirement (see instruct	-		•				
е		Check this box if the orga	•	· ·					
		functionally integrated, or							
f	Ente	r the number of supported o	* *						
g		ide the following information							
		Name of supported	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of	
		organization		(described on lines 1-9 above or IRC section	listed i governing	n your document?	support (see	other support (see	
				(see instructions))	Yes	No	Instructions)	Instructions)	
ota									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and						_		
	membership fees received. (Do not								
	include any "unusual grants.")					1407239.	1407239.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3					1407239.	1407239.		
	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						1103001.		
6	Public support. Subtract line 5 from line 4.						304,238.		
	etion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
	Amounts from line 4		,		` ′	1407239.	1407239.		
	Gross income from interest,								
_	dividends, payments received on								
	securities loans, rents, royalties								
	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 capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						1407239.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 1	,365,730.		
13	First five years. If the Form 990 is for	•	,				· · ·		
	organization, check this box and stop	-			•		▶ X		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2014 (I			column (f))		14	%		
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	x and		
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	n			▶□		
b	33 1/3% support test - 2013. If the o								
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□		
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,		
	and if the organization meets the "fac				-	-			
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	ed organization		▶Ш		
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the		•						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	▶Щ		
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2014

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

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

Galendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total membership frees received. (Do not include any "unusual grants") (a) 2015 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total numbership frees received. (Do not include any "unusual grants") (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total numbership frees received free free free free free free free fr	Se	ction A. Public Support		,				
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, mechanises of ord ordinates and missions, mechanises of ord ordinates and missions, mechanises of ordinates to the organization's tax-exempt purpose of Gross receipts from admissions and the organization's tax-exempt purpose of Gross receipts from admissions and the organization's tax-exempt purpose of Gross receipts from admissions and the organization's tax-exempt purpose of Gross receipts from admissions and the organization's benefit and either point or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 8 A missis received from disqualified persons 9 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 A mounts from disqualified persons are an analysis of the organization without charge and the organization are lines to the days and are an an an analysis of the organization and the organization are lines to the days and are an analysis of the organization and the organization and the organization are lines to the days and are an analysis of the organization and the organization and the organization and income from similar sources 9 Public support digitation to the organization of the organization and income from similar sources and the organization and income from similar sources and the organization and income from similar sources and the organization and the organization organization and the organization organization and come from similar sources and the organization organization and the organization organization and the organization organization and the organization organization and the organiz	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
include any *unusual grants.*) 2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-sumpt purpose 3 Gross receipts from activities that are not an unrelated trade or thus-iness under section 513 4 Tax revoruses lovide for the organization's trave-sumpt purpose in the section of the product of the pro	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 and the services of realistics for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5		membership fees received. (Do not						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's take-empty huppose 3. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4. Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5 7. A mounts included on lines 1, 2, and 3. received from disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction of lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from first lines by the first of the grown of the second from interest, dividending payments received and income from interest dividending payments received and income from interest, dividending payments received and income from interest, di		include any "unusual grants.")						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section \$13	2	Gross receipts from admissions,						
any activity that is related to the organization is tax exempt purpose as Gross receipts from activities that are not an unrelated trade of business under section 513 4 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge (and the organization without charge (but her organization) with the organization (but her organization) with the organization (but her organization) with the organization organization (but her organization) with the organization or furth business is activities not included in line 10b, whicher or not with business is activities not included in line 10b, whicher or not with business is activities not included in line 10b, whicher or not with business is activities not included in line 10b, whicher or not with business is activities not included in line 10b, whicher or not with business is activities not included units and support the with the organization with the organization with the sale of capital with the organization with the sale of capital with the organization wit		•						
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5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons but exceed the greater of \$5,000 or 1% of the senout in this flat the year and the second that exceed the greater of \$5,000 or 1% of the senout of the 15 for the year senout of the 15 for		•						
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	20							

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.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

Part VI.

- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		163	NO
	1		
	2		
	_		
	3a		
	3b		
	- CL		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	,0a		
	10b		
_	00 or 00	0 EZ\	2014

Par	↑ IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations			
	<u> </u>		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 <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	71 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. Type III Supporting Organizations	-		
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All						
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.				
C1	ion A. Adiuskad Nak Income		(A) Dries Vees	(B) Current Year			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Soot	ion B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year			
Seci	ION B - MINIMUM Asset Amount		(A) Prior Year	(optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting org	janization (see			
	instructions).	-					

Schedule A (Form 990 or 990-EZ) 2014

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou				
2	Amou				
	organi				
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
.		Distribution Allocations (see instance)	Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distrib	outable amount for 2014 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2014			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2014:			
а					
b					
С					
d					
е	From	2013			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2014 distributable amount			
i	Carry	over from 2009 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2014 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2014 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2014, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6	Rema	ining underdistributions for 2014. Subtract lines 3h			
	and 4	o from line 1 (if amount greater than zero, see			
	instru	ctions).			
7	Exces	ss distributions carryover to 2015. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а					
b					
С					
d	Exces	s from 2013			
е	Exces	s from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

46-1860634 B TEAM HEADQUARTERS INC

Organiz	ation type (check or	ne):
Filers of	f:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note. O	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter hourpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
	ŭ	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

B TEAM HEADQUARTERS INC

46-1860634

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
123453 11-05	-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014

Employer identification number

Name of organization

	HEADQUARTERS INC		46-186063	
art III	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than wing line entry. For organizations r less for the year. (Enter this info. once.)	\$1,000 to
V N I	Use duplicate copies of Part III if addition	al space is needed.		
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	neld
$- \frac{1}{2}$				
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
a) No. from	(h) Duwn on a faith	(a) Has of wife	(a) Description of how wift is	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	neid
— -				
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
n) No.			T	
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	neld
_				
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee	
-	, ,		•	
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	aold
Part I	(b) i dipose oi giit	(c) Osc of gift	(a) Bescription of now gire is i	
_ -				
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	t Relationship of transferor to transferee	
-	,,		,	
-				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

B TEAM HEADQUARTERS INC

Employer identification number 46-1860634

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		·····
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		-
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2014

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check ail that apply): a □ Public orhibition			ollections of A			easures, or Otl	her S		ar Asse			
clasek all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization soleticiton? Ves No No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII at 1 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Armount										•		
a Public exhibition d	3		on, and other record	is, crieci	Carry Or tine	Tollowing that are a	Sigriii	icani	use or its	COIIECTIC	II ILEII	15
b Scholarly research c	_		d		oan or ove	hango programe						
c						mange programs						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XII, line 9, or reported an amount on Form 990 Part XIII and complete the following table: 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: 2 Beginning balance 3 During balance 4 Additions during the year 5 Ending balance 6 Distributions during the year 7 Ending balance 9 Distributions during the year 1 Ending balance 1 Intermediation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Ending balance 1 Intermediation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 2 Distributions 3 Distributions 4 Distributions 5 Distributions 6 Other expenditures for facilities and programs 6 Administrative expenses 9 End of year balance 1 Part V Endowment Funds not in the possession of the organization that are held and administered for the organization by: 1 Part V Endowment funds not in the possession of the organization that are held and administered for the organization by: 1 Part V Endowment funds not in the possession of the organization by: 2 Part V Land, Buildi			-	· — ·	Oti 161							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yee" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, explain the arrangement in Part XIII and complete the following table: C		_	lloctions and avalai	n how th	ov further t	ho organization's o	(omnt	nurna	oo in Dar	+ VIII		
Does note to raise funds rather than to be maintained as part of the organization's collection?									ise III Fai	t AIII.		
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C	9									7 ٧		T Na
Teported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. [a) Current year [b) Prior year [c) Two years back [c) Four years back [d) Three years back [e) Four ye	Pai											<u> </u>
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	ı u			ete ii tile	organizatio	ni alisweled i es i	.0 F01	11 990	, rait iv,	iii le 9, oi		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C	12		•	diany for	contribution	as or other assets n	ot inc	udod				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year E Distributions during the year E Ending balance 11	ıa									Voc		٦ _{No}
c Beginning balance d Additions during the year e Distributions during the year 1 tel 2 tel Distributions during the year 1 tel 1 tel 1 tel 1 tel 2 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organization isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Bescribe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property basis (investment) b Buildings c Leasehold improvements	h									_ 1es		⊿ INO
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	D	in res, explain the arrangement in Part Allia	and complete the id	niowing t	abie.		Г			Amour	+	
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Description of property Endowment thank Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Calcument year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years b										Voc		No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		_					-			_ 1es		
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c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		F										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\) % b Permanent endowment \(\) % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) urrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation b Buildings c Leasehold improvements												
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g End of year balance												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		F					-					
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b Permanent endowment ▶			ent year end baland	-	g, column (a	a)) neid as:						
Temporarily restricted endowment ▶	_	•	0/	_%								
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(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements	Зa	·	ssion of the organiz	ation tha	it are neid a	ina administered foi	r the c	rganiz	ation			N
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered basis (other) 1a Land b Buildings c Leasehold improvements		-								2-(:)	res	INO
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements		(II) related organizations	Bakadaa waxay baada							3a(II)		├──
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements	D									. 30	Щ	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements	Dai			owment	runas.						—	
Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements	rai) Dart 11	line 11 - C	100 Form 000 D=:±1	/ li	10				
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1a Land b Buildings c Leasehold improvements		Description of property	1 ' '						a	(a) Boo	k valu	е
b Buildings c Leasehold improvements			<u> </u>	nent)	Slebid	(outlet) 0	eprec	iation				
c Leasehold improvements												
a Fauidment												
		Equipment							-+			
e Other				V1	(D) //	10-)			_ -			

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 B TEAM I

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" t			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" t	to Form 990. Part IV. line	11d. See Form 990. Part X. line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
. ,			
(4) (5)			
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)	45)		
(7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	· 15.)		
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to			> ine 25.
(7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the complete if the organization of liability		11e or 11f. See Form 990, Part X, I	► ine 25.
(7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the complete if the organization of liability (1) Federal income taxes			► ine 25.
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" to the complete if the organization of liability			> ine 25.
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3)			> ine 25.
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2)			> ine 25.
(7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3)			▶ ine 25.
(7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4)			▶ ine 25.
(7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to a provide the complete of the organization of liability (1) Federal income taxes (2) (3) (4) (5)			ine 25.
(7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to a Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			> ine 25.
(7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			> ine 25.
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	to Form 990, Part IV, line		▶ ine 25.
(7) (8) (9) Natal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	to Form 990, Part IV, line	(b) Book value	

	rt XI Reconciliation of Revenue per Audited Financial State	tomonts W	ith Davanua nar D		raye T
Fai			illi nevellue pei n	eturr	l .
	Complete if the organization answered "Yes" to Form 990, Part IV, line			1	4,003,578.
1				1	±,005,570•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ءه ا			
a	· · · · · · · · · · · · · · · · · · ·		1,582,449.		
b			1,302,447.		
C	1 , 3				
d	,			20	1,582,449.
e	•			2e 3	2,421,129.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			•	2, 121, 127
4 a		4a			
b					
0				4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)			5	2,421,129.
	rt XII Reconciliation of Expenses per Audited Financial Sta				
· u	Complete if the organization answered "Yes" to Form 990, Part IV, line		vitii Experiece per	riota	••••
1	Total expenses and losses per audited financial statements			1	3,028,798.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	3,020,,300
a		2a	1,582,449.		
b			1,302,113.		
C		-			
d		·····			
e				2e	1,582,449.
3	Subtract line 2e from line 1			3	1,446,349.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			H	
а		4a			
b				•	
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	1,446,349.
_	irt XIII Supplemental Information.	.,			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			4; Part	X, line 2; Part XI,

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

B TEAM HEADQUAR	TERS INC				46-186063	4
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the orgar	ization answered "Y	'es" on
Form 990, Part I						
			ds to substantiate the amount of its gr			🖂
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
United States.						
			an be duplicated if additional space is			1
(a) Region	(b) Number of offices	(c) Number of employees.	(d) Activities conducted in region (by type) (e.g., fundraising, program		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and	services, investments, grants to		e specific type	for and
	in the region	employees, agents, and independent contractors	recipients located in the region)	1	ce(s) in region	investments in region
		in region				irregion
				A US BASED	CONTRACTOR	
				PROVIDED SE		
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	NAIROBI		12,857.
						,
				PROGRAM SUE	PPORT,	
EUROPE (INCLUDING				MANAGEMENT	CONSULTANCY,	
ICELAND & GREENLAND)	0	4	PROGRAM SERVICES	& WEBSITE I	DEVELOPMENT	123,070.
3 a Sub-total	0	5				135,927.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	0	5				135,927.
and 3b)	1 0					135,34/.

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

Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any											
recipient who re	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)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
2 Enter total number of	f recipient organizatio	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by					

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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

Part III can be duplicated if a	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2014 I Part IV Foreign Forms

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

Schedule F (Form 990) 2014

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

B TEAM HEADQUARTERS INC

Employer identification number 46-1860634

	OL 10 - 11 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15		Yes	N
a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
)	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a		2
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			7
	Participate in, or receive payment from, an equity-based compensation arrangement?			7
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	For persons listed in 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		2
b	Any related organization?	5b		7
•	If "Yes" to line 5a or 5b, describe in Part III.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
•	The organization?	6a		2
•	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.	00		Ħ
•	·			
	For persons listed in Form 900 Part VII. Section A line 1a, did the organization provide any non-fixed nayments			١,
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		2
	not described in lines 5 and 6? If "Yes," describe in Part III			
	not described in lines 5 and 6? If "Yes," describe in Part III			1

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

Schedule J (Form 990) 2014

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 in 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 compensation compensation reportable compensation c	(F) Compensation in column (B)	(E) Total of columns		(C) Retirement and other deferred benefits		W-2 and/or 1099-MI	(B) Breakdown of			
MANAGING DIRECTOR (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	eported as deferred in prior Form 990	(6)(1)-(U)	berients		reportable	incentive	(i) Base compensation	(A) Name and Title		
MANAGING DIRECTOR (ii) (iii) (iiii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii	0.	186,259.	12,843.	0.		0.	173,416.	(i)	(1) RAJIV JOSHI	
	0.	0.	0.	0.	0.	0.	0.			
								(i)		
(i) (i) (ii) (ii) (iii)										
(i) (i) (ii) (ii) (ii) (iii) (
(ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii										
								(i)		
(ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii										
(i)										
(ii)										
(i) (ii) (iii) (iii) (iii) (iiii) (iiiiiiii										
(i) (i) (ii) (iii)										
(i) (ii) (iii)										
(ii)										
								(i)		
(i) (ii)										
(i)										
(ii)										

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.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ. Open to Public Inspection

Internal Revenue Service Name of the organization

B TEAM HEADQUARTERS INC

Employer identification number 46-1860634

OMB No. 1545-0047

D TEAM HEADQUARTERS INC 40-1000054
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW
FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. THE FINAL 990 (FILED WITH TH
IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR INSPECTION. I
ADDITION, UPON REQUEST OF ANY BOARDMEMBER, A COPY WILL BE PROVIDED. IF
THERE ARE ANY MATERIAL CHANGES, AN AMENDED 990 WILL BE FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING
KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED
INFORMATION.
FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS & OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTANTS & CONTRACTORS:
PROGRAM SERVICE EXPENSES 202,463
MANAGEMENT AND GENERAL EXPENSES 85,508
FUNDRAISING EXPENSES 0
TOTAL EXPENSES 287,971
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 287,971

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

Schedule O (Form 990 or 990-EZ) (2014)

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this	s box		
Note. Only complete Part II if you have already been granted a	an automatic	3-month extension on a previously f	iled Form	8868.	
 If you are filing for an Automatic 3-Month Extension, com 					
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no co	opies neede	ed).
		Enter filer's	identifyir	ng number, se	e instructions
Type or Name of exempt organization or other filer, see ins	structions.		Employer	dentification	number (EIN) or
print DEAN HEADOHADHEDG TNG				46-186	0624
File by the due date for Number street and room or quite no. If a R.O. has	!	Alama a	0:-		
Number, street, and room or suite no. If a P.O. box filling your return. See 115 FIFTH AVENUE, NO. 6FL	k, see instruc	tions.	Social se	curity number	(SSN)
City, town or post office, state, and ZIP code. For NEW YORK, NY 10003	a foreign add	dress, see instructions.			
12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			0 1
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gran THE ORGANIZAT		natic 3-month extension on a prev	iously file	ed Form 8868.	
 The books are in the care of ► 115 FIFTH AVE Telephone No. ► 646-462-9765 If the organization does not have an office or place of busin 	ess in the Ur	Fax No. ▶nited States, check this box			▶ □
If this is for a Group Return, enter the organization's four di					
box ►		ach a list with the names and EINs of BER 15, 2015.	r all memb	ers the extens	ion is for.
5 For calendar year 2014, or other tax year beginning	110 1 111	, and endin	a		
6 If the tax year entered in line 5 is for less than 12 months	s, check reas		Final r	eturn	<u> </u>
Change in accounting period					
7 State in detail why you need the extension THE REASON FOR THE REQUESTED	בעשבאז	CTON TO MUNM NODIM	TONAT	TNEODM	λ TT ON
IS NEEDED TO COMPLETE THE RE		SION IS THAT ADDIT	TONAL	INFORM	ATTON
10 NULLEU TO COMPULIE THE KE	1 01(14 •				
8a If this application is for Forms 990-BL, 990-PF, 990-T, 47	20, or 6069,	enter the tentative tax, less any			
nonrefundable credits. See instructions.		•	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 60	069, enter an	y refundable credits and estimated			
tax payments made. Include any prior year overpayment	t allowed as a	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
C Balance due. Subtract line 8b from line 8a. Include your	payment wit	th this form, if required, by using			•
EFTPS (Electronic Federal Tax Payment System). See in			8c	\$	0.
Signature and Verific Under penalties of perjury, I declare that I have examined this form, inc it is true, correct, and complete, and that I am authorized to prepare thi		st be completed for Part II of parying schedules and statements, and to	-	f my knowledge	and belief,
Signature Title	► CPA -	AGENT	Date		
				Form 88 6	68 (Rev. 1-2014)

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2014

Open to Public Inspection

1.General Informat	ion					
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2014 and Ending (mm/dd/yyyy) 12/31/2014						
Check if Applicable: Address Change	Name of Organization: B TEAM HEAD		Employer Identification Number (EIN): $46-1860634$			
Name Change Initial Filing	Mailing Address: 115 FIFTH A	AVENUE, NO. 6FL		NY Registration Number: 45-14-77		
Final Filing Amended Filing	City / State / ZIP: NEW YORK, N	TY 10003		Telephone: 646 462-9765		
Reg ID Pending	Website: BTEAM.ORG			Email: INFO@BTEAM.ORG		
Check your organization's registration category: 7A only EPTL only Third your registration category in the Charities Registry at www.CharitiesNYS.com						
2. Certification						
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.						
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.						
President or Authorized	Officer:		OFFICER			
	Signature)	Print Nam	e and Title Date		
01: (5: 1.0%	_		• OFFICER			
Chief Financial Officer of	r Treasurer: Signature		Print Name and Title Date			
	Signature	,	Fillt Nail	e and Title Date		
3. Annual Reporting Exemption						
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both						
categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or						
additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable						
schedules and attachments and pay applicable fees.						
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions). 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.						
4. Schedules and A	ttachments					
See the following page						
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer						
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:			
next page to calculate yo				Make a single-check or money order		
fee(s). Indicate fee(s) you				payable to:		
are submitting here:	l ¢ 25.	l \$ 250.	l ¢ 275.	"Department of Law"		

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules including Schedule B (Schedule of Cor	ntributors).
f you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,00 X Audit Report if you received total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report State Report	00 and up to \$500,000.
Note: The Audit and Review requirements are set to change in 2017 and 2021 in ac For more details, visit <u>www.CharitiesNYS.com.</u>	cordance with the Non Profit Revitalization Act of 2013.
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you marked the 7A exemption in Part 3a \$25, if you did not mark the 7A exemption in Part 3a	 Is my organization a 7A, EPTL or DUAL filer? - 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") - EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. - DUAL filers are registered under both 7A and EPTL.
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you marked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Check your registration category and learn more about NY law at www.CharitiesNYS.com Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS From 990 Part I, line 22

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271