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Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

 $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{www.IRS.gov/form990}$ 

OMB No 1545-0047

DLN: 93493264006535

Open to Public Inspection

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│ Nam │ Initia		■ INSTITUTE FOR STATE EFFECTIVENESS		D Employe	r ident	ification number
Initia	ress change			20-596	8997	
Fına	ne change	Doing business as				
Fina retu	al return			E Telephone	numbe	·r
j retu	l /* *	Number and street (or P O box if mail is not delivered to street address) Room/suit 600 NEW HAMPSHIRE AVE NW NO 900	e	·		
		ed		(202) 2	98-59	59
_	ended returr	WASHINGTON, DC 20037		<b>G</b> Gross rece	unte ¢ 1	812 615
Appl	lication pend	ding		0 01033 1000	.ιρτ <i>3</i> ψ 1	
		F Name and address of principal officer CLARE LOCKHART 600 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20037	<b>H(b)</b> Are a	dinates? Il subordina		Pr Yes ▼ No
Tax	-exempt st	atus	incluc If "No		lıst (s	ee instructions)
J We	ebsite: 🕨	WWW ISECENTER ORG	H(c) Grou	p exemptio	n numb	oer <b>►</b>
K Form	of organiza	ation Corporation Trust Association Other ►	L Year of for	mation 2005	M St	tate of legal domicile NV
Par	tI S	ummary	•		•	
Governance	PRA	DEVELOP INTEGRATED APPROACHES TO STATE-BUILDING & TO PROY CTICAL POLICY ADVICE TO THE INTERNATIONAL COMMUNITY & NATA ATING EFFECTIVE STATES IN A GLOBALIZED WORLD		,		
Activities & G	<ul><li>3 Num</li><li>4 Num</li><li>5 Tota</li><li>6 Tota</li><li>7a Tota</li></ul>	ber of voting members of the governing body (Part VI, line 1a)		·	3 4 5 6 7a 7b	2 1 2 0 0
	<b>D</b> Net	ametated business taxable meanic noint of m 330 1, inte 34 1 1 1 1		·   r Year	<del>/b  </del>	Current Year
	<b>8</b> Co	entributions and grants (Part VIII, line 1h)	FIIO	533,37	<del>-</del>	1,410,717
9		ogram service revenue (Part VIII, line 2g)		84,18	-	32,338
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,57		11,318
윤		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50		0
		tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		610.63		1 454 272
$\longrightarrow$		ants and similar amounts paid (Part IX, column (A), lines 1–3)		619,63	0	1,454,373
		nefits paid to or for members (Part IX, column (A), line 4)			0	0
		laries, other compensation, employee benefits (Part IX, column (A), lines			1	
	5-	10)		372,34	-	
8	<b>16a</b> Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0		U	
enses			1			0
Expenses	<b>b</b> Tot	al fundraising expenses (Part IX, column (D), line 25) 🕦				
_	<b>17</b> Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		368,11		459,244
	17 Ot 18 To	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e) tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		740,46	4	459,244 765,613
	17 Ot 18 To	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Beginning	740,46 -120,82 <b>of Current</b>	8	306,369 0 459,244 765,613 688,760 End of Year
	17 Ot 18 To 19 Re	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e) tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) venue less expenses Subtract line 18 from line 12	Beginning	740,46 -120,82 of Current ear	8	0 459,244 765,613 688,760 End of Year
Assets or Balances	17 Ot 18 To 19 Re	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e) tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	Beginning	740,46 -120,82 <b>of Current</b>	4 8 7	459,244 765,613 688,760

#### Signature Block Part II

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer

CLARE LOCKHART CEO AND DIRECTOR

Type or print name and title

Paid Preparer **Use Only** 

Print/Type preparer's name DAVID A JONES

Preparer's signature DAVID A JONES

Firm's name F JONES MARESCA & MCQUADE PA

Firm's address ► 10500 LITTLE PATUXENT PARKWAY SUITE 770 COLUMBIA, MD 21044

May the IRS discuss this return with the preparer shown above? (see instructio

For Paperwork Reduction Act Notice, see the separate instructions.

Part IV	Check	list of	Required	Schedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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 $I^{2}$	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	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 $IV^{\square}$	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		No
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "D"	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
<b>L</b> 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ . $.$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2014)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		厂_
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 7			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
·	The rest, to line 3a of 3b, did the organization me Form 8886-17.	5c		
	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).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		
10	Section 501(c)(7) organizations. Enter			_
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

Part VI Governance, Management, and Disclosure 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.

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	<b>No</b> No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	No
b 11a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b		No No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b		No No No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13		No No No No
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13		No No No No
b 11a b 12a c 13 14	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b 11a 12a 12b 12c 13 14		No No No No
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14		No No No No No No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14		No No No No No No No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b		No No No No No No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10b 11a 12a 12b 12c 13 14 15a 15b		No No No No No No No

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION

# Part VIII 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than son is	one bot recto	not box h ar or/tr	check, officee Highest compensation	ss er	(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) CLARE LOCKHART	40 00					2				
DIRECTOR/CEO/PRESIDENT		х		х				212,107	0	0
(2) PHILLIP MUNGER DIRECTOR	2 50	х						0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	•	212,107	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1-1

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

Section	R	Ind	len	end	ent	Cor	itra	ctors	
Section	Ю.	THU	сь	CIIU	CIIL	CUI	ıu a	CLUIS	

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

(A)	(D)	
Name and business address	( <b>B</b> ) Description of services	(C) Compensation

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

Part V	<b>/</b> 1111	Statement o	of Revenue ule O contains a respoi	ise or note to any lu	ne in this Part VIII	_		
				isc of note to any III	(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					
s, Grants Amounts	ь	Membership du	es <b>1b</b>					
بة الإ	c	Fundraising eve	ents <b>1c</b>					
Giffs, nilar An	d	Related organiz	zations 1d					
ons, Giffe Similar	e	Government grants	s (contributions) <b>1e</b>	327,407				
Sir	f		ons, gifts, grants, and <b>1f</b>	1,083,310				
Contributions, and Other Sim	'	similar amounts no	ot included above					
音音	g	Noncash contribute 1a-1f \$	ons included in lines	192,400				
Com	h	Total. Add lines	s 1 a - 1 f		1,410,717			
				Business Code				
Program Serwce Revenue	2a	CONTRACT INCOM	IE	541900	32,338	32,338		
93 53	ь				,	,		
ъ. П	С							
ja Na	d							
ૐ ⊊	e		_					
Era.	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a – 2f		32,338			
	3		ome (including dividen		32,333			
		and other simila	aramounts)	•				
	4		stment of tax-exempt bond					
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) ICCUI	(II) I CISOIIdi				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incoi	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	369,560					
	ь	Less cost or other basis and sales expenses	358,242					
	С	Gain or (loss)	11,318					
	d		ss)		11,318			11,318
enne	8a	events (not inc \$ of contributions	luding s reported on line 1c)					
Other Revenue	ь	See Part IV, lin	ne 18 <b>a</b> penses <b>b</b>					
₹	c		(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
			penses <b>b</b>					
		Net income or ( Gross sales of returns and allo		vities				
			a oods sold b					
	С		(loss) from sales of inv					
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	C	Λ II						
	d e		ue s 11a-11d	▶				
	12	Total revenue.	See Instructions .	►	1,454,373	32,338	(	11,318

	Clabour of Founding   Foundation				1 age <b>10</b>
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ione muet com	olete column (A.)	
36000	Check if Schedule O contains a response or note to any line in this				·
D			(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	180,000	165,800	7,350	6,850
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	110,945	105,421	2,755	2,769
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		,	,	· · ·
9	Other employee benefits	6,613	6,020	440	153
10	Payroll taxes	8,811	8,372	219	220
11	Fees for services (non-employees)				
а	Management				
b	Legal	22		22	
c	Accounting	25,624		25,624	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	203,512	158,497	13,824	31,191
12	Advertising and promotion				
13	Office expenses	32,391	12,196	20,189	6
14	Information technology				
15	Royalties				
16	Occupancy	61,800	58,656	1,566	1,578
17	Travel	119,778	115,025	6	4,747
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	315	315		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,531	7,157	186	188
23	Insurance	4,499		4,499	
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	DUES & SUBSCRIPTIONS	2,234	1,265	969	
b	MISCELLANEOUS	1,389	831	558	
c	CONTRIBUTIONS	100	100		
d	REPAIRS & MAINTENANCE	49		49	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	765,613	639,655	78,256	47,702
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)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	191,518		518,237
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	400,000
	4	Accounts receivable, net	5,666	4	56,364
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
ts	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 Part II of Schedule L		5	
Assets	_			6	
AS	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	0.000	8	40.040
	9 10a	Prepaid expenses and deferred charges	6,309	9	19,318
	Ь	Less accumulated depreciation	11,444	10c	13,684
	11	Investments—publicly traded securities	·	11	·
	12	Investments—other securities See Part IV, line 11	177,160	12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	392,097	16	1,007,603
	17	Accounts payable and accrued expenses	32,693		38,454
	18	Grants payable	,	18	<u>,                                      </u>
	19	Deferred revenue	148,476		69.461
	20	Tax-exempt bond liabilities	,	20	<u>,                                      </u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
졅		persons Complete Part II of Schedule L		22	
$\exists$	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	101 155	25	107.01
	26	Total liabilities. Add lines 17 through 25	181,169	26	107,915
φ Φ		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	202,764	27	290,504
<u> </u>	28	Temporarily restricted net assets	8,164	28	609,184
<u> </u>	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
ě	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
, Met	33	Total net assets or fund balances	210,928	33	899,688
Z	34	Total liabilities and net assets/fund balances	392,097	34	1,007,603
		·	,	1	

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	154,373
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	765,613
3	Revenue less expenses Subtract line 2 from line 1	3		(	588,760
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	210,928
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8	399,688
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
			-	Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne <b>2c</b>		No
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### **Additional Data**

Software ID: Software Version:

**EIN:** 20-5968997

Name: INSTITUTE FOR STATE EFFECTIVENESS

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

(Code	) (Expenses \$	36,216	including grants of \$	) (Revenue \$	)
INSTITUTIONALTRANS	SFORMATION - ISE I	SINTHEP	ROCESS OF MAPPING PATHWA	YS FROM POVERTY TO PROSPE	RITY AND
AUTOCRACY TO DEMCI	RACY IN THE DEVELO	OPING WOF	RLD OVER THE COURSE OF TH	E PAST CENTURY TO EXTRACT F	RELEVANT
LESSONS FOR TODAY'S	CHALLENGES THIS	ALLOWS FO	OR COMPARISON ACROSS TIN	1E AND CONTEXT COUNTRIES	ANALYZED
HAVE INCLUDED RWAN	DA, CHILE, SPAIN, S	INGAPORE	, FINLAND AND TURKEY		
(Code	) (Expenses \$	31,683	including grants of \$	) (Revenue \$	)
•	, , ,	,	3 3	) (Revenue \$ VELOPMENT AND EXPANSION A	) AS AN
INSTITUTIONAL DEVEL	OPMENT - ISE COND	OUCTS ACT	IVITIES RELATING TO ITS DE	, (	
INSTITUTIONAL DEVEL ORGANIZATION, INCLU	LOPMENT - ISE COND JDING MEETINGS AN	OUCTS ACT	IVITIES RELATING TO ITS DE WITH THE INTERNATIONAL C	VELOPMENT AND EXPANSION A	NE ISE'S

Form 990, Part III	- Line 4c: Program	Service A	Accomplishments (See tl	ne Instructions)	
(Code	) (Expenses \$	23,515	including grants of \$	) (Revenue \$	)
TRAINING - ISE HAS E	BEEN DEVELOPING M	DDALITIES	OR THE PROVISION OF SKIL	LS AND TRAINING FOR LEADERS,	
•				HE FIELD OF STATE- AND INSTITU	
				RANSFORMATION WITH THE NECE	
ANALYTICAL AND DIA	AGNOSTIC TOOLS TO	LEAD AND N	MANAGE THEIR COUNTRIES	THROUGH TRANSFORMATIVE PRO	CESSES
(Code	) (Expenses \$	34,679	including grants of \$	) (Revenue \$	)
			CLUDING, BUT NOT LIMITED IL-SOCIETY BUILDING	TO, STUDIES OF FRAGILE STATES	5,

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions) (Code ) (Expenses \$ 12,164 including grants of \$ ) (Revenue \$ INDEX - ISE IS DEVELOPING A SOVEREIGNTY INDEX THAT WILL BE A TOOL FOR MEASURING - OBJECTIVELY AND UNIVERSALLY - ANY COUNTRY IN THE WORLD'S "SOVEREIGNTY GAP"- HOW FAR SHORT A STATE FALLS IN PERFORMING ITS BASIC FUNCTIONS FROM THE CAPACITY PRESUMED BY THE DE JURE SOVEREIGNTY THAT IT IS ACCORDED IN INTERNATIONAL RELATIONS (Code ) (Expenses \$ 174,584 including grants of \$ ) (Revenue \$

AFGHANISTAN SUPPORT INITIATIVE - THIS PROGRAM EXAMINES ECONOMIC AND POLITICAL INTEGRATION IN SOUTH AND CENTRAL ASIA AND ITS POTENTIAL FOR GENERATING PEACE. PROSPERITY. AND WEALTH FOR ITS PEOPLE TOPICS OF PARTICULAR INTEREST INCLUDE INFRASTRUCTURE, MINING AND MINERALS, TRADE/TRANSPORT/LOGISTICS, AND SUPPLY CHAINS FINANCING STRUCTURES AND POLITICAL ARRANGEMENTS ARE CRITICAL CATALYZING ELEMENTS OF PROCESSES IDENTIFIED AS HAVING A POSITIVE IMPACT IN THESE TOPICS

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

(Code ) (Expenses \$ 30,703 including grants of \$ ) (Revenue \$ )
MARKET BUILDING INITIATIVE THE MARKET BUILDING INITIATIVE (MBI) AIMS TO PROVIDE A PRAGMATIC, CONCEPTUALLY
GROUNDED BASIS OF IDEAS FOR BUILDING MARKETS AND SUSTAINABLE ECONOMIC OPPORTUNITIES AROUND THE WORLD
DRAWING ON BOTH ECONOMETRIC EVIDENCE AND HIGHLY CONTEXTUALIZED EXAMPLES OF SUCCESS, MBI LOOKS AT THE
APPROPRIATE ROLE OF GOVERNMENT, FIRMS, WORKERS, AND FOREIGN ENTITIES BOTH PUBLIC AND PRIVATE IN CREATING
THE TANGIBLE ASPECTS OF AN ENABLING ENVIRONMENT FOR GROWTH, INVESTMENT AND JOB CREATION

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493264006535

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization INSTITUTE FOR STATE EFFECTIVENESS

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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

							20-5968997				
Pai	rt I	Reason for Publi	c Charity S	<b>tatus</b> (All organiza	itions must co	omplete this i	oart.) See instruction	ns.			
The c	rganız	zation is not a private f	oundation beca	ause it is (For lines 1	through 11, ch	neck only one b	ox)				
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	ın <b>sect ion 170(</b>	b)(1)(A)(i).				
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
3	Γ	A hospital or a cooper	atıve hospıtal	service organization of	described in <b>se</b>	ction 170(b)(1	)(A)(iii).				
4	Γ	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital o	described in <b>se</b>	ction 170(b)(1)(A)(iii	). Enter the			
	_	hospital's name, city,									
5	1	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	_	section 170(b)(1)(A)	( <b>iv).</b> (Complet	e Part II)							
6		A federal, state, or loc	al governmen	t or governmental unit	described in <b>s</b>	ection 170(b)(	1)(A)(v).				
7	✓	An organization that n	•	•	• •	rom a governm	ental unit or from the g	jeneral public			
	_	described in section 1				L TT \					
8	<u> </u>	A community trust de					h	e			
9	1	An organization that n	•				•	=			
		receipts from activitie			-		` '				
		its support from gross				· ·	•	Dusinesses			
4.0	_	acquired by the organ		•			•				
10	<u> </u>	An organization organ									
11	ı	An organization organ									
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g									
а	$\Gamma$	<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the									
		supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
_	_	organization You mus					utod ovasnizstion(s) l	having cantual as			
b	1	<b>Type II.</b> A supporting	-	•		• •	•	, -			
		management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.									
C	Γ	Type III functionally	•		n operated in c	onnection with	, and functionally integ	grated with, its			
_	_	supported organizatio									
d	1	Type III non-function not functionally integr									
		(see instructions) <b>Yo</b>					ement and an attentiv	eness requirement			
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally			
		ıntegrated, or Type II	I non-function	ally integrated suppor	tıng organızatı	on					
f		Enter the number of s									
g		Provide the following i	nformation abo	out the supported orga	inization(s)						
	(i)Na	nme of supported	(ii) EIN	(iii) Type of	(iv) Is the or	ganızatıon	(v) A mount of	(vi) A mount of			
		organization		organization	listed in your	governing	monetary support	other support (see			
				(described on lines	docume	ent?	(see instructions)	ınstructıons)			
				1-9 above or IRC							
				section (see instructions))							
				111301 40010113//	Yes	No					
Total											
			_			O 1 N 440	0.55				

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

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

<u>S</u>	ection A. Public Support							
Cal	endar year (or fiscal year beginning in) 🏲	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2	014	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,696,341	1,145,287	583,424	533,379	:	1,410,717	5,369,148
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	1,696,341	1,145,287	583,424	533,379		1,410,717	5,369,148
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							2,629,266
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from	,						
0	line 4	1						2,739,882
S	ection B. Total Support	•						
	endar year (or fiscal year beginning in) 🏲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2	014	( <b>f</b> ) Total
7	A mounts from line 4	1,696,341	1,145,287	583,424	533,379		1,410,717	5,369,148
8	Gross income from interest,	=,===,===	_,	,	,		.,	-,,-
•	dividends, payments received on securities loans, rents, royalties and income from similar	1,724	1,514	478				3,716
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				500			500
11	<b>Total support</b> Add lines 7 through 10							5,373,364
12	Gross receipts from related activit	ies, etc (see instr	uctions)	•		12		309,644
13	First five years. If the Form 990 is	for the organization	on's first, second,	third, fourth, or fi	fth tax vear as a	section	501(c)(3	
	organization, check this box and <b>st</b>							
_ <u>s</u>	ection C. Computation of Pul	blic Support Po	ercentage					
14	Public support percentage for 201	4 (line 6 , column (	f) divided by line :	l1, column (f))		14		50 990 %
15	Public support percentage for 201	3 Schedule A, Part	II, line 14			15		51 090 %
16a	33 1/3% support test—2014. If the and stop here. The organization qu	-		•	ne 14 is 33 1/3%	or more	, check t	this box
	33 1/3% support test—2013. If the box and stop here. The organization 10%-facts-and-circumstances test	e organization did i n qualifies as a pu	not check a box o blicly supported o	n line 13 or 16a, organization			·	
h	is 10% or more, and if the organization me organization me organization 10%-facts-and-circumstances test	ets the "facts-and	-cırcumstances"	test The organiz	ation qualifies as	s a public	ly suppoi	rted ▶
	15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nization meets the ition meets the "fa	"facts-and-circu cts-and-circums	mstances" test, tances" test The	check this box a organization qu	nd <b>stop h</b> alıfıes as	n <b>ere.</b> a publici	y <b>▶</b> ┌
18	<b>Private foundation.</b> If the organiza	tion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	s box and	1 see	<b>₽</b> □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

#### Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

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

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

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year							
1 Amounts paid to supported organizations to accom								
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in							
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons						
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec	nured)							
6 Other distributions (describe in Part VI) See instru	ICTIONS							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide						
9 Distributable amount for 2014 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014					
1 Distributable amount for 2014 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2014								
<b>a</b> From 2009								
<b>b</b> From 2010								
c From 2011								
d From 2012								
<b>e</b> From 2013								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
<ul> <li>h Applied to 2014 distributable amount</li> <li>i Carryover from 2009 not applied (see instructions)</li> </ul>								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2014 from Section D, line 7 \$								
Applied to underdistributions of prior years								
<b>b</b> Applied to 2014 distributable amount			1					
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2015. Add lines 31 and 4c	7 Excess distributions carryover to 2015. Add lines							
8 Breakdown of line 7								
<b>a</b> From 2010								
<b>b</b> From 2011								
c From 2012								
d From 2013								

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

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

### DLN: 93493264006535

### OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

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

Name of the organization Employer identification number

TITUTE FOR STATE EFFECTIVENESS		20 50	968997
rt I Organizations Maintaining Donor Ad organization answered "Yes" to Form 990			
organization answered fes to Form 990	(a) Donor advised funds	(1	<b>b)</b> Funds and other accounts
Total number at end of year			,
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor advis	ed Yes No
Did the organization inform all grantees, donors, and cused only for charitable purposes and not for the bene conferring impermissible private benefit?	donor advisors in writing that grant funds		purpose Yes No
rt II Conservation Easements. Complete	f the organization answered "Yes"	to Form	990. Part IV. line 7.
Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education)  Preservation of a	certified	historic structure
easement on the last day of the tax year	a qualified conservation contribution in	Cite tottiii	or a conservation
			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 hist	toric structure included in (a)	2c	
Number of conservation easements included in (c) ac historic structure listed in the National Register	quired after 8/17/06, and not on a	2d	
Number of conservation easements modified, transfer the tax year   Number of states where property subject to conservations the organization have a written policy regarding	tion easement is located 🛌		riolations, and
enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspe		ments du	Yes   N
<b>*</b>			
A mount of expenses incurred in monitoring, inspectin  \$\blue \$	g, and enforcing conservation easement	s during	the year
Does each conservation easement reported on line 2 (and section $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of se	ction 170	(h)(4)(B)(ı)
In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	he footnote to the organization's financia	•	•
Complete if the organization answered "		or Oth	er Similar Assets.
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or resea	rch in furtherance of public
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar assesservice, provide the following amounts relating to the	ets held for public exhibition, education,		
(i) Revenue included in Form 990, Part VIII, line 1			<b>▶</b> \$
(ii) Assets included in Form 990, Part X			<b>F</b> \$
If the organization received or held works of art, histo following amounts required to be reported under SFAS			
Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$
Assets included in Form 990, Part X			<b>►</b> \$

Part	••• Organizations Maintaining Co	llections of Art	<u>, Hist</u>	ori	<u>cal Tr</u>	<u>easur</u>	es, or C	<u> </u>	· Similai	<u>r Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, che	ecka	any of t	he follo:	wing that	are a	sıgnıfıcan	t use of	ıts	
а	Public exhibition		d	Γ	Loan	or exch	ange prog	rams				
b	Scholarly research		e	$\Gamma$	Other	•						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın how	the	/ furthe	r the or	aanızatıoı	n's ex	empt purp	ose in		
-	Part XIII						ga <u>_</u> a		рсра.р			
5	During the year, did the organization solicit			•					ılar	_		
Dov	assets to be sold to raise funds rather than t								!! to Fo		Yes	No
Par	<b>t IV Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						answere	ea re	es to Fol	riii 990	',	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary f	for c	ontribu	tions o	r other as:	sets n	ot	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ıng t	able		_					
										Amou	ınt	
C	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21, fo	ores	crow o	rcusto	dıal accou	ınt lıa	bility?	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	on has	been pr	ovided in	Part >	(111			Γ
Pai	rt V Endowment Funds. Complete									10.	-	
	•	(a)Current year		Prior					hree years l		)Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships							+				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	rent year end baland	ce (line	2 1 g	colum	n (a)) h	eld as	•				
а	Board designated or quasi-endowment	•	•	-		. ,,						
b	Permanent endowment ►											
c	Temporarily restricted endowment ▶											
•	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiza	atıon tl	hata	re held	d and ac	lmınıstere	d for	:he			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		
	(ii) related organizations									3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the							•		3b		
	t VI Land, Buildings, and Equipme					n ancw	arad 'Va	s' to	Form 99(	) Dart	TV/ lu	10
	11a. See Form 990, Part X, line		LIIC OI	gan	1241101	1 411511	cica ic.	3 (0	01111 550	, rait	1 V , III	ic
	Description of property				a) Cost o sıs (ınve	or other stment)	(b)Cost or basis (ot		(c) Accum depreca		( <b>d)</b> Bo	ook value
1a	_and											
b	Buildings											
	_easehold improvements											
	Equipment		_				1 ,	2,558		8,874		13,684
			-				1 4	_,000		0,0.		
e	Other						2	,000		0,071		

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	<u> </u>	-
redetal meome taxes		-
		-
		_
		†
		-
		-
		7
Total (Column (h) must agual Form 000, Part V, col (P) long 25.)		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	to the toyt of the feetness to	the example tipened that reports the

Раг	ιχι	the organization answ					ts wi	ın kev	enue	регн	<b>teturn</b> Complete ii
1	Tota	revenue, gains, and othe		•						1	1,454,373
2	A mo	unts included on line 1 bu	ıt not on Form 990,	Part VIII, line 1	2						
а	Net	ınrealızed gaıns (losses)	on investments .			2a					
b	Dona	ted services and use of f	acılıtıes		. [	2b					
c	Reco	veries of prior year grant	s		[	2c					
d	Othe	r (Describe in Part XIII )			[	2d					
e	Add	ines <b>2a</b> through <b>2d</b> .								2e	0
3	Subt	ract line <b>2e</b> from line <b>1</b> .								3	1,454,373
4	A mo	unts included on Form 99	0, Part VIII, line 1:	2, but not on line	1						
а	Inve	stment expenses not incl	uded on Form 990,	Part VIII, line 71	b .	4a					
b	Othe	r (Describe in Part XIII )			. [	4b					
С	Add	ines <b>4a</b> and <b>4b</b>								4c	0
5	Tota	revenue Add lines <b>3</b> and	d <b>4c.</b> (This must equ	ıal Form 990, Paı	rt I, line 1	12).				5	1,454,373
Part	XII	Reconciliation of E  If the organization an						ith Ex	pense	s per	Return. Complete
1	Tota	expenses and losses pe	r audited financial s	tatements					•	1	765,613
2	A mo	unts included on line 1 bu	t not on Form 990,	Part IX, line 25							
а	Dona	ted services and use of fa	acılıtıes			2a					
b	Prior	year adjustments				2b					
C	Othe	rlosses				2c					
d	Othe	r (Describe in Part XIII )				2d					
е	Add	ines <b>2a</b> through <b>2d</b>								2e	0
3	Subt	ract line <b>2e</b> from line <b>1</b> .								3	765,613
4	A mo	unts included on Form 99	0, Part IX, line 25,	but not on line <b>1:</b>							
а	Inve	stment expenses not incl	uded on Form 990,	Part VIII, line 7h	· .	4a					
b	Othe	r (Describe in Part XIII )				4b					
c	Add	ınes <b>4a</b> and <b>4b</b>								4c	0
5		expenses Add lines <b>3</b> ai		jual Form 990, P	art I, lıne	18)				5	765,613
Par	XIII	Supplemental Inf	ormation								
Part		descriptions required for 4, Part X, line 2, Part XI									ide any additional
	R	eturn Reference		Explan	atıon						
PART	X, LIN	E 2	AS SUCH, DOES	NOT HAVE ANY TEMENTS OR TH	UNCERT IAT WOU	TAIN T	AX PC	SITIO N EFFE	NS THA CT ON I	T ARE	ITIONS TAKEN, AND MATERIAL TO THE X EXEMPT STATUS EED TO BE
			+								
			+								
			i								

Jenedale 2 (1 31111 33 3) 23 13		1 age 5		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493264006535

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE F** (Form 990)

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

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

2014

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public **Inspection** 

INSTITUTE FOR STA	ATE EEEECTIVE	IFCC						
INSTITUTE FOR STA	A I E EFFECTIVE	NESS				20-5968997		
Part I Genera	al Information	n on Activitie	es Outside t	he United States. C	omplete		tion answe	red
	Form 990, Par					9		
1 For grantmak	<b>cers.</b> Does the c	rganization m	iaintain record	ls to substantiate the	amount	of its grants		
and other ass	sistance, the gra	ntees' eligibil	ity for the gra	nts or assistance, and	the sele	ction criteria		
used to award	the grants or a	ıssıstance? .					┌ Yes	┌ No
	<b>ts</b> ide the United		ganization's p	rocedures for monitor	ing the t	ise of its grants	and other	
3 Activites per R	egion (The follow	ing Part I, line 3	3 table can be d	uplicated if additional sp	ace is ne	eded )		
<b>(a)</b> Reg	ion	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	program spe	vity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total exp for and inve in regi	stments
(1) EUROPE		0	region 0	region) FUNDRAISING AND	ΔSSESS	MENTS OF		68,147
(1) EUROPE		O	U		COUNTF AND THI OF STAT INSTITU PROVIS USEFUL	RY STABILITY E CONDITION E JTIONS AND ION OF A BASIS FOR NG ABOUT SFUL		68,147
( 2) SOUTH ASIA		1	1	FUNDRAISING AND PROGRAM SERVICES	COUNTF AND THI OF STAT INSTITU PROVIS USEFUL	JTIONS AND ION OF A BASIS FOR NG ABOUT		13,235
					TRANSI			
(3) EAST ASIA AN PACIFIC	ND THE	0	0	FUNDRAISING AND PROGRAM SERVICES	COUNTF AND THI OF STAT INSTITU PROVIS USEFUL	JTIONS AND ION OF A BASIS FOR NG ABOUT SFUL		39,775
(4)					1			
(5)								
<b>3a</b> Sub-total		1	1		-			121,157
<b>b</b> Total from cont	inuation sheets	0	0					<u> </u>
to Part I								
c Totals (add line	es 3 a and 3 b) l	1	1	l	1	l		121,157

Pā						<b>ited States.</b> Comp duplicated if additioi			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2014

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

Part III can be	duplicated if addit	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							, , ,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
( 16)							
( 17)							
(18)							
	•			•	•		

### Part IV Foreign Forms

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

Schedule F (Form 990) 2014

#### **Additional Data**

Software ID: Software Version:

**EIN:** 20-5968997

Name: INSTITUTE FOR STATE EFFECTIVENESS

Schedule F (Form 990) 2014

Page **5** 

#### Part V Supplemental Information

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

DLN: 93493264006535

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

**Compensation Information** 

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

Open to Public Inspection

Name of the organization INSTITUTE FOR STATE EFFECTIVENESS **Employer identification number** 

20-5968997

Pa	rt I	<b>Questions Regarding Compensation</b>					
						Yes	No
.a				ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	┌ Fii	rst-class or charter travel	Г	Housing allowance or residence for personal use			
	┌ Tr	avel for companions	Г	Payments for business use of personal residence			
	Г Та	ax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Γ Dι	scretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		of the boxes in line 1a are checked, did the org irsement or provision of all of the expenses des		ion follow a written policy regarding payment or l above? If "No," complete Part III to explain	1b		
2		e organization require substantiation prior to re ors, trustees, officers, including the CEO/Exec		sing or allowing expenses incurred by all irrector, regarding the items checked in line 1a?	2		
3	organız	te which, if any, of the following the filing organ zation's CEO/Executive Director Check all the y a related organization to establish compense	at apply				
	L co	ompensation committee	Г	Written employment contract			
	<b>▽</b> In	dependent compensation consultant	<u>~</u>	Compensation survey or study			
	<b>▼</b> Fo	rm 990 of other organizations	<u>  ~ </u>	Approval by the board or compensation committee			
ļ		the year, dıd any person lısted ın Form 990, P lated organızatıon	art VII	, Section A, line 1a with respect to the filing organization			
а	Receiv	e a severance payment or change-of-control p	aymen	t?	4a		Νo
b	Partici	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
c	Partici	pate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
		" to any of lines 4a-c, list the persons and pro					
	Only 5	01(c)(3), 501(c)(4), and 501(c)(29) organizati	ions mı	ust complete lines 5-9.			
5		rsons listed in Form 990, Part VII, Section A, nsation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
а	The or	ganızatıon?			5a		Νo
b	Any re	lated organization?			5b		Νo
	If"Yes	s," to line 5a or 5b, describe in Part III					
•		rsons listed in Form 990, Part VII, Section A, nsation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The or	ganızatıon?			6a		Νo
b	Any re	lated organization?			6b		Νo
	If"Yes	s," to line 6a or 6b, describe in Part III					
,		rsons listed in Form 990, Part VII, Section A, nts not described in lines 5 and 6? If "Yes," de			7		No
3				ccured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe			NI -
					8		No
,		s" to line 8, did the organization also follow the	reputta	able presumption procedure described in Regulations			

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

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	<b>(D)</b> Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentıve compensation	(iii) Other reportable compensation	other deferred compensation		(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 CLARE LOCKHART, DIRECTOR/CEO/PRESIDENT	(i) (ii)	212,107	0	0	0	0	212,107	0

Schedule J (Form 990) 2014

### 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
	BASE COMPENSATION, DERIVED FROM THE FORM 1099, FOR CLARE LOCKHART INCLUDED \$30,000 IN PREVIOUSLY UNPAID FEES RELATING TO 2013 WORK, WHICH HAD BEEN ACCRUED ON THE 2013 FORM 990, AS WELL AS \$2,107 IN PER DIEMS

Schedule J (Form 990) 2014

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DLN: 93493264006535

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization
INSTITUTE FOR STATE EFFECTIVENESS

**Employer identification number** 

Do	et T. Tunos of Duomoute				20-5968997			
	Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d noncash contrib	etermı		ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household							
5	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	$\vdash$	1	102400	EM\/			
	Securities—Publicly traded .  Securities—Closely held stock .	X	-	192,400	ΓI*I V			
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
	Qualified conservation contribution—Historic							
	structures							
5	Real estate—Residential .							
5	Real estate—Commercial							
7	Real estate—O ther							
3	Collectibles							
•	Food inventory							
)	Drugs and medical supplies .							
L	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
1	Archeological artifacts							
5	Other ► ()							
5	O ther ▶()							
7	O ther ▶()							
3	O ther ► ()							
9	Number of Forms 8283 received for which the organization comple				29			
_	5				4.11		Yes	No
υa	During the year, did the organiza							
	it must hold for at least three ye				red to be used			
	for exempt purposes for the enti	٠.				30a		Νo
b	If "Yes," describe the arrangeme	ent in Part :	II					
1	Does the organization have a gif					31		No
za	Does the organization hire or us contributions?		ies or related organizations	to solicit, process, or sell	noncasn • • •	32a		No
b	If "Yes," describe in Part II							
3	If the organization did not report	: an amount	in column (c) for a type of	property for which column (	a) is checked,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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DLN: 93493264006535

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**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.

► 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.

Name of the organization INSTITUTE FOR STATE EFFECTIVENESS	Employer identification number
	20-5968997

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE BOARD OF DIRECTORS IS THE ONLY BODY WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS DELEGATED THE REVIEW OF THE FORM 990 TO MANAGEMENT
FORM 990, PART VI, SECTION B, LINE 15	DURING 2009 AN INDEPENDENT GROUP WAS BROUGHT TOGETHER AND OFFICER COMPENSATION WAS DETERMI NED BASED UPON COMPARISONS MADE WITH COMPARABLE ORGANIZATIONS OFFICER COMPENSATION HAS NO T CHANGED SINCE THIS COMPENSATION REVIEW
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S OFFICES
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 158,497 MANAGEMENT AND GENERAL EXPENSES 13,82 4 FUNDRAISING EXPENSES 31,191 TOTAL EXPENSES 203,512