Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-1150

non to Dubl'

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		, 2015, and ending		, 20						
В	Check if a Address			entification number 6-5676616						
	Name ch	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite								
	Initial ret	tum 6026A Harwood Ave.	E Telephone number 415-944-7350							
H	Amende	City or town state or province country and ZID as familiary and LID	F Group Exer	nation						
		Oakland, CA 94618	Number ▶							
G	Accour	nting Method: ☐ Cash Accrual Other (specify)	heck Dif	the organization is not						
1	Websit			the organization is not ach Schedule B						
J	Гах-ехе	mnt status (shook ank) d = a () (a)		-EZ, or 990-PF).						
		forganization: Corporation Trust Association Other								
L	Add line	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets							
(Pa	art II, co	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	> s	150646.12						
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstructions	for Part I)						
		Check if the organization used Schedule O to respond to any question in this Part I	1011 40110110	Torrarer)						
	1	Contributions, gifts, grants, and similar amounts received	. 1	150600.05						
	2	Program service revenue including government fees and contracts	. 2	0						
	3	Membership dues and assessments	. 3	0						
	4	Investment income	4	46.07						
	5a	Gross amount from sale of assets other than inventory 5a	0							
	b	Less: cost or other basis and sales expenses	0							
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		0						
	6	Gaming and fundraising events								
	a	Gross income from gaming (attach Schedule G if greater than								
Revenue		\$15,000)	0							
Vel	b	Gross income from fundraising events (not including \$ 0 of contributions								
Re		from fundraising events reported on line 1) (attach Schedule G if the								
		sum of such gross income and contributions exceeds \$15,000) 6b	0							
	C	Less: direct expenses from gaming and fundraising events 6c	0							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	ract							
		line 6c)	· 6d	0						
	7a	Gross sales of inventory, less returns and allowances	0							
	b	Less: cost of goods sold	0							
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	0						
	8	Other revenue (describe in Schedule O)	8	0						
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	150646.12						
	10	Grants and similar amounts paid (list in Schedule O)	. 10	0						
	11	Benefits paid to or for members	11	0						
Expenses	12	Salaries, other compensation, and employee benefits	. 12	76757.58						
sus	13	Professional fees and other payments to independent contractors	. 13	28425.50						
кре	14	Occupancy, rent, utilities, and maintenance	14	0						
Ê	15	Printing, publications, postage, and shipping	. 15	106.19						
	16	Other expenses (describe in Schedule O)	. 16	14792.15						
	17	Total expenses. Add lines 10 through 16	► 17	120081.42						
S	18	excess or (delicit) for the year (Subtract line 17 from line 9)	18	30564.70						
sei	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w	/ith	00004.70						
As		end-of-year figure reported on prior year's return)	. 19	7867.07						
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	0						
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	38431.77						
			- de							

Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			7867.07	22	38431.77
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			7867.07	25	38431.77
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	7867.07	27	38431.77
Par	Statement of Program Service Accom	nplishments (see th	ne instructions for I	Part III)		
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	Charitable and educ	cational			quired for section
Desc	ribe the organization's program service accompl	ishments for each o	of its three largest n	rogram services		(c)(3) and 501(c)(4) anizations; optional for
as m	leasured by expenses. In a clear and concise n	nanner, describe th	e services provided	the number of	othe	
pers	ons benefited, and other relevant information for e	ach program title.		,		
28	See Schedule O.					
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	28a	120081.42
29	None.			AMERICANIE (
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	• 🗇	29a	0
30	None.	0 0				
	(Grants \$) If this amount	t includes foreign gra	ants, check here .		30a	0
31	Other program services (describe in Schedule O)				-	
	(Grants \$) If this amount	t includes foreign gra	ints, check here	. ▶□	31a	0
32	Total program service expenses (add lines 28a	through 31a)			32	120081.42
Par	IV List of Officers, Directors, Trustees, and Ke	y Employees (list each	n one even if not com	pensated—see the in	struc	ctions for Part IV
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		
		(b) Average	(c) Reportable	(d) Health benefits,	T	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		Estimated amount of ther compensation
ink.		devoted to position	(if not paid, enter -0-)	deferred compensation		urier compensation
	Schor	1				
Chai	, board of directors		0		0	0
	Graves	1			1	
	per, board of directors		0		0	0
	le Cray	1			+	
	per, board of directors		0		0	0
	Ruskin	50				
	rector	30	61615	5513.22		0
	Malkan	. 7				
Co-d	rector		22987.50			0
					1	
YAR						
					-	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s in th	ne	age
	include and the first vy officers if the organization used Schedule O to respond to any question in this	Part	1	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		-
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		4
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		4
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	E		
•	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		4
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶ California	100		_
42a		15-94	4-7350)
	Located at ► 6026A Harwood Ave.; Oakland, CA	94618	-1338	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority, over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		4
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	A CONTRACTOR OF	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	- 🗆
44a	Did the organization maintain any dense at the Life to the transfer of the control of the contro		Yes	No
444	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a sectual at a 11 th 1	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	100		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		

to candidates for public office? If "Yes," complete Schedule C, Part I All section 501(c)(S) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 Is the organization achieved in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	46	Did	the organization engage, directly or in	ndirectly, in political of	campaign activitie	s on	behalf of or	in opposi	tion		Yes	No
All section 501(pl(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 17 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 18 Is the organization and secondary of the secondary of the organization and secondary of the organization as extended in section 170(b)(1)/A(h)(i)? If "Yes," complete Schedule E 48 Is with a secondary of the organization and secondary of the organization? 19 If "Yes," was the related organization as extend to 52 organization? 10 If "Yes," was the related organization as extended organization? 10 If "Yes," was the related organization as extended employees (other than officers, directors, trustees and employees with each received more than \$100,000 of compensation from the organization of the organization. If there is none, enter "None." 10 If "Yes," complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 11 Total number of other employees paid over \$100,000	Part	VI	Section 501(c)(3) organizations	complete Schedule C	, Part I					46		4
Sugard \$1. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section \$01(h) election in effect during the tax ways and the organization of the organization is section \$170(b)(1)\(\lambda\)(\(\hat{\text{if}}\) (\(\frac{\text{if}}{\text{if}}\) (\(\frac{\text{ves}}{\text{omplete}}\) (complete Schedule C, Part II was a comparable of the organization as section \$27\$ organization? Organization? Was a comparable of the organization of the organization? Was a complete Schedule E was a complete Schedule C was a complete Schedule A was a complete	rart				etions 17_10h a	and F	2 and an	malata th	0 +0		Ii	
Check if the organization used Schedule O to respond to any question in this Part VI Yes No No Yes No Yes No Yes No Yes No Yes Y			50 and 51.	is must answer que	55110115 47-490 8	and t	oz, and co	mpiete th	ie table	STO	or line	es
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ween? If "Yes," complete Schedule C, Part II 8 Is the organization as chool as described in section 170(b)(1)/\(\pi\)(ii)? If "Yes," complete Schedule E				hedule O to respond	to any question	in th	is Part VI					
247 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		13012		Treating of to respond	to any question	111 (1	iis i ait vi		• • •	·	Voc	No
year? If Yes," complete Schedule C, Part II If Yes, "complete schedule C, Part II If the organization as decombed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E If Yes," was the related organization as exempt non-charitable related organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Name and title of each employee (c) Name and title of each employee (b) Name and title of each employee (c) Name and title of each employee (d) Name and title of each employee (e) Reportable compensation (c) Flagoritable compensation (e) Flagoritable complete schedule or compensation from the organization. If there is none, enter "None." (e) Name and business address of each independent contractor (e) Name and business address of each independent contractor (e) Name and business address of each independent contractor (e) Type of service (e) Compensation Organization complete Schedule A Note: All section 501(c)(3) organizations must attach a completed Schedule A Note: All section 501(c)(3) organizations must attach a completed Schedule A Note: All section 501(c)(3) organizations must attach a Note: All section 501(c)(3) organizations organization or proper of pert if fine officion is based on all information of which pepare has my formwidge. Sign Herry Peparer a name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's address b Prim's effective played Prim's effective play	47	Did	the organization engage in lobbying	activities or have a	section 501(h) ele	ection	in effect of	during the	tax Г		163	140
18 Is the organization a school as described in section 170(b)(1)(A)(P) If Yes,* complete Schedule E		year	? If "Yes," complete Schedule C, Par							47	1	
Did the organization make any transfers to an exempt non-charitable related organization? 49a 49b 49b 5 15 *Ves,* was the related organization as exciton \$27 organization? 49a 49b 49b 49b 5 5 5 5 5 5 5 5 5	48	Is th	e organization a school as described in	n section 170(b)(1)(A)(i)? If "Yes." compl	ete S	chedule F		-			1
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highests compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per west devoted to position (c) Reportable compensation (c) Reportable compensation (d) Health barrelits. (e) Reportable (c) Reportable compensation (forms W-2/1092-MISC) (e) Health barrelits. (f) Health barrelits. (g) Reportable (c) Reportable compensation (forms W-2/1092-MISC) (g) Reportable compensation (g) Estimated amount of other compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Compensation (e) Compensation (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other independent contractors each receiving over \$100,000 (g) Total number of other inde	49a	Did :	the organization make any transfers t	o an exempt non-cha	ritable related ord	aniz	ation?		. 4			1
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f Total number of other employees paid over \$100,000 . ▶ 0 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A painted or painted in the penalter of the penalter of painted in the penalter of the penalter				(b) Average hours per week	(c) Reportable compensation		(d) Health contributions benefit plans,	benefits, to employee and deferred	(e) Estir	nated	d amou	unt of
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(a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . Did yes No Under penalties of perjuny I sectard that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete. Peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Print/Type or print name and title Preparer's signature Preparer's signature Date Check if PTIN Print/Type preparer's name Preparer's signature Print/Type preparer Firm's name Firm's EIN Firm's clieves this column with the preparer Phone no.						ent d	contractors	who each	receiv	n ha	more	than
d Total number of other independent contractors each receiving over \$100,000 . ▶ □ □ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes □ No Under penalties of perjury! I declar 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. Sign Print/Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name ▶ □ Firm's address ▶ □ Phone no. Phone no.		\$100	,000 of compensation from the orga	nization. If there is no	ne, enter "None."	OIII (Jona actors	wile caci	i receiv	cu i	11016	ulai
d Total number of other independent contractors each receiving over \$100,000 . ▶ □ □ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes □ No Under penalties of perjury! I declar 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. Sign Print/Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name ▶ □ Firm's address ▶ □ Phone no. Phone no.		(a)	Name and business address of each independ	lent contractor	(le) Turns of		LE PROPE		_		(11.55)	
d Total number of other independent contractors each receiving over \$100,000 . ▶ □ 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes □ No 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. Sign Asignature of officer Gary Ruskin, co-director Type or print name and title Preparer Use Only Firm's name ▶ Firm's name ▶ Firm's signature Firm's address ▶ Phone no.			The same same same same same same same sam	icht contractor	(b) Type of	servic	e	(c)	Compen	satio	n	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	None.											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										W.		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A						3.6						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										hor		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										21.lī		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										7.5		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A						_578è					44.5	
Completed Schedule A 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. Sign Here Gary Ruskin, co-director Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's address ► Phone no.						. ▶						
Under penalties of perjuny 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. Sign Here Gary Ruskin, co-director Type or print name and title Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed Firm's name Firm's address ▶ May the IPS discuss this return with the preparer of pure signature of the property of the propagation of the best of my knowledge and belief, it is the propagation of preparer is based on all information of which preparer has any knowledge. Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Firm's ell N Phone no.	52	Did	the organization complete Schedu	le A? Note: All se	ction 501(c)(3) o	rgani	zations mu	ust attach	а			
Sign Here Signature of officer Date												
Sign Here Gary Ruskin, co-director Type or print name and title Print/Type preparer's name Preparer Use Only Firm's address ▶ May the IPS discuss this return with the preparer shows a bound how a local side. Place Date Date Check ☐ if self-employed Firm's EIN ▶ Phone no.	Under pe true, con	enalties rect, an	of perjury, I declare that I have examined this not complete. Declaration of preparer (other than	eturn, including accompany	ring schedules and state	temen	ts, and to the l	est of my kn	owledge	and b	oelief, it	t is
Gary Ruskin, co-director Type or print name and title Print/Type preparer's name Preparer Use Only Firm's address ▶ May the IPS discuss this return with the preparer of each of the property of the pr				omoci is based on an into	mation of which prepa	rerna	s any knowled	ge.	1			
Gary Ruskin, co-director Type or print name and title Print/Type preparer's name Preparer Use Only Firm's address ▶ May the IPS discuss this return with the preparer of each of the property of the pr	Sign		Signature of officer	3				251	6			
Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed Firm's name Firm's EIN ▶ Phone no.							Date	. 1				
Print/Type preparer's name Preparer Use Only Firm's name Firm's address ▶ May the IPS discuss this return with the preparer shown shows 0.0 so in the life of the property of the preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's EIN ▶ Phone no.									Adam			
Preparer Use Only Firm's name ► Firm's address ► Phone no.				Preparer's signature		Dot-			DT::			
Use Only Firm's name ► Firm's EIN ► Firm's address ► Phone no.			Time Type preparer Strattle	. Toparor o digitature		Date			IT	V		
Firm's address Phone no.			Eirm's name						red			
May the IPS discuss this return with the propercy shown shows 0.0 - ind.	Use C	Inly								801		
	May th	e IRS		shown above? See in	estructions		Phon	e no.				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No. 1545-0047

Open to Public Inspection Employer identification number

-	Right to Know					46-5	676616
Pai		arity Status (A	Il organizations mus	st comple	ete this	part.) See instructi	ons.
The	organization is not a private found	lation because it	is: (For lines 1 throug	h 11, che	ck only o	one box.)	
1	A church, convention of church	ches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in section	n 170(b)(1)(A)(ii).	. (Attach Schedule E (I	Form 990	or 990-E	EZ).)	
3	A hospital or a cooperative ho	ospital service or	ganization described	in sectio	n 170(b)((1)(A)(iii).	
4	A medical research organizat	ion operated in o	conjunction with a hos	spital desc	cribed in	section 170(b)(1)(A)(iii). Enter the
	nospital's name, city, and sta	te:					
5	An organization operated for section 170(b)(1)(A)(iv). (Con	the benefit of a nplete Part II.)	college or university	owned o	or operat	ed by a governmer	ital unit described in
6	- The state of the						
7	An organization that normally described in section 170(b)(1	receives a sub	stantial part of its sur	oport fron	n a gove	rnmental unit or from	m the general public
8	A community trust described	in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities relate support from gross investmacquired by the organization and	receives: (1) me ed to its exempt ent income and	ore than 331/3% of its functions—subject to unrelated business	support o certain taxable	exception	ons, and (2) no mor less section 511 ta	e than 331/2% of its
10	An organization organized and	d operated exclu	sively to test for publi	ic safety.	See sect	tion 509(a)(4).	
11	An organization organized and	operated exclus	ively for the benefit of	to perfor	m the fur	nctions of, or to carn	y out the purposes of
	one or more publicly supporte	d organizations of	described in section 5	09(a)(1) c	or section	509(a)(2). See sect	tion 509(a)(3) Check
	the box in lines 11a through 11	d that describes	the type of supporting	g organiza	tion and	complete lines 11e,	11f, and 11g.
а	□ Type I. A supporting organization organization. You must cor	s) the power to r	egularly appoint or ele	lled by its ect a majo	support ority of th	ed organization(s), to directors or truste	ypically by giving es of the supporting
b	□ Type II. A supporting organ control or management of the organization(s). You must c	ne supporting or	ganization vested in th	nection v ne same p	vith its su persons t	ipported organizatio hat control or mana	n(s), by having ge the supported
С	☐ Type III functionally integrates supported organization(s)	ated. A supporti	ng organization opera	ted in co	nnection	with, and functional	ly integrated with,
d	☐ Type III non-functionally in that is not functionally integring requirement (see instruction	rtegrated . A sup	porting organization of ization generally must	perated i	in connec	ction with its suppor	ted organization(s) an attentiveness
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	IRS that	tit is a Type I. Type	II, Type III
f	Enter the number of supported			porting or	ganizatio	n.	
g	Provide the following information	n about the curr	orted organization(a)		• • • •		
	(i) Name of supported organization	(ii) EIN		1		T.	
	Composed organization	(ii) Liiv	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Par	t II Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to au	alify under
	Part III. If the organization fails to	qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	amy arraci
	tion A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				46525	150600.05	197125.05
3	The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0
4	Total. Add lines 1 through 3				46525	150600.05	197125.05
5	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)						0
6	Public support. Subtract line 5 from line 4.						197125.05
Sect	ion B. Total Support						197123.03
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		(3) = 1	(0) 2010	46525	150600.05	197125.05
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				.16	46.07	46.23
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				0	0	0
11	Total support. Add lines 7 through 10					-	197171.28
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	0
13	First five years. If the Form 990 is for the	e organization	's first, secon	d. third. fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop her	'e					🕨 🗾
Secti	on o. Computation of Public Suppor	t Percentage	е				
14	Public support percentage for 2015 (line 6	, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2014 Sch	edule A, Part I	ll, line 14 .			15	0/2
16a	331/3% support test—2015. If the organiz	ation did not d	check the box	on line 13, and	l line 14 is 331/3	3% or more, ch	eck this
b	box and stop here. The organization quali 33 ¹ / ₃ % support test—2014. If the organicheck this box and stop here. The organization	ization did no	t check a box	on line 13 or	16a, and line	15 is 33 ¹ / ₃ % o	or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meet Part VI how the organization meets the "facorganization	15. If the organts the "facts-and-circum	nization did no and-circumstar mstances" tes	ot check a box nces" test, che t. The organiza	on line 13, 16a ck this box and ation qualifies a	a, or 16b, and li	ne 14 is
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	14. If the organ	nization did no	ot check a box	on line 13, 16a	a, 16b, or 17a,	and line

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

Schedule B

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

U.S. Right to Know

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Employer identification number

46-5676616

Organization type (check one):						
Filers o	ıf:	Section:				
Form 9	90 or 990-EZ					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		☐ 527 political organization				
Form 99	90-PF	☐ 501(c)(3) exempt private foundation				
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation				
		☐ 501(c)(3) taxable private foundation				
	only a section 501(c)(7)	covered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	l Rule					
	For an organization f or more (in money or contributor's total co	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % 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						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

Tax) (s	see separate instructions), t		, rax, (occ copara:	e moducacións, or romi so	o-L2, Fait V, line 350 (Flox)
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	of organization			Employer ide	ntification number
	Right to Know				46-5676616
Part		e organization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of	the organization's direct and indire	ect political campa	aign activities in Part IV.	
2	Political expenditures .			▶ ;	\$0
3	Volunteer hours				0
Part	-B Complete if th	e organization is exempt und	or coation 501/	a)/0)	
1		excise tax incurred by the organization			\$ 0
2		excise tax incurred by organization			\$ 0
3		ed a section 4955 tax, did it file Fo			
4a	Was a correction made?		1111 4720 101 tills y	ear	
b	If "Yes," describe in Part				Yes No
Part		e organization is exempt und	er section 5016	c) except section 501	1(0)(3)
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	1(0)(0).
2		filing organization's funds contrib			·
	527 exempt function acti	vities			
3		expenditures. Add lines 1 and 2			
4		n file Form 1120-POL for this year			Yes No
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all se	ection 527 political organ	izations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organ	ization's funds. Also enter
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate r	political organization, such
	as a separate segregated	fund or a political action committee	ee (PAC). If additio	nal space is needed, prov	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			(0) =	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(E)					
(5)					
(6)					
-,					

f Grassroots lobbying expenditures

dule C (Form 990 or 990-EZ) 2015					Page 2	
t II-A Complete if the organization section 501(h)).	on is exempt u	ınder section 5	01(c)(3) and file	d Form 5768 (ele	ection under	
name, address, EIN, expe	nses, and shar	re of excess lobl	oying expenditur	es).	oup member's	
Check ► ☐ if the filing organization ch	necked box A a	and "limited con	trol" provisions a	apply.		
				i · ·	(b) Affiliated	
			•	organization's totals	group totals	
		100				
		dy (direct lobbyin	g)	100		
Total lobbying expenditures (add lines	a and 1b) .			200		
Other exempt purpose expenditures .				119881.42		
Total exempt purpose expenditures (ad	d lines 1c and 1	d)		120081.42		
				24016.28		
If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:			
Not over \$500,000		nount on line 1e.				
Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.			
Over \$1,000,000 but not over \$1,500,000						
Over \$1,500,000 but not over \$17,000,000						
		070 01 till 070000 0	νοι φτ,οοο,οοο.			
				6004.07		
	,					
		1h or line 1i dic	the organization	-		
reporting section 4911 tax for this year	?				Yes No	
4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						
Lobbyin	g Expenditures	During 4-Year Av	veraging Period			
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
Lobbying nontaxable amount	0	0	7731.42	24016.28	31747.70	
Lobbying ceiling amount (150% of line 2a, column (e))					47621.55	
Total lobbying expenditures	0	0	0	200	200	
	0	0	1932.85	6004.07	7936.92	
Grassroots ceiling amount (150% of line 2d, column (e))					11905.38	
	Complete if the organization section 501(h)). Check	Complete if the organization is exempt usection 501(h)). Check	t II-A Complete if the organization is exempt under section 501(h)). Check	Complete if the organization is exempt under section 501(c)(3) and files section 501(h)). Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV name, address, EIN, expenses, and share of excess lobbying expenditure. Check ▶ ☐ if the filing organization checked box A and "limited control" provisions a Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying). Total lobbying expenditures to influence public opinion (grass roots lobbying). Total lobbying expenditures (add lines 1a and 1b). Other exempt purpose expenditures (add lines 1a and 1b). Other exempt purpose expenditures (add lines 1a and 1d). Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 S225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 S225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 Find the 1g from line 1a. If zero or less, enter -0- Subtract line 1g from line 1a. If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization reporting section 4911 tax for this year? Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) Lobbying ceiling amount (a) 2012 (b) 2013 (c) 2014 Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning amount (a) 2012 Calendar year (or fiscal year begi	Complete if the organization is exempt under section 501(c)(3) and filled Form 5768 (ele section 501(h)). Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group (and list in Part IV	

Schedule C (Form 990 or 990-EZ) 2015

100

100

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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. **Open to Public** Inspection

Employer identification number

U.S. Right to Know	46-5676616
Part I, Line #16: Other expenses	
FOIA fees: \$10,571.54	
D&O liability insurance: \$979	
Subscriptions: \$659.07	
Office supplies: \$787.21	
Software: \$99.99	
Travel: \$651.22	
Web design & hosting: \$465.82	
Part III, Line #28	
We research and distribute information free of charge to the public to promote transparency in o	ur nation's food system, especially
regarding our nation's largest food and agrichemical companies, and their products. Our research n	nay be of interest to journalists,
activists and the general public.	
U.S. Right to Know is a new organization. This was our only program area.	