efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Form **990**

DLN: 93493306017026 OMB No 1545-0047

Inspection

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

(چ

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

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.IRS.gov/form990

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	**	* * *					
Sign	Sig	gnature of officer					
Here	PE	TER ROGERS CEO					
	Ту	pe or print name and title					
		Print/Type preparer's name	Preparer's signature				
Paid		JOHN S MASTRANGELI JOHN S MASTRANG					
Prepare	-	Firm's name PHILIPRAE & ASSOCIATES CPAS					
Liebaie	l	E I II N EGA C WACUTNICTON CT	TE 200				

Firm's address ▶ 564 S WASHINGTON ST STE 200 **Use Only** NAPERVILLE, IL 60540 May the IRS discuss this return with the preparer shown above? (see $\ensuremath{\text{\textbf{IRS}}}$

For Paperwork Reduction Act Notice, see the separate instructions.

Part IV Checklist of Required Schedules

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

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Yes

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Yes

		·	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😏	10		N o

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? .

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

No

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

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

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

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

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

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

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

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

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

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

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

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

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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

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

and complete Schedule K If "No," go to line 25ab Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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

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

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

domestic government on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

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Yes

Form 990 (2015)

Yes

orm	990 (2015)			Page 5
Pai	rt 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			
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 5		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.		
2a	gaming (gambling) winnings to prize winners?	1c		
h	by this return	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		NO
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]	ı	i
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

14b

year by the following

Section C. Disclosure

15)			Page 6
overnance, Management, and Disclosure			
To some lives in an agentient, and proceed to be less and for a "No" recognite to lines	0- 06	a= 10h hala	

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

Clion A. Governing Body and Management				
		_	Yes	N
Enter the number of voting members of the governing body at the end of the tax year	1a	16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
Enter the number of voting members included in line 1a, above, who are independent	1b	16		
Did any officer director trustee or key employee have a family relationship or a bu	cineco	relationship with any		

	year	1a		16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		16		
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	sıness • •	relationship	with any	2	

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? Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates?

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

 ${f b}$ Other officers or key employees of the organization

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

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

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

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ROBERT REILAND 980 NORTH MICHIGAN AVENUE NO 1180 CHICAGO, IL 606114522 (312) 642-2532

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

(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)

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

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

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

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

				165	i
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are				ĺ

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

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15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han ersoi cer tor/t	not one n is and rust			(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
			1			<u> </u>				
(1) PETER ROGERS CEO	40 00	×		×				82,291	0	0
(2) BENTON BARTON DIRECTOR	2 00	х						0	0	0
(3) MELANIE CHEAIRS DIRECTOR	2 00	Х						0	0	0
(4) GRACE GARCIA DIRECTOR	2 00	х						0	0	0
(5) MARC HARWELL DIRECTOR	2 00	х						0	0	0
(6) JOHN HUTCHINGS DIRECTOR	2 00	х						0	0	0
(7) RICHARD W KREIG DIRECTOR	2 00	х						0	0	0
(8) IGNACIO LOPEZ-BALCELLS DIRECTOR	2 00	х						0	0	0
(9) KIM MOORE DIRECTOR	2 00	x						0	0	0
(10) W DAVID PATTON DIRECTOR	2 00	×						0	0	0
(11) MARTA RODRIGUES DIRECTOR	2 00	x						0	0	0
(12) KRISTOFFEL VERMEERSCH DIRECTOR	2 00	×						0	0	0
(13) JK LEONARD CHAIR	2 00			x				0	0	0
(14) BRETT BACON TREASURER	2 00			×				0	0	0
										Form 990 (2015)

art VII	Section A. Officers,	Directors, Tru	stees, Key Employees,	and Highest Com	pensated Employees	continued)
سعمت	,		,,,,	·	F (

(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe offi	han erso cer	o not check n one box, on is both an r and a /trustee)			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) ELIZABETH JOHNSON	2 00			х				0	0	
SECRETARY										
(16) GARY BAGUE VICE CHAIR	2 00			x				0	0	
(17) CAROL ERVIN	2 00			.,						
CHAIR EMERIT				X				0	0	
(18) JESSICA ZAROSKI CHIEF EVENTS	40 00					х		133,446	0	11,41
(19) DEBORAH HECHT CHIEF MARKET	40 00					х		121,395	0	14,86
(20) ROBERT REILAND	40 00									
CFO						X		109,820	0	16,28
(21) LEE MACPHEE CEO	40 00						х	212,500	0	
1b Sub-Total	(, Section A .			P	l					
d Total (add lines 1b and 1c)	<u></u>			•			6	59,452		42,563
2 Total number of individuals (including but n	ot limited to tho	se list	ed al	bove	e) w	ho red	eıv	ed more than		

\$100,000 of reportable compensation from the organization > 4

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

Total number of independent contractors (including but not limited to those listed above) who received more than

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Description of services

4

5

Yes No Yes

Yes

Νo

(C)

Compensation

Form 990 (2015)

100,000 of compensation from the organization

3

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A)

Name and business address

Form 99								Page 9
Part V	***	Statement o						
		Check if Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ıes 1b					
	c	Fundraising eve	ents 1c					
fts. ir A	d	Related organiz	zations 1d	-				
i⊇ 'E	e	Government grants						
Sin		_				-		
utic	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
를	g	Noncash contribution	ons included in lines					
Cont and	h	Total. Add lines	s 1a-1f					
				Business Code		+		
Program Service Revenue	2a	SEMINAR INCOME		900099	1,948,877	1,948,877		
₹ ₹	ь	MEMBERSHIP DUE	S	900099	1,740,192	1,740,192		
э. Н	c	-			, ,	, ,		
ž	d	-						
ν Έ	e		_					
grar	f	All other progra	am service revenue					
Æ	g	Total. Add lines	s 2a-2f		3,689,069			
	3		ome (including dividen					
		and other simil	aramounts)	•	48,736			48,736
	4		stment of tax-exempt bond	proceeds P				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(i) icui	(II) I CISOIIdi				
		Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco		▶				
	7a	Gross amount	(ı) Securities	(II) O ther				
	/ a	from sales of assets other than inventory	1,853,501					
	ь	Less cost or other basis and	1,666,011					
		sales expenses						
	C	Gain or (loss)	187,490		187,490			187,490
	8a		from fundraising	· · · · >	107,430			107,430
Other Revenue		events (not inc \$						
æ		See Part IV, lin						
her	١.		a					
ŏ	C		penses b (loss) from fundraising	events				
			from gaming activities	evenes p				
		See Part IV, lin						
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gamıng actı	vities				
	10a	Gross sales of	inventory, less	•				
		returns and allo						
	١.	_	a					
	b		oods sold b (loss) from sales of inv	entory				
		Miscellaneous		Business Code				
	11a	scenancou.		243111633 6046				
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions .	•				
					3,925,295	3,689,069		236,226

Part IX Statement of Functional Expenses

Section 5	i 0 1 (c)(3) a	and 501(c)(4) organizations	must complete	all columns	Allotherd	organizations	must complete c	:olumn (

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

	Г			, · · · · · · · · · · · · · · · · · · ·	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	212,500			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	804,511			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	25,543			
9	Other employee benefits	70,291			
10	Payroll taxes	00.055			
	Face for converse (non-ampleyees)	82,266			
11	Fees for services (non-employees) Management				
a b	Legal	6,117			
c	Accounting	19,903			
d	Lobbying	15,505			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	20,410			
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	135,390			
12	Advertising and promotion	196,619			
13	Office expenses	88,699			
14	Information technology	20,653			
15	Royalties				
16	Occupancy	109,923			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,040,533			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,862			
23	Insurance	14,556			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEMBERSHIP DEVELOPMENT	73,214			
b	MISC	8,067			
c d					
е	A II other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,967,057	0	0	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par		Balance Sheet			Page 1 1
Ги	LA	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	169,930	1	437,26
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	206,152	4	198,37
	5	Loans and other receivables from current and former officers, directors, trustee key employees, and highest compensated employees Complete Part II of Schedule L	S,	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Pa II of Schedule L	rt	6	
SS	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
			298,013	1	261,73
	9	Prepaid expenses and deferred charges	290,013	9	261,73
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 232,4	66		
	ь	Less accumulated depreciation 10b 163,8	34 68,998	10c	68,63
	11	Investments—publicly traded securities	2,216,319	11	1,749,10
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,440	15	8,44
	16	Total assets.Add lines 1 through 15 (must equal line 34)	2,967,852	16	2,723,54
	17	Accounts payable and accrued expenses	96,781	17	159,13
	18	Grants payable		18	
	19	Deferred revenue	360,212	19	381,924
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ities	22	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		22	
Liabi	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
				25	
	26	Total liabilities. Add lines 17 through 25	456,993	26	541,05
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>=</u>	27	Unrestricted net assets	2,510,859	27	2,182,48
Ba	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\$\$(31	Paid-in or capital surplus, or land, building or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	2,510,859	33	2,182,48

2,723,541

Form 990 (2015)

2,967,852

34

Total liabilities and net assets/fund balances

Page **12**

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

Total revenue (must equal Part VIII, column (A), line 12) 1

Total expenses (must equal Part IX, column (A), line 25) 2

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net unrealized gains (losses) on investments . Donated services and use of facilities .

Investment expenses

Prior period adjustments .

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

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

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

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

column (B))

Other changes in net assets or fund balances (explain in Schedule O) . Check if Schedule O contains a response or note to any line in this Part XII

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XII Financial Statements and Reporting

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 Separate basis Consolidated basis

1 Accounting method used to prepare the Form 990

Schedule O

Schedule O

Both consolidated and separate basis

basis, consolidated basis, or both

Separate basis Consolidated basis

Single Audit Act and OMB Circular A-133?

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 Both consolidated and separate basis

Cash ✓ Accrual Cother If the organization changed its method of accounting from a prior year or checked "Other," explain in

5 6 7

3

4

8

9

10

3,925,295

3,967,057

2.510.859

-286,615

2,182,482

No

Νo

Νo

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

-41,762

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

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

Inspection

DLN: 93493306017026 OMB No 1545-0047

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the ► Attach to Form 990. Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization ALFA INTERNATIONAL GLOBAL LEGAL NETWORK INC 13-3084204 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **▶** \$ _

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

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2015

ar		Organizations Maintaining (continued)	Collections of A	Art, His	toric	al T	reasure	s, or (Other Simila	ır As	ssets
3		the organization's acquisition, acco	ession, and other re	cords, ch	eck an	ny of	the follow	ng that	are a sıgnıfıcaı	nt use	e of its
а	⊢ Pι	ublic exhibition		d		Loar	n or exchai	nge pro	grams		
b	┌ so	cholarly research		е	Γ	Othe	er				
c	┌ Pr	reservation for future generations									
4	Provide Part XI	e a description of the organization' II	s collections and ex	plaın hov	v they 1	furth	er the orga	ınızatıoı	n's exempt pur	pose	ın
5	assets	the year, did the organization solid to be sold to raise funds rather th	an to be maintained							Yes	No
Par		Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form !	990, P	Part	IV, line 9	, or re	ported an an	noun	t on Form 990,
1a		organization an agent, trustee, cus d on Form 990, Part X?	todian or other inte	rmediary	for cor	ntrıbı	utions or o	ther as:		Yes	No
b	If"Y	es," explain the arrangement in Pa	art XIII and comple	te the fol	lowing	table	e			Amo	ount
c	Begir	nning balance						10	:		
d	A ddı	tions during the year						1d			
е	Distr	ributions during the year						1e	1		
f	Endır	ng balance						1f			
2a	Did the	organization include an amount o	n Form 990, Part X,	line 21,	for esc	row	or custodia	al accou	int liability?	Yes	∏ No
b		," explain the arrangement in Part									<u> </u>
Pa	rt V	Endowment Funds. Comple	te if the organiza (a)Current year		werec		b (c) Two ye				(e)Four years back
1a	Beginn	ing of year balance	(a)Current year	(D)FII	oi yeai	+	b (C) Wo ye	als back	(d)Tillee years i	Jack	(e) our years back
ь	Contrib	- ,									
С	Net inv losses	estment earnings, gains, and									
d	Grants	or scholarships									
е	Other e	expenditures for facilities ograms									
f	A dmini	istrative expenses									
g		year balance									
2	Provide	e the estimated percentage of the	current year end ba	lance (lın	e 1g, c	olum	nn (a)) held	d as			
а		designated or quasi-endowment >	•	,	٥.		,				
b		nent endowment >									
c	Tempor	rarily restricted endowment ► rcentages on lines 2a, 2b, and 2c	should equal 100%								
3а	Are the	ere endowment funds not in the postation by	·		hat are	e hel	d and adm	ınıstere	d for the		Yes No

(i) unrelated organizations

(ii) related organizations If "Yes" on 3a(II), are the related organizations listed as required on Schedule R? .

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Describe in Part XIII the intended uses of the organization's endowment funds

3D	

3a(i) 3a(ii)

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d)Book value		
1a Land						
b Buildings						
c Leasehold improvements		53,361	51,112	2,249		
d Equipment		142,437	83,132	59,305		
e Other		36,668	29,590	7,078		

Part VII	(Form 990) 2015 Investments—Other Securities. (Complete if the o	rganization answered	Page Yes' on Form 990, Part IV, line 11t
	See Form 990, Part X, line 12. (a) Description of security or catego		(b)Book value	(c)Method of valuation
/4\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(including name of security)	· ,	(2)222	Cost or end-of-year market value
	al derivatives -held equity interests			
(3) 0 ther				
	nn (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.		· <u> </u>	
rait VIII	Complete if the organization answer	ed 'Yes' on Form	990, Part IV, line 11	^{C.} 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
Part IX	nn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiza		on Form 990, Part IV,	line 11d See Form 990, Part X, line 15
	(a) De	scription		(b) Book value
	omn (b) must equal Form 990, Part X, col (B) Irr Other Liabilities. Complete if the o			
Ture X	See Form 990, Part X, line 25.			50, Fure IV, IIIC 11C 0F 11F.
1.	(a) Description of liability	(b) Book v	alue	
Federal inco	ome taxes			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	•		

1 2

> а h

> d

3

b

1 2

d

3

а b

information

Part XII

Schedule D (Form 990) 2015

Page 4

-286,615

3,925,295

3,967,057

3,967,057

Schedule D (Form 990) 2015

Donated services and use of facilities .

Other (Describe in Part XIII) . . .

Prior year adjustments . .

Other losses

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

Donated services and use of facilities . . Recoveries of prior year grants Other (Describe in Part XIII)

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Total revenue, gains, and other support per audited financial statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25

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

Explanation

2a

2b

2c

2d

2h

2c

2d

3

-286.615

4c 5

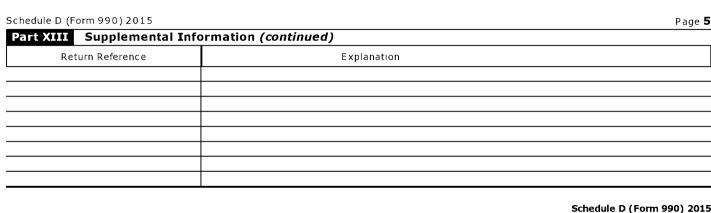
> 2e 3

> 4c

2e

3,925,295 3,967,057

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,



DLN: 93493306017026 **Compensation Information** Schedule J (Form 990) 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 Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** ALFA INTERNATIONAL GLOBAL LEGAL NETWORK INC 13-3084204 **Questions Regarding Compensation** Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Νo Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? **5**a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III 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 The organization? 6a 6h Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Schedule J (Form 990) 2015

Cat No 50053T

section 53 4958-6(c)?

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

Page 2

Form 990

Schedule J (Form 990) 2015

212.500

Note. The sum of columns (B)(1)-(11)) for each listed individual must equal the total amount of Form 990,	Part VII, Section A, lir	e 1a, applicable colur	mn (D) and (E) amount	s for that individual
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	
	D	(11)	(111)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns
	Base (ı) compensation	(II) Bonus & Incentive	(III) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)

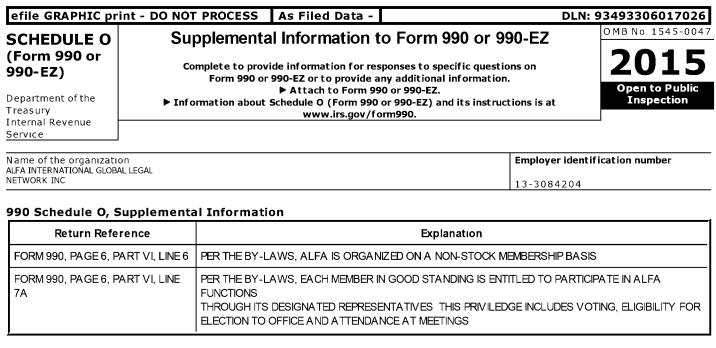
Schedule J (Form 990) 2015

212,500

1 LEE MACPHEECEO

Schedule J (Form 990) 2015					
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation				

Schedule J (Form 990) 2015



SHALL HAVE ONE VOTE, IRRESPECTIVE OF SIZE OF THE FIRM WHICH IS REPRESENTED

FORM 990. PAGE 6. A FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE AND THE CEO PRIOR TO FILING WITH THE IRS

PART VI. LINE 11B

990 Schedule O. Supplemental Information Return Reference Explanation ANY CHANGES IN COMPENSATION IS REVIEWED AND APPROVED BY ALFA'S EXECUTIVE

FORM 990, PAGE 6, PART VI, LINE 15A COMMITTEE

FORM 990. PAGE 6. PART VI. LINE SEE RESPONSE FOR LINE 15A

15B

990 Schedule O. Supplemental Information Return Reference Explanation

FORM 990, PAGE 6, PART VI. TH ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO LINE 19

THE PUBLIC UPON REQUEST