

Form **990**

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

OMB No. 1545-0047

**2015**  
Open to Public Inspection

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](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **APR 1, 2015** and ending **MAR 31, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>AMERICAN REFUGEE COMMITTEE</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>615 FIRST AVENUE, NE 500</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>MINNEAPOLIS, MN 55413</b></p> <b>F</b> Name and address of principal officer: <b>DANIEL WORDSWORTH</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <p align="center">36-3241033</p> <b>E</b> Telephone number <p align="center">612-872-7060</p> <b>G</b> Gross receipts \$ <b>40,883,251.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.ARCRELIEF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1978</b>		<b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE PART III, LINE 1.</u>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	15
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) .....	100
	<b>6</b> Total number of volunteers (estimate if necessary) .....	306
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	47,793,682.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	13,269.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	124,561.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	47,931,512.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	2,765,692.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	21,464,080.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,058,678.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	20,644,317.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	44,874,089.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	3,057,423.
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	29,753,998.
	<b>21</b> Total liabilities (Part X, line 26) .....	3,541,528.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	26,212,470.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <p align="center"><b>DANIEL WORDSWORTH, PRESIDENT &amp; CEO</b></p> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b> Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930</b> Firm's EIN ▶ <b>52-1392008</b> Phone no. (301) <b>951-9090</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE AMERICAN REFUGEE COMMITTEE (ARC) WORKS WITH REFUGEES, DISPLACED PEOPLE, AND THOSE AT RISK TO HELP THEM SURVIVE CRISES AND REBUILD LIVES OF DIGNITY, HEALTH, SECURITY AND SELF-SUFFICIENCY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 42,834,922. including grants of \$ 941,892. ) (Revenue \$ ) EVERYTHING WE DO BEGINS WITH REFUGEES. REFUGEES KNOW BETTER THAN ANYONE THE CHALLENGES THEY'RE FACING, THE THINGS THEY NEED, AND WHAT WILL MAKE THE BIGGEST DIFFERENCE IN THEIR LIVES. THEN, WE CAN BRING OUR EXPERTISE AND EXPERIENCE THROUGH THE YEARS TO HELP SOLVE TOUGH PROBLEMS. WHEN WE DEEPLY UNDERSTAND THE EXPERIENCE OF REFUGEES, WE'RE ABLE TO CO-DESIGN SOLUTIONS THAT CREATE NEW VALUE AND MAKE MEANINGFUL CHANGE. AND WE CAN BRING NEW PEOPLE AND PARTNERS WITH US TO APPROACH CHALLENGES WITH FRESH PERSPECTIVES. WE'RE TRANSFORMING THE WAY WE WORK AROUND THE WORLD, MAKING PRACTICAL AND BREAKTHROUGH IMPROVEMENTS IN THE WAY WE HELP REFUGEES RETURN TO NORMALCY.

(SEE SCHEDULE O FOR CONTINUATION)

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 42,834,922.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 15		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **MARK WHITE - 612-872-7060**  
**615 FIRST AVENUE, NE, SUITE 500, MINNEAPOLIS, MN 55413**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PERRY WITKIN CHAIR	1.00 0.00	X		X				0.	0.	0.
(2) BEN BOYUM VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) HOLLY ROBBINS SECRETARY	1.00 0.00	X		X				0.	0.	0.
(4) MARK MORTENSON TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) NEAL BALL FOUNDER & HONORY CHAIR	1.00 0.00	X		X				0.	0.	0.
(6) WARD BREHM DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) JOHN GAPPA DIRECTOR	1.00 2.00	X						0.	0.	0.
(8) ANNE GOLDFELD DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) CHRISTY HANSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) IMAD LIBBUS DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) SVJETLANA MADZAR DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) MICHAEL MCCORMICK DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) MAUREEN REED DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) JAY SHAHIDI DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) RICHARD VOELBEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) DANIEL WORDSWORTH PRESIDENT & CEO	40.00 0.00			X				238,780.	0.	32,985.
(17) MARK WHITE CFO	40.00 0.00			X				131,260.	0.	26,526.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) COLLEEN STRIEGEL VICE PRESIDENT, H.R. & ADMIN.	40.00 0.00					X		125,385.	0.	23,715.
(19) SARAH HARTMAN VICE PRESIDENT, CREATIVE	40.00 0.00					X		119,499.	0.	25,895.
(20) ANDREW CHRISTOPHER SMOOT VICE PRESIDENT, INTERNATIONAL PROG.	40.00 0.00					X		122,908.	0.	22,104.
(21) TARIQ CHEEMA COUNTRY DIRECTOR	40.00 0.00					X		117,036.	0.	21,542.
(22) DAVID CLAUSSENIUS COUNTRY DIRECTOR	40.00 0.00					X		116,331.	0.	7,519.
<b>1b Sub-total</b>								971,199.	0.	160,286.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								971,199.	0.	160,286.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	483,304.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	33,643,671.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	6,290,194.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		183,605.				
	<b>h Total.</b> Add lines 1a-1f .....		40,417,169.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		20,855.			20,855.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		50,312.					
		<b>b</b> Less: cost or other basis and sales expenses .....		50,624.			
		<b>c</b> Gain or (loss) .....		-312.			
	<b>d</b> Net gain or (loss) .....			-312.		-312.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 483,304. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	83,947.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	260,818.			
		<b>c</b> Net income or (loss) from fundraising events .....			-176,871.		-176,871.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....		900099	541,355.			541,355.	
<b>b</b> CURRENCY EXCHANGE LOSS .....		900099	-230,387.			-230,387.	
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			310,968.				
<b>12 Total revenue.</b> See instructions. ....			40,571,809.	0.	0.	154,640.	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	941,892.	941,892.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	434,127.	82,406.	269,315.	82,406.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	18,515,322.	16,730,403.	1,374,573.	410,346.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	297,177.	273,753.	18,167.	5,257.
<b>9</b> Other employee benefits	3,378,143.	3,016,161.	282,129.	79,853.
<b>10</b> Payroll taxes	825,613.	660,571.	124,763.	40,279.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	141,069.	112,474.	629.	27,966.
<b>c</b> Accounting	202,508.	176,669.	25,839.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,888,415.	1,124,307.	600,295.	163,813.
<b>12</b> Advertising and promotion	156,056.	77,964.	77,928.	164.
<b>13</b> Office expenses	1,639,452.	1,408,874.	101,185.	129,393.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	2,090,214.	1,884,408.	155,758.	50,048.
<b>17</b> Travel	3,083,761.	2,756,372.	289,341.	38,048.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	192,488.	81,261.	106,619.	4,608.
<b>20</b> Interest	33,733.	1,021.	32,712.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	98,771.	65,621.	22,360.	10,790.
<b>23</b> Insurance	179,321.	170,218.	6,932.	2,171.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM SUPPLIES	8,020,525.	8,020,525.		
<b>b</b> CONSTRUCTION	1,580,806.	1,580,806.		
<b>c</b> EDUCATION & TRAINING	1,493,612.	1,493,612.		
<b>d</b> EQUIPMENT PURCHASE	1,259,956.	1,162,470.	85,633.	11,853.
<b>e</b> All other expenses	1,079,876.	1,013,134.	65,059.	1,683.
<b>25</b> Total functional expenses. Add lines 1 through 24e	47,532,837.	42,834,922.	3,639,237.	1,058,678.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	4,387,533.	<b>2</b>	4,016,267.
	<b>3</b> Pledges and grants receivable, net .....	22,966,252.	<b>3</b>	15,704,507.
	<b>4</b> Accounts receivable, net .....	857,174.	<b>4</b>	625,022.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	16,301.
	<b>9</b> Prepaid expenses and deferred charges .....	850,291.	<b>9</b>	784,438.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,059,638.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 418,081.	126,185.	<b>10c</b> 641,557.
	<b>11</b> Investments - publicly traded securities .....	566,563.	<b>11</b>	571,397.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	117,245.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	29,753,998.	<b>16</b>	22,476,734.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,324,167.	<b>17</b>	2,630,210.
	<b>18</b> Grants payable .....	217,361.	<b>18</b>	589,936.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,541,528.	<b>26</b>	3,220,146.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,034,306.	<b>27</b>	2,572,968.
	<b>28</b> Temporarily restricted net assets .....	24,329,909.	<b>28</b>	15,835,365.
	<b>29</b> Permanently restricted net assets .....	848,255.	<b>29</b>	848,255.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	26,212,470.	<b>33</b>	19,256,588.
<b>34</b> Total liabilities and net assets/fund balances .....	29,753,998.	<b>34</b>	22,476,734.	

**Part 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)	1	40,571,809.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,532,837.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,961,028.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,212,470.
5	Net unrealized gains (losses) on investments	5	5,146.
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	19,256,588.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2015)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11,021,789.	33,790,688.	38,067,933.	47,793,682.	40,417,169.	171,091,261.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	11,021,789.	33,790,688.	38,067,933.	47,793,682.	40,417,169.	171,091,261.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						171,091,261.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	11,021,789.	33,790,688.	38,067,933.	47,793,682.	40,417,169.	171,091,261.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	8,872.	5,988.	1,874.	13,269.	20,855.	50,858.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...		85,791.				85,791.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	669.	126,301.	28,612.	201,178.	310,968.	667,728.
<b>11 Total support.</b> Add lines 7 through 10						171,895,638.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.53 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	99.46 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.	Yes	No
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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 complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

**SCHEDULE A, PART II:**

**INFORMATION REPORTED IN THE 2011 COLUMN OF PART II IS FOR THE SHORT PERIOD 1/1/12-3/31/12.**

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

AMERICAN REFUGEE COMMITTEE

Employer identification number

36-3241033

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to 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) (2015)

Name of organization <b>AMERICAN REFUGEE COMMITTEE</b>	Employer identification number <b>36-3241033</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 11,507,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 12,472,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,566,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 4,096,983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICAN REFUGEE COMMITTEE</b>	Employer identification number  <b>36-3241033</b>
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**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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>AMERICAN REFUGEE COMMITTEE</b>	Employer identification number <b>36-3241033</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization** AMERICAN REFUGEE COMMITTEE **Employer identification number** 36-3241033

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2015

532051  
11-02-15

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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 all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did 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 on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	883,190.	848,255.	848,335.	886,179.	848,255.
b Contributions					12,370.
c Net investment earnings, gains, and losses	8,538.	34,935.	51,134.	35,444.	25,554.
d Grants or scholarships					
e Other expenditures for facilities and programs			51,214.	73,288.	
f Administrative expenses					
g End of year balance	891,728.	883,190.	848,255.	848,335.	886,179.

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  95.12 %
- c Temporarily restricted endowment  4.88 %

The percentages on 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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		78,303.		78,303.
b Buildings		267,906.	17,094.	250,812.
c Leasehold improvements				
d Equipment		297,995.	60,694.	237,301.
e Other		415,434.	340,293.	75,141.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				641,557.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	45,075,829.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,146.	
b	Donated services and use of facilities	2b	43,695.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,115,017.	
e	Add lines 2a through 2d	2e		5,163,858.
3	Subtract line 2e from line 1		3	39,911,971.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	659,838.	
c	Add lines 4a and 4b	4c		659,838.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	40,571,809.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	50,809,793.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	43,695.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	3,893,099.	
e	Add lines 2a through 2d	2e		3,936,794.
3	Subtract line 2e from line 1		3	46,872,999.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	659,838.	
c	Add lines 4a and 4b	4c		659,838.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	47,532,837.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

WE HAVE 3 SEPARATE ENDOWMENTS WITH SIMILAR REQUIREMENTS. THE EARNINGS CAN BE USED WITH APPROVAL FOR CURRENT EMERGENCY OPERATIONS. CERTAIN AMOUNTS OF THE ORIGINAL ENDOWMENT CAN BE USED FOR EMERGENCY RELIEF WITH THE REQUIREMENT TO MAKE THE ENDOWMENT WHOLE WHEN MONIES ARE RECEIVED.

**PART X, LINE 2:**

FOR THE YEARS ENDED MARCH 31, 2016 AND 2015, ARC HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF QUESTSCOPE, LTD. INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FROM ARC FORM 990 REPORTING.	940,834.
REVENUE OF QUESTSCOPE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FROM ARC FORM 990 REPORTING.	4,174,183.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,115,017.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

CURRENCY EXCHANGE LOSS INCLUDED AS AN EXPENSE ON THE FINANCIAL STATEMENTS, AND REPORTED AS REVENUE ON THE FORM 990.	-230,387.
ELIMINATIONS FROM CONSOLIDATED FINANCIAL STATEMENTS.	890,225.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	659,838.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF QUESTSCOPE, LTD. INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FROM ARC FORM 990 REPORTING.	828,387.
EXPENSES OF QUESTSCOPE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FROM ARC FORM 990 REPORTING.	3,064,712.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,893,099.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

CURRENCY EXCHANGE LOSS INCLUDED AS AN EXPENSE ON THE FINANCIAL STATEMENTS, AND REPORTED AS REVENUE ON THE FORM 990.	-230,387.
ELIMINATIONS FROM CONSOLIDATED FINANCIAL STATEMENTS.	890,225.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	659,838.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization <b>AMERICAN REFUGEE COMMITTEE</b>	Employer identification number <b>36-3241033</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND NORTH AFRICA	1	4	PROGRAM SERVICE ACTIVITIES	EMERGENCY RESPONSE, SHELTER, WASH, PROTECTION	322,864.
EAST ASIA AND THE PACIFIC	2	112	PROGRAM SERVICE ACTIVITIES	HEALTH CARE (PRIMARY AND REPRODUCTIVE), INFECTIOUS DISEASE CONTROL, CAPACITY	3,204,653.
SOUTH ASIA	1	44	PROGRAM SERVICE ACTIVITIES	HEALTH CARE (PRIMARY AND REPRODUCTIVE), CAPACITY BUILDING/TRAINING	1,058,478.
SUB-SAHARAN AFRICA	7	1300	PROGRAM SERVICE ACTIVITIES	HEALTH CARE (PRIMARY AND REPRODUCTIVE), WATER/SANITATION, NUTRITION, EMERGENCY	35,827,872.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		951,136.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		-94,844.
EUROPE	0	0	GRANTS TO RECIPIENTS IN THE REGION		85,600.
<b>3 a</b> Sub-total .....	11	1460			41,355,759.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> Totals (add lines 3a and 3b) .....	11	1460			41,355,759.

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

Schedule F (Form 990) 2015

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY RESPONSE ACTIVITIES - SHELTER, WASH, PROTECTION	795,654.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY RESPONSE ACTIVITIES - SHELTER, WASH, PROTECTION	105,437.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY RESPONSE ACTIVITIES - SHELTER, WASH, PROTECTION	50,045.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	POLIO PREVENTION AND MITIGATION ACTIVITIES	59,866.	WIRE TRANSFER	0.		
		EUROPE	SUPPORT TO RELATED ORGANIZATION	85,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REFUND OF FY15 GRANT	-154,710.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **5**

3 Enter total number of other organizations or entities ..... **0**





**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  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  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  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  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  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 2:**

TO EFFECTIVELY MONITOR GRANT ACTIVITIES AND IDENTIFY POTENTIAL PROBLEMS IN A TIMELY MANNER, ARC USES A LAYERED APPROACH INVOLVING STAFF AND SYSTEMS AT ALL LEVELS OF THE ORGANIZATION.

FOR PROGRAM MONITORING, ARC EMPLOYS VARIOUS MEANS OF ONGOING MONITORING AND EVALUATIONS SYSTEMS DEPENDING ON THE COUNTRY PROGRAM AND THE PROJECT. IN GENERAL HOWEVER, AT THE FIELD LEVEL, PROJECT STAFF KEEP DETAILED RECORDS OF ACTIVITIES AND SHARE THESE REGULARLY WITH OPERATIONAL, TECHNICAL AND MANAGEMENT STAFF AT BOTH THE COUNTRY PROGRAM HEAD OFFICE AND ARC HEADQUARTERS. COUNTRY PROGRAMS AND HEADQUARTERS COLLABORATE CLOSELY ON DEVELOPMENT OF INTERNAL AND DONOR REPORTS EACH MONTH FOR SUBMISSION AS REQUIRED. CURRENTLY THIS APPROACH GATHERS THE APPROPRIATE AMOUNT OF INFORMATION AT EACH LEVEL WHILE ENGAGING ALL STAFF AT ALL LEVELS TO MEET CLEAR TARGETS. MANAGEMENT AND TECHNICAL STAFF REVIEW QUARTERLY REPORTS TO ENSURE THAT ACTIVITIES ARE PROCEEDING ON SCHEDULE AND THAT TARGETS ARE MET.

ARC HAS ESTABLISHED AND DOCUMENTED ACCOUNTING AND ADMINISTRATIVE PROCEDURES AND POLICIES TO ENSURE ADEQUATE SYSTEMS OF INTERNAL CONTROL, SAFEGUARD THE RESOURCES OF THE ORGANIZATION, ENABLE THE PREPARATION OF ACCURATE AND TIMELY REPORTS, ENSURE RETENTION AND MAINTENANCE OF RECORDS AND ENSURE ADHERENCE TO GENERALLY ACCEPTED ACCOUNTING STANDARDS AND REGULATIONS. ARC EMPLOYS THE USE OF AN ACCOUNTING SYSTEM WHICH ENABLES THE ARC FINANCIAL DEPARTMENTS LOCATED AT BOTH ITS HEADQUARTER AND FIELD OFFICES TO TRACK COSTS AS RELATED TO ALL ASPECTS OF PROGRAM OPERATIONS. EXPENDITURES ARE MONITORED ON A MONTHLY BASIS AGAINST BUDGETS TO ENSURE

**Part V Supplemental Information**

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

APPROPRIATE CONTROL. ARC IS AUDITED ANNUALLY BY A US GOVERNMENT-APPROVED INDEPENDENT AUDIT FIRM.

ARC HEADQUARTERS IS RESPONSIBLE FOR FINANCIAL REPORT CONSOLIDATION. ARC HEADQUARTERS IS ALSO RESPONSIBLE FOR TRANSFER OF FUNDS TO LOCAL OFFICES. ALL BANK ACCOUNTS USED BY ARC OFFICES ARE OPERATED UNDER A JOINT SIGNATORY AUTHORIZATION AND THE CFO MUST APPROVE ALL NEW ACCOUNTS. ARC CURRENTLY OPERATES BANK ACCOUNTS IN ALL ITS AREAS OF OPERATION. ARC EMPLOYS THE USE OF DOCUMENTED PROCUREMENT AND ADMINISTRATIVE POLICIES AND PROCEDURES, WHICH OUTLINE SPECIFIC PROCUREMENT PROCEDURES AND AUTHORIZATION REQUIREMENTS, TRAVEL POLICIES AND OTHER GRANT COMPLIANCE REQUIREMENTS. IN AS MUCH AS POSSIBLE, PROCUREMENT IS COMPLETED IN THE FIELD, WITH FINAL APPROVAL FOR SIGNIFICANT TRANSACTIONS, AS OUTLINED IN A DELEGATION OF AUTHORITY POLICY, BY THE CFO, AND IF NECESSARY THE ARC PRESIDENT UPON THEIR EXAMINATION OF THE REQUEST FOR VALIDITY, SUFFICIENCY OF FUNDING AND COMPLIANCE TO REGULATIONS.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: HEALTH CARE (PRIMARY AND REPRODUCTIVE), INFECTIOUS DISEASE CONTROL, CAPACITY BUILDING

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: HEALTH CARE (PRIMARY AND REPRODUCTIVE), WATER/SANITATION, NUTRITION, EMERGENCY RESPONSE, CAPACITY BUILDING/TRAINING



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		ANNUAL GALA (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	567,251.			567,251.
	<b>2</b> Less: Contributions .....	483,304.			483,304.
	<b>3</b> Gross income (line 1 minus line 2) .....	83,947.			83,947.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	13,490.			13,490.
	<b>7</b> Food and beverages .....	101,031.			101,031.
	<b>8</b> Entertainment .....	17,552.			17,552.
	<b>9</b> Other direct expenses .....	128,745.			128,745.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				260,818.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-176,871.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**AMERICAN REFUGEE COMMITTEE**

Employer identification number

**36-3241033**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2015



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL WORDSWORTH PRESIDENT & CEO	(i)	238,780.	0.	0.	14,299.	18,686.	271,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK WHITE CFO	(i)	131,260.	0.	0.	7,944.	18,582.	157,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **AMERICAN REFUGEE COMMITTEE** Employer identification number **36-3241033**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	54	183,605	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **44**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

PART I, COLUMN (B): THIS FIELD REFLECTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

DEMOCRATIC REPUBLIC OF CONGO - ASILI, A SOCIAL ENTERPRISE:

A BUSINESS STARTUP CO-CREATED BY ARC, INTERNATIONAL PARTNERS, AND

CONGOLESE COMMUNITIES, ASILI TAKES AN APPROACH OF LONG-TERM SUSTAINABLE

DEVELOPMENT USING BUSINESS PRINCIPLES. IT CAN BE THOUGHT OF AS A STRIP

MALL WITH A CLUSTER OF WORLD CLASS BUSINESSES IN ONE LOCATION, TACKLING

BOTH SUPPLY-OF AND DEMAND-FOR SERVICES - AND ALWAYS WITH AN EYE TOWARD

BEAUTIFUL DESIGN.

ASILI'S AGRICULTURAL COOPERATIVES ARE THE SPARK THAT GETS A COMMUNITY'S

ECONOMY MOVING. WE PROVIDE LOCAL FARMERS WITH THE RESOURCES, TOOLS, AND

TRAINING THEY NEED TO BECOME SUCCESSFUL AND PROFITABLE FARMERS. AND OUR

CLINICS ARE BEAUTIFUL. DESIGNED WITH THE FAMILIES WHO NOW VISIT THE

CLINIC, PATIENTS HAVE REMARKED ON HOW THEY STAND OUT AS BEACONS OF HOPE

IN THEIR COMMUNITIES. AND, MOST IMPORTANTLY, THEY OFFER WORLD CLASS

QUALITY HEALTHCARE - AT PRICES THAT ARE AFFORDABLE TO THE AVERAGE

CONGOLESE CONSUMER. WATER IS LIFE, A BASIC NEED USED FOR DRINKING,

CLEANING, BATHING, AND COOKING. FOR MANY PEOPLE LIVING IN EASTERN CONGO

THOUGH, CLEAN WATER IS A RESOURCE THAT IS TRAGICALLY LACKING. CURRENTLY

OPERATING AT CONVENIENTLY LOCATED RETAIL OUTLETS IN FIVE VILLAGES, AND

SOON TO BE EXPANDING, ASILI'S GRAVITY-BASED RESERVOIR SYSTEM HAS

REVOLUTIONIZED OUR CUSTOMERS' ABILITY TO OBTAIN CLEAN, SAFE WATER.

THROUGH ALL THREE OF THESE BUSINESSES AND WITH MORE TO COME, WE BELIEVE

THAT TOGETHER WE CAN CREATE OUTSIZED IMPACT, CHANGE THE WAY THE WORLD

THINKS OF CONGO, AND SHIFT THINKING ON DEVELOPMENT FROM AID TO

INVESTMENT.

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JORDAN - EVERY CHILD DESERVES A CHAMPION:

ACCESS TO EDUCATION, OR SIMPLY SOMEONE WHO BELIEVES IN YOU, CAN MEAN ALL THE DIFFERENCE IN THE WORLD. THIS IS TRUE FOR EVERYONE, EVERYWHERE, BUT IT'S ESPECIALLY TRUE FOR PEOPLE WHO HAVE LOST THEIR SUPPORT SYSTEMS - FOR PEOPLE WHO DON'T HAVE A CHAMPION. THAT'S WHY IN JORDAN AND WITH OUR PARTNER QUESTSCOPE, WE WORK TO PROVIDE AN EDUCATION AND SUPPORT TO KIDS WHO HAVE FALLEN THROUGH THE CRACKS.

THERE ARE SO MANY REASONS WHY KIDS ARE OUT OF SCHOOL IN JORDAN. SOME KIDS HAVE TO WORK. SOME COME FROM BACKGROUNDS OF DEEP POVERTY. SOMETIMES SCHOOLS ARE OVERCROWDED, OR STUDENTS ARE NOT ENCOURAGED TO CONTINUE THEIR EDUCATION ONCE THEY FALL BEHIND. SOMETIMES THERE'S SIMPLY NOT ENOUGH SUPPORT AT HOME. AND OF COURSE, SYRIAN REFUGEES LIVING IN JORDAN, WHO HAVE ALREADY LOST SO MUCH, FACE ANOTHER SET OF HURDLES AND SETBACKS.

THAT'S WHY QUESTSCOPE'S ALTERNATIVE EDUCATION PROGRAMS ARE SO IMPORTANT - WE HELP BOTH JORDANIAN YOUTH AND SYRIAN REFUGEE KIDS GAIN ACCESS TO EDUCATIONAL OPPORTUNITIES, VOCATIONAL TRAINING, AND SUPPORT THEY WOULD OTHERWISE MISS. THE ENTIRE PROGRAM IS CUSTOMIZED FOR THE UNIQUE CHALLENGES OF STUDENTS AND THEIR COMMUNITIES, WITH THE ULTIMATE GOAL OF PROVIDING OPPORTUNITIES THAT OPEN DOORS TO BETTER JOBS AND FUTURES.

THAILAND AND MYANMAR - MOVING WITH REFUGEES ACROSS BORDERS:

FOR 25 YEARS, ARC HAS PROVIDED SERVICES FOR THE THOUSANDS OF PEOPLE IN THAILAND WHO FLED INSTABILITY IN MYANMAR. OUR TEAMS HAVE WALKED WITH THEM THROUGH THE HARDSHIPS OF ADJUSTING TO A NEW PLACE AND RECOVERING

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FROM DEVASTATING TRAUMA. WE'VE BEEN INSPIRED AS REFUGEES HAVE TAKEN INCREASING OWNERSHIP OF THEIR LIVES IN REFUGEE CAMPS - TODAY OUR CAMPS IN THAILAND ARE RUN LARGELY BY THE REFUGEES THEMSELVES. BUT NOW, IT'S TIME FOR THEM TO RETURN TO MYANMAR. AS THAT COUNTRY OPENS ITS DOORS, ENCOURAGING REFUGEES TO RETURN HOME, MORE AND MORE PEOPLE ARE MAKING THE DECISION TO START THEIR LIFE ANEW - AGAIN. AND, WE PLAN TO BE WITH THEM EVERY STEP OF THE WAY.

OVER THE NEXT SEVERAL YEARS, OUR PROJECTS IN THAILAND WILL MOVE WITH THESE FORMER REFUGEES, THIS TIME ON THEIR WAY BACK TO THEIR HOMELAND. OUR FOCUS WILL BE HELPING THEM TO ADJUST TO THEIR NEW LIVES, ALL THE WHILE CONTINUING OUR ALREADY ESTABLISHED WORK IN MYANMAR FIGHTING DRUG-RESISTANT MALARIA. THE EMERGENCE OF THIS VIRULENT STRAIN OF THE DISEASE POSES A SIGNIFICANT PUBLIC HEALTH RISK IN MYANMAR - REMOTE COMMUNITIES HAVE EXTREMELY LIMITED ACCESS TO HEALTH SERVICES. OUR CROSS-BORDER PROGRAMS ARE DESIGNED TO WORK BOTH WITH THESE COMMUNITIES AND PEOPLE WHO COME AND GO ACROSS THE THAI-MYANMAR BORDER. WE REFER OUR PATIENTS TO HIGHER LEVELS OF CARE AND PROVIDE DIAGNOSES FOR PEOPLE WHO SIMPLY NEED TO BE CONNECTED TO THE RIGHT MEDICATIONS. RIGHT NOW WE'RE STILL CONTINUING OUR WORK IN THE THAI CAMPS - IN HEALTH, WATER AND SANITATION, AND ECONOMIC EMPOWERMENT - AND WE'LL DO SO UNTIL THEY CLOSE. YET AS THE SITUATION CHANGES, WE'LL CONTINUE TO EVOLVE OUR PROGRAMS TO MEET THE EVER-CHANGING NEEDS OF THIS POPULATION ON THE MOVE.

PAKISTAN - GETTING 1 MILLION KIDS BACK IN THE CLASSROOM:

PAKISTAN HAS THE SECOND LARGEST POPULATION OF OUT OF SCHOOL CHILDREN IN THE WORLD - THIS IS A CRISIS THAT CONCERNS NOT ONLY ARC BUT THE

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GOVERNMENT OF PAKISTAN, WHO HAS MADE IT A PRIORITY TO TURN THINGS AROUND. AND NOW, WE'RE WORKING ON BECOMING THE LEADER IN PRIMARY EDUCATION FOR OUT OF SCHOOL CHILDREN IN THE COUNTRY. OUR GOAL IS TO GET 1 MILLION KIDS BACK IN THE CLASSROOM AND ENCOURAGED TO CONTINUE THEIR EDUCATION.

WE'LL DO THIS THROUGH STRENGTHENING THE FORMAL EDUCATION SYSTEM, TRAINING TEACHERS, AND OFFERING ALTERNATIVE EDUCATION OPTIONS - LIKE HOME SCHOOLING PROGRAMS, NON-FORMAL EDUCATION PROGRAMS, AND VILLAGE-CENTERED SCHOOLS - THAT ARE DESIGNED FOR THE UNIQUE NEEDS OF THESE KIDS AND THEIR FAMILIES. THERE ARE CERTAIN CULTURAL AND SOCIAL BARRIERS TO GETTING OUT OF SCHOOL YOUTH, ESPECIALLY GIRLS, BACK IN SCHOOL. SO WE'RE WORKING WITH COMMUNITIES TO SHOW THE BENEFITS OF THE FORMAL EDUCATIONAL SYSTEM, WHEN IT'S POSSIBLE FOR THEM TO CONTINUE THEIR EDUCATION THERE. WE'RE ALSO SPECIFICALLY HIRING FEMALE TEACHERS IN SOME OF THE MOST MARGINALIZED AND HARDEST TO ACCESS COMMUNITIES SO THAT GIRLS HAVE A FEMALE ROLE MODEL AND ADVOCATE WHO CAN WORK WITH THEM THROUGH THOSE BARRIERS. OUR NON-FORMAL SCHOOLS IN COMMUNITIES THROUGHOUT THE COUNTRY WILL EMPHASIZE ONE-ON-ONE GUIDANCE AND ENCOURAGEMENT FOR EACH STUDENT. BUILDING ON THE INCREDIBLE ASSETS THAT ALREADY EXIST WITHIN COMMUNITIES, PROVIDING EQUAL OPPORTUNITIES IN EDUCATION TO ALL, AND INCLUDING THOSE WITH SPECIAL NEEDS, OUR PROGRAMS WILL MAKE IT POSSIBLE FOR THE HIDDEN STARS IN POOR COMMUNITIES TO SHINE.

RWANDA - WORKING WITH REFUGEES TO FIND A WAY FORWARD:

AT THE HEART OF WHAT WE DO IN RWANDA ARE THE SERVICES THAT SUPPORT OVER 120,000 REFUGEES IN SHELTER PROVISION, WATER AND SANITATION



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INFRASTRUCTURE, FOOD SECURITY AND NUTRITION, LIVELIHOOD AND ECONOMIC EMPOWERMENT, AND ENVIRONMENTAL PROTECTION. WE HELP TO PROVIDE THE CAMP INFRASTRUCTURE NEEDED TO SUPPORT THE HEALTH AND RESILIENCE OF AN ECOSYSTEM OF PEOPLE. OUR HEALTH SERVICES SAVE LIVES. WITH HEALTH FACILITIES IN THREE CAMPS, WE ENSURE THE AVAILABILITY OF HEALTH CARE STAFF AND AN EFFICIENT 24 HOUR REFERRAL SYSTEM TO DISTRICT HOSPITALS, WITH STRIKING RESULTS - MORE CHILDREN ARE REACHING THEIR FIFTH BIRTHDAY IN THESE CAMPS THAN EVER BEFORE.

WE PROVIDE CLEAN, RELIABLE WATER THROUGH ARC'S CAMP-WIDE WATER SYSTEMS. EXPERTS IN THE DESIGN AND CONSTRUCTION OF DURABLE, COST-EFFECTIVE STRUCTURES, WE BUILD HOUSING, LATRINES, SHOWERS, AND COOKING AREAS. OUR LIVELIHOOD PROJECTS SUPPORT THE GROWTH OF LIVELIHOODS IN ACTIVITIES LIKE FARMING - IN POULTRY, VEGETABLES, PASSION FRUIT, AND MUSHROOM CULTIVATION, WHICH INCREASE INCOMES WHILE ALSO PROVIDING A CONSISTENT SUPPLY OF FOOD. AND IN TURN, WE ENCOURAGE HEALTHIER NUTRITION PRACTICES, PROVIDING HEALTHY COOKING DEMONSTRATIONS AND NUTRITION EDUCATION.

SOMALIA - REFUGEES RETURNING HOME TO A FUTURE OF POSSIBILITY:

AFTER MORE THAN TWO DECADES OF LIVING AS REFUGEES IN SURROUNDING COUNTRIES, SOMALIS ARE BEGINNING TO RETURN HOME. THE QUESTION REMAINS, HOWEVER - WHAT WILL THEY HAVE TO RETURN TO? WE'RE INCREASINGLY SHIFTING OUR PROGRAMS TO FOCUS ON HOW TO HELP THE PEOPLE COMING BACK TO SOMALIA. OUR PLANS ARE BIG, BECAUSE THE CHALLENGES ARE GREAT - OVER THE NEXT FEW YEARS, WE PLAN TO GENERATE A TOTAL OF 50,000 JOBS FOR SOMALIS, IN SOMALIA. AND, WE'RE ALREADY WELL ON OUR WAY TO THIS GOAL. IN THE PAST YEAR, WE'VE CREATED 10,000 JOBS IN THE COUNTRY, AND WE'RE DOING IT

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THROUGH PARTNERING WITH LOCAL LEADERS, GOVERNMENT AGENCIES, AND  
 BUSINESSES, PROVIDING MICROFINANCE TRAINING, AND DESIGNING VOCATIONAL  
 TRAINING SCHOOLS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

ONE OF OUR MOST SUCCESSFUL EFFORTS SO FAR IS OUR BREAKTHROUGH FISHING  
 PROJECT IN THE CITY OF KISMAYO, HELPING TO REBUILD THE LOCAL FISHING  
 INDUSTRY THERE. WE'RE ALSO EXPANDING, WORKING IN MORE REGIONS THAN EVER  
 BEFORE, GOING TO PLACES WHERE MORE AND MORE SOMALIS ARE RETURNING.  
 WORKING CLOSELY WITH UNHCR, THE UNITED NATION'S REFUGEE AGENCY, WE'RE  
 SUPPORTING THE RETURN OF SOMALI REFUGEES FROM DADAAB REFUGEE CAMP IN  
 KENYA - THE LARGEST REFUGEE CAMP IN THE WORLD. PART OF SUPPORTING A  
 SUCCESSFUL TRANSITION FOR RETURNEES INCLUDES ENSURING THAT THE  
 COMMUNITIES THEY'RE RETURNING TO ARE STRONG AND HEALTHY. TO THAT END,  
 WE'LL CONTINUE OUR LIFESAVING SERVICES IN PRIMARY AND REPRODUCTIVE  
 HEALTH, CLEAN WATER, RELIABLE SANITATION SYSTEMS, HYGIENE EDUCATION AND  
 SURVIVAL-CENTERED COUNSELING NEEDED TO HELP COMMUNITIES THRIVE.

SOUTH SUDAN - STANDING BY THE PEOPLE WE SERVE:

RIGHT NOW, SOUTH SUDAN IS FACING ANOTHER INFLUX OF INSTABILITY - ONE OF  
 MANY UPSURGES IN CONFLICT SINCE THE COUNTRY'S INDEPENDENCE IN 2011. WE  
 REMAIN STEADFAST IN OUR WORK, AND OUR GUIDING STAR IS PROVIDING  
 CONSISTENT, QUALITY, AND RELIABLE PRIMARY HEALTH CARE SERVICES TO ALL  
 WE CAN REACH. AND, WE DO THIS WORK ALONGSIDE SOUTH SUDAN'S COUNTRY  
 HEALTH DEPARTMENTS, TRAINING THEIR EMPLOYEES SO THAT EVENTUALLY LOCAL  
 STAFF WILL BE ABLE TO CONTINUE THEIR EXCELLENT WORK INDEPENDENTLY OF  
 ARC.

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ONE OF THE MOST DEVASTATING CONSEQUENCES OF VIOLENCE CAN BE THE INCREASE OF VIOLENCE AGAINST WOMEN. THAT'S WHY, PARTICULARLY WITH THE LATEST FLARE UP IN INSTABILITY, OUR WORK WITH COMMUNITIES TO EQUIP WOMEN, GIRLS, BOYS, AND HEALTHCARE PRACTITIONERS WITH THE KNOWLEDGE AND TOOLS THEY NEED TO PROTECT GIRLS AND WOMEN IS MORE IMPORTANT THAN EVER. THROUGH COMMUNITY INTERVENTIONS, CASE MANAGEMENT, AND EDUCATION CAMPAIGNS, WE WORK TO RAISE AWARENESS OF WHAT CAN BE DONE TO PREVENT SUCH VIOLENCE FROM HAPPENING, AND WHAT CAN BE DONE TO HEAL. WE'LL ALSO CONTINUE TO SEEK OUT NEW TOOLS TO DELIVER THE BEST POSSIBLE SERVICES WE CAN OFFER - LIKE MHEALTH, OUR NEW TECHNOLOGY-DRIVEN DATA COLLECTION INITIATIVE, THE FIRST OF ITS KIND IN SOUTH SUDAN.

SUDAN - SAVING LIVES IN THE MOST REMOTE PLACES:

ARC IS A LEADER IN HEALTH IN SUDAN. WE'RE NOW THE MAJOR INTERNATIONAL HUMANITARIAN ORGANIZATION WORKING IN EAST DARFUR, GOING PLACES OTHER ORGANIZATIONS DO NOT GO, HELPING THE MOST MARGINALIZED IN SUDAN GAIN ACCESS TO LIFESAVING SERVICES. OUR PRIMARY HEALTH CARE CLINICS SERVE HUNDREDS OF THOUSANDS OF PEOPLE IN RURAL AREAS AND INTERNALLY DISPLACED CAMPS IN SOUTH AND EAST DARFUR, HELPING PEOPLE HEAL AND STAY STRONG. WE PRIORITIZE GROUPS THAT OFTEN SUFFER THE MOST IN THE AFTERMATH OF CONFLICT, LIKE WOMEN AND CHILDREN. SUDAN HAS SOME OF THE HIGHEST MATERNAL AND INFANT MORTALITY RATES IN THE WORLD - THOUSANDS OF CHILDREN NEVER REACH THEIR FIFTH BIRTHDAYS. OUR STAFF ON THE GROUND WORK EVERY SINGLE DAY TO TURN THAT AROUND, TRAINING MIDWIVES, PROVIDING COMPREHENSIVE PRE AND POST-NATAL CARE, AND PROVIDING CRITICAL MEDICATIONS LIKE ANTIBIOTICS.

WE KNOW THAT A PERSON'S OVERALL HEALTH IS SO MUCH MORE THAN WHAT

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HAPPENS AT OUR CLINICS. ACCESS TO CLEAN WATER, SANITATION INFRASTRUCTURE, AND NUTRITIOUS FOOD DOES MUCH TO BOOST A COMMUNITY'S WELL-BEING. IN BOTH SOUTH AND EAST DARFUR, WE PROVIDE THESE BUILDING BLOCKS FOR A HEALTHY LIFE.

SYRIA - RESPONDING TO THE WORST HUMANITARIAN DISASTER OF OUR TIME: ARC FIRST MOBILIZED RELIEF TEAMS INSIDE SYRIA IN 2013, BEFORE THE CRISIS AS WE KNOW IT NOW TOOK HOLD - WE SAW THE WRITING ON THE WALL AND KNEW WE HAD TO ACT. SINCE THEN, WE'VE BEEN WORKING SIDE BY SIDE WITH TRULY HEROIC SYRIANS, PEOPLE WHO HAVE DEVOTED THEIR OWN LIVES TO SAVING THEIR NEIGHBOR'S. THESE 1,800 CITIZEN HUMANITARIANS HELP US TO PROVIDE SHELTERS, WATER AND SANITATION INFRASTRUCTURE, FOOD RELIEF, MEDICATIONS, AND COUNSELING FOR THOSE WHO HAVE FACED THE DARKEST TIME IN THEIR LIVES. IN 100 LOCATIONS THROUGHOUT SYRIA, WE REACH OVER 600,000 PEOPLE. WE'RE AMONG THE LARGEST DISTRIBUTORS OF FOOD AID IN ALEPPO, A CITY BESIEGED BY CONSTANT ATTACKS AND DESTRUCTIVE VIOLENCE. MILLIONS OF DISPLACED SYRIANS ARE NOW LIVING IN WHAT WE CALL "COLLECTIVE SHELTERS," WHICH ARE MAINLY ABANDONED, UNFINISHED, OR PARTLY DESTROYED BUILDINGS, SCHOOLS, OR OTHER LARGE STRUCTURES. WE BUILD WALLS, PARTITIONS, AND DIVIDES TO PROVIDE SOME PRIVACY, PROTECT PEOPLE FROM THE ELEMENTS, AND MAKE THESE SPACES LIVABLE.

SO MANY SYRIAN YOUTH NEED A CHAMPION, SOMEONE TO BELIEVE IN THEM - SOMEONE TO GIVE THEM HOPE FOR THE FUTURE. WE MAKE SURE YOUTH GET THE MENTORING AND SUPPORT THEY NEED, COUNSELING VICTIMS OF ABUSE AND TRAUMA, AND CONNECTING ORPHANED CHILDREN TO FAMILY MEMBERS WHO CAN CARE FOR THEM. OUR PROGRAMS GIVE CHILDREN THE OPPORTUNITY TO PLAY AND HAVE FUN, HELPING KIDS TO ACT LIKE KIDS AGAIN.

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UGANDA - GIVING COMMUNITIES A VOICE AGAIN:

THE STORY OF REFUGEES IN UGANDA HAS BEEN LARGELY FORGOTTEN - THEY HAVE  
 FADED FROM OUR COLLECTIVE CONSCIOUSNESS. NOW IN UGANDA, WE'RE WORKING  
 TO GIVE THESE COMMUNITIES A VOICE AGAIN. THROUGH OUR BREAKTHROUGH  
 INITIATIVES LIKE KUJA KUJA (MEANING COME COME IN SWAHILI), TO THE  
 FIRST-EVER MARATHON WE HELD IN NAKIVALE REFUGEE SETTLEMENT LAST YEAR,  
 TO OUR START-UP PROJECT CALLED SAFE RIDES IN KYANGWALI REFUGEE  
 SETTLEMENT, WHICH MOBILIZES MOTORCYCLE TAXI DRIVERS IN PROMOTING SAFETY  
 FOR WOMEN AND GIRLS IN THE SETTLEMENT, WE'RE HELPING REFUGEES TRANSFORM  
 THEIR EXPERIENCE IN UGANDA.

KUJA KUJA IS A MANAGEMENT TOOL THAT ELEVATES A REFUGEE TO A CUSTOMER  
 WHO DEFINES WHAT QUALITY IS AND DEMANDS ACCOUNTABILITY. THE TOOL  
 CLEARLY AND IN REAL-TIME REPORTS USER PERCEPTIONS OF THE SERVICES ARC  
 OFFERS - LIKE CLEAN WATER, PROTECTION, AND COMMUNITY SERVICES - SO THAT  
 ARC CAN ORGANIZE AND ALIGN A RESPONSE. IT IS OUR HOPE THAT KUJA KUJA  
 WILL SET THE STANDARD OF HOW ORGANIZATIONS SERVE REFUGEES - AND WHAT  
 REFUGEES EXPECT OUT OF THE SERVICES THEY RECEIVE.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

SUDAN, SOUTH SUDAN, UGANDA, RWANDA,  
 CONGO, DEM REP, PAKISTAN, THAILAND, BURMA,  
 JORDAN, LIBERIA, KENYA

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED AND

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APPROVED BY MANAGEMENT. THE FINANCE/AUDIT COMMITTEE REVIEWED AND APPROVED THE 990 PRIOR TO SENDING A FINAL ELECTRONIC COPY OF THE RETURN TO ALL BOARD MEMBERS PRIOR TO BEING FILED WITH THE IRS.

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

ANY PERSON ENGAGED IN A CLOSE PERSONAL RELATION AS DEFINED BY THE ARC CONFLICT OF INTEREST POLICY IS REQUIRED TO DISCLOSE SUCH RELATION AS IT ARISES, IF IT HAS THE POTENTIAL TO INFLUENCE DECISIONS AROUND HIRING, PROMOTIONS, EDUCATION, ACCESS TO MATERIAL, MEDICINE, HEALTHCARE, MONEY OR OTHER FINANCIAL RESOURCES OR ANY OTHER GOODS OR SERVICES PROVIDED BY ARC. EMPLOYEES ARE PROHIBITED FROM PROVIDING ANY ASSISTANCE OR SERVICE THROUGH ANY ARC PROGRAM, SUCH AS ACCESS TO MATERIALS, MEDICINE, HEALTHCARE, MONEY OR OTHER FINANCIAL RESOURCES OR ANY OTHER GOODS OR SERVICES PROVIDED BY ARC, TO ANYONE WITH WHOM THEY HAVE A CLOSE PERSONAL RELATIONSHIP. EMPLOYEES ARE ALSO PROHIBITED FROM SUPERVISING AND PARTICIPATING IN ANY HIRING, PROMOTION, AND EVALUATION DECISIONS, EITHER DIRECTLY OR INDIRECTLY THAT MAY AFFECT AN INDIVIDUAL WITH WHOM THEY HAVE A CLOSE PERSONAL RELATIONSHIP. EMPLOYEES WHO BELIEVE THIS POLICY IS BEING VIOLATED ARE REQUIRED TO REPORT THE CONCERN. PERSONAL GAIN MAY RESULT NOT ONLY IN CASES WHERE AN EMPLOYEE OR RELATIVE HAS A SIGNIFICANT OWNERSHIP IN A FIRM WITH WHICH THE AMERICAN REFUGEE COMMITTEE DOES BUSINESS BUT ALSO WHEN AN EMPLOYEE OR RELATIVE RECEIVES ANY KICKBACK, BRIBE, SUBSTANTIAL GIFT, OR SPECIAL CONSIDERATION AS A RESULT OF ANY TRANSACTION OR BUSINESS DEALINGS INVOLVING THE ARC. THE ACTIVITIES ARE STRICTLY PROHIBITED BY ARC. VIOLATIONS WILL BE CAUSE FOR IMMEDIATE TERMINATION AND, IF WARRANTED, LEGAL ACTION. THE ORGANIZATION PERFORMS ANNUAL EXTERNAL AUDITS AND REGULAR INTERNAL AUDITS TO EVALUATE ITS INTERNAL CONTROLS AND DETECT ANY CONFLICT OF INTEREST. ARC ALSO HAS A CONFIDENTIAL REPORTING MECHANISM FOR REPORTING

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VIOLATIONS OF ITS POLICIES AND A WHISTLEBLOWER PROTECTION POLICY.

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

IN DETERMINING THE PRESIDENT/CEO'S SALARY, THE COMPENSATION COMMITTEE OF THE BOARD CONSIDERS MARKET SURVEY DATA OF COMPARABLE POSITIONS AND THE PRESIDENT'S PERFORMANCE. THE MARKET SURVEY DATA INCLUDES INFORMATION ON SALARIES OF CEOS OF COMPARABLE INSTITUTIONS, AS REPORTED ON CHARITY NAVIGATOR AND REPORTED IN THE ANNUAL INSIDE NGO SURVEY WHICH INCLUDES DATA ON SALARIES OF POSITIONS IN INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS IN THE HUMANITARIAN RELIEF AND DEVELOPMENT SECTOR. A FORMAL PERFORMANCE EVALUATION IS ALSO CONDUCTED ANNUALLY. ALL DECISIONS ARE DOCUMENTED IN THE BOARD MINUTES. THE LAST COMPENSATION REVIEW TOOK PLACE IN MARCH 2016.

A SALARY REVIEW OF KEY POSITIONS IS CONDUCTED ANNUALLY TO DETERMINE MARKET COMPETIVENESS AND INTERNAL EQUITY CONCERNS. MARKET SURVEY DATA IS GATHERED FROM VARIOUS SOURCES, DEPENDING UPON THE POSITION, BUT THE PRIMARY SURVEY COMPARISON DATA USED IS FROM THE ANNUAL INSIDE NGO SURVEY OF POSITIONS IN INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS IN THE HUMANITARIAN RELIEF AND DEVELOPMENT SECTOR. THE POSITIONS ARE ALSO REVIEWED BY HUMAN RESOURCES TO DETERMINE IF ANY INTERNAL INEQUITIES EXIST AMONG POSITIONS. THE MARKET AND INTERNAL EQUITY DATA IS PRESENTED TO THE INDEPENDENT BOARD WHO MAKES THE FINAL DECISION ON COMPENSATION BASED ON THIS DATA PRESENTED TO THEM AND THE INDIVIDUAL PERFORMANCE OF THE EMPLOYEE. PERFORMANCE EVALUATIONS ARE CONDUCTED ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Name of the organization <b>AMERICAN REFUGEE COMMITTEE</b>	Employer identification number <b>36-3241033</b>
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FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE PUBLISHED ONLINE AS PART OF OUR ANNUAL REPORT AND ARE AVAILABLE UPON REQUEST.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **AMERICAN REFUGEE COMMITTEE** Employer identification number **36-3241033**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASILI HOLDINGS LLC 160 GREENTREE DR. #101 DOVER, DE 19904	DORMANT	DELAWARE	0.	0.	ARC
WIKIRELIEF 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808	SERVICE SOFTWARE DEVELOPMENT	DELAWARE	0.	890.	ARC

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
QUESTSCOPE, LTD. - 36-3936979 615 1ST AVE NE, SUITE 500 MINNEAPOLIS, MN 55413	HUMANITARIAN EDUCATIONAL PROGRAMS	ILLINOIS	501(C)(3)	LINE 7	ARC	X	
QUESTSCOPE 71-75 SHELTON STREET LONDON, UNITED KINGDOM WC2H 9JQ	HUMANITARIAN EDUCATIONAL PROGRAMS	UNITED KINGDOM	N/A	N/A	ARC	X	

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) QUESTSCOPE, LTD.	A	17,909.48	INTEREST ON LOAN
(2) QUESTSCOPE, LTD.	D	378,000.	LOAN VALUE
(3) QUESTSCOPE, LTD.	L	27,292.	FMV
(4) QUESTSCOPE, LTD.	N	27,292.	FMV
(5) QUESTSCOPE, LTD.	Q	31,402.	ACTUAL EXPENSE
(6) QUESTSCOPE	D	378,000.	LOAN VALUE

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)QUESTSCOPE	B	85,600.	BASED ON GRANT BUDGET
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



