SCANNED FEB 17 2017

form **990**

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning APR 1, 2014

LHA For Paperw - Reduction Act Notice, see the se SEE SCHEDULE O FOR ORGANIZATION M

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Information about Form 990 and its instructions is at www.irs.gov/form990 rax year beginning APR 1, 2014 and ending MAR 31, 2015

Open to Public Inspection

В	heck if	C Name of organization	D Employer identification number
,	¬; Arldres	NATIONAL DEVELOPMENT AND RESEARCH	
<u></u>	Jchange Name	INSTITUTES, INC.	
į	_change		23-7009089
	_ raturn	Number and street (or P O box if mail is not delivered to street address) Room/st	
<u>. </u>	Final return/ termin-	71 W. 23RD ST. FLOOR 4	2128454444
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 10,376,520.
X	Ameno		H(a) Is this a group return
l	Applica tion pendin	a I	for subordinates? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	of the original of the origina
		e:▶ NDRI.ORG	H(c) Group exemption number ►
			ear of formation 1961 M State of legal domicile NY
Pa	irt I	Summary	OF MILE INDEPONANTIAL
Se	1	Briefly describe the organization's mission or most significant activities TO ADVANITIES TO ADVANITIES TO ADVANITIES TO ADVANITIES TO THE	OF ADDICTION AND OTHER
Governance			
Ver	Į.	Check this box	1 1
Ĝ	[Number of voting members of the governing body (Part VI, line 1a)	
	ì	Number of independent voting members of the governing body (Part VI, line 1b)	5 85
Activities &	ı	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	6 0
it IV	j	Total number of volunteers (estimate if necessary)	\ -
Ą	i	Fotal unrelated business revenue from Part VIII, column (C), line 12	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
		Net unrelated business taxable income from Form 990-T, line 34	Prior Year Current Year
	8	Contributions and grants (Part Vill, line 1h)	0. Current real
Revenue	1	Program service revenue (Part VIII, Ime 2g)	12,015,206. 10,318,221.
Уe	ł	nvestment income (Part VIII) column (A), lines 3, 4, and 7d)	0. 0.
ď	i	Other revenue (Part VIII column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<35,736.> 58,299.
	l	Fotal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,979,470. 10,376,520.
-	$\overline{}$	Grants and similar amounts paid (Part IX, column (A), lines 1.3)	2,234,838. 1,471,488.
		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
s	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,493,191. 6,667,418.
Jse	i	Professional fundraising fees (Part IX column (A) line 11e)	0. 0.
Expenses	l	Fotal fundraising expenses (Part IX, column (D), line 25)	23
ŭ	17	Other expenses (Part IX column (A) lines 11a-11d 11f 24e)	(2,528,726. 2,152,856.
	18	Total expenses, Add lines 13.17 (must equal Part IX, columni(A); line 25)	1:2, 256, 755. 10, 291, 762.
	19	Revenue less expenses Subtract line 18 from line 12	;
Ses			Beginning of Current Year End of Year
t Assets or lad Balances	20	Total assets (Part X, line 16)	2,703,898. 1,727,631.
ASS	21	Total liabilities (Part X, line 26)	5 - 3,631,011. 2,569,986.
캶	22	Net assets or fund balances Subtract line 21 from line 20	<927,113.> <842,355.>
Pa	rt II	Signature Block	
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my knowledge and belief, it is
true,	, correc	t, and complete. Declaration of oceparer (other than officer) is based on all information of which prep	
			2/1/2017
Sigi	n	Signature of officer	Date
Her	е	ANDREW ROSENBLUM, PHD, EXEC.	
		Type or print name and title	
		Print/Type preparer's name Preparer's sig	
Paid	í	MARY E. MACKRELL, CPA MARY E.	
	parer	Firm's name LCSS Z I LP	
Use	Only	Firm's address 33 CENTURY HILL DRIVE	
		LATHAM, NY 12110-2113	
May	the if	S discuss this return with the preparer shown above? (see insti	

NATIONAL DEVELOPMENT AND RESEARCH INSTITUTES INC.

Form	1990 (2014) INSTITUTES, INC.	23-7009089	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission TO ADVANCE THE UNDERSTANDING, TREATMENT, HARM MINIMIZAT	ION AND	
	PREVENTION OF ADDICTION AND OTHER BIO-BEHAVIORAL DISORD		
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	Yes	X No
2	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,	X No
3	If "Yes," describe these changes on Schedule O	Yes Tes	LZZ. NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	;
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	and
	revenue, if any, for each program service reported		001
4a			221.)
	THE ORGANIZATION IS DEVOTED TO DOMESTIC AND INTERNATION		
	TRAINING AND PREVENTION PROJECTS THAT EXAMINE AND ADDRE		ь,
	SOCIAL AND CULTURAL DETERMINANTS AND RISK FACTORS ASSOC		1100
	WIDE RANGE OF URBAN HEALTH PROBLEMS, INCLUDING SUBSTANCE		
	MENTAL HEALTH AND CO-OCCURING DISORDERS, HIV/AIDS AND O		
	INFECTIOUS DISEASES, AND PHYSICAL HEALTH CONDITIONS OF		
	ADOLESCENTS. THE ORGANIZATIONAL STRUCTURE INCLUDES TOP		
	CENTERS AND INSTITUTES, AND INCLUDES A TRAINING INSTITU		N NTD
	DEVELOPS, DELIVERS AND ASSESSES TRAINING THROUGHOUT NEW	YURK STATE	AND
	NATIONALLY.		
4b			
40	(Code) (Expenses \$	nue \$)
			
			
4c	(Code) (Expenses \$ including grants of \$) (Rever		
-10	(Code) (Coperises 4) (Nover		′
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses ▶ 7,406,657.		
		Form 9	90 (2014)

432002 11-07-14

Form 990 (2014) INSTITUTES,
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2_		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			۱.,
	public office? If "Yes." complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			J
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Scheoule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	l °		
Ŭ	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		├── İ
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable			Į
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a	X	L
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		X
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		X
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		v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	├──
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a tectnote that addresses	ı ie		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? if "Yes," complete	, , , ,		
	Schedule D, Parts XI and XII	12a	х	ŀ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts Xi and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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	X	<u> </u>
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	'	v	}
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A) lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		
.5	1c and 8a? If "Yes " complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>.</u>		
-	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

Form 990 (2014) INSTITUTES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			}
	Schedule J	23	X	<u> </u>
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		
	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	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee or key employee? If "Yes," complete Schedule L. Fart IV	28b	L	Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	i]
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	Х
30	Did the organization receive contributions of art, historical treasures or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25-	Part V, line 1	34	-	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	
D	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		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	 	
36	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	۳	 	 -
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u>ٿ</u>		T
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
_				(2014)

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	Check if Schedule O contains a response or note to any line in this Part V			
		$\neg \neg$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 59	$\neg \dagger$		
b	Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable 1b 0		1	l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	l	
	(gambling) winnings to prize winners?	1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	\neg		
	filed for the calendar year ending with or within the year covered by this return 2a 85	1	ł	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	i	Х
ь	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		X
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)		- 1	Į
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes, ' to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such-contributions or gifts		ì	
	were not tax deductible?	6b		
7	Crganizations that may receive deductible contributions under section 170(c)			
а	(I)Id 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		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			32
	tó file Form 8282?	7c		<u> </u>
đ	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	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	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ľ	
b	Did the sponsoring organization make any taxable distributions direct section 4000.	9b	-	
10	Section 501(c)(7) organizations. Enter	 +		
	Intriation fees and capital contributions included on Part VIII, line 12		[
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		į	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them)	ł	ł	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	_ [ĺ	L_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Not > See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	[ĺ	
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		X
<u>b</u>		14b		
		Form	990 ((2014)

Form 990 (2014) INSTITUTES, INC.

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

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

4.	1 1	,	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing	1	1	
	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	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			7,
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			w
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		х
	more members of the governing body?	7a		_^
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.	i :	Х
•	persons other than the governing body?	7b		Λ
8	Did the inganization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х	
	The governing body?	8a 8b	X	
Ъ	Each committee with authority to act on behalf of the governing body?	OD	- 12	
9	is there any officer director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1 9	<u>l</u>	
sec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)) V	No
100	Did the every protection have legal chapters, branches, or efficiency	10a	Yes	X
	Did the organization have local chapters, branches, or affiliates?	lua	<u> </u>	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	l la		
b	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.	12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0	<u> </u>	
٠	In Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	_
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
•	Other officers or key employees of the organization	15b	-	X
b	,	F		
b	It "Yes" to line 15a or 15b, describe the process in Schedille () (see instructions)	i		
	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		į l	X
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		42
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		41
16a	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	16a		
16a	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 organization's			41
16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a	,	
16a b Sec	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 organization's exempt status with respect to such arrangements? tion C. Disclosure		,	
16a b Sec 17	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 organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY	16b	ole	
16a b Sec 17	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 organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY Section 6194 requires an organization to make its Forms 1023 (or 1024 if applicable) 990, and 990-T (Section 501(c)(3)s only)	16b	ble	
16a b Sec 17	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 organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY	16b	ble	
16a b Sec 17 18	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 organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply Cwin website. X. Another's website. X. Upon request. Other (explain in Schedule O)	16b availat		
16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply Gwn website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	16b availat		
16a b Sec 17 18	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 organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply Cwin website. X. Another's website. X. Upon request. Other (explain in Schedule O)	16b availat		

INSTITUTES, INC.

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box	Position do not check more than one loox, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
t.	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	_	Highest compensated employee		from the organization (W-2/1099 MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NATALIE BECKER, PH.D. PRESIDENT	5.00	х		X				0.	0.	0.
(2) MARK PARRING, MPA	5.00		\vdash		\vdash		-			
VICE PRESIDENT	3.43	х	Ì	х				0.	0.	0.
(3) JIM RUITENBERG, CPA	5.00	Ë			┢	М				
TREASURER	ļ	х		х	ļ			0.	0.	0.
(4) JEFFERY KRAFT	5.00									
SECRETAR!		X						0.	0.	0.
(5) JEFFERY FOOTE, PH.D.	1.00									
DIRECTOR		X	ļ 1					0.	0.	0.
(6) STEVEN HOLT, ESQ.	1.00									
DIRECTOR		X			<u>L</u>			0.	0.	0.
(7) ANDREW ROSENBLUM PH.D.	37.50							445.000		10 000
EXECUTIVE DIRECTOR	35.50	X	Ш	X	ļ	<u> </u>	ļ	145,278.	0.	18,908.
(8) BRIAN EDLIN	37.50	ļ				J., [100 242	0.	23 502
PRINCIPAL INVESTIGATOR	37.50	-	-		_	Х	<u> </u>	188,342.	0.	33,592.
(9) SAMUEL FRIEDMAN SENIOR RESEARCH FELLOW	37.30	ł				х		175,324.	0.	35,999.
(10) FREDERUC GOEBEL	37.50	 			├	^	<u> </u>	1/3,324.		33,333.
CONTROLLER	37.30	{				х		161,989.	0.	0.
(11) CHRISTOPHER HADDOCK	37.50	├					-			<u> </u>
DIRECTOR CTCR	37.30	ł				\mathbf{x}	l	157,735.	0.	19,564.
(12) WALKER POSTON	37.50		\vdash		\vdash			137,7331		12,001.
PRINCIPAL INVESTIGATOR		1				х		157,735.	0.	33,524.
		┢	H		-	Ħ				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•		1					ĺ			
	<u> </u>	T				\vdash				
		1								
			П							
					L	L				
		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$				$oxed{oxed}$				
										_
		<u>L</u> .				L	<u> </u>	l		<u> </u>

INSTITUTES, INC. 23-7009089 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one box, unless person is both an officer and a director/trustee) hours per compensation compensation amount of week from from related other (list any the organizations compensation ndividual trustee or director hours for organization (W-2/1099-MISC) from the related (W 2/1099-MISC) organization organizations and related below organizations line) 986,403. Ō. 141,587. 1b Sub-total 0. Ō. c Total from continuation sheets to Part VII, Section A 986,403. Ō. 141,587. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 6 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

(A) Name and business addre	ss NONE	(C) Compensation	
		 	
			
O Table to the state of the sta		to delicate the second	- -
2 Total number of independent contractors (including \$100,000 of compensation from the organization)	^	ted above) who received more than	
			Form 990 (20)

INSTITUTES, INC.

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Form	990	0 (2	2014) INSTI	TUTES, 1	INC.			23-7009	089 Page 9
	rt V			nue					
			Check if Schedule O cont	ains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts 1ts	1	а	Federated campaigns	1a					
ara our		b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events	1c					
		d	Related organizations	1d					
		е	Government grants (contribut	ions) 1e					
rior.		f	All other contributions, gifts, gran	ts, and					
the			similar amounts not included abor	ve 1f					
d d		g	Noncash contributions included in lines	1a-1f \$					
<u>2</u> <u>2</u>		h	Total Add lines 1a-1f		>				
					Business Code				
e S	2	а	FEES FOR SERVICES		541700	10,318,221.	10,318,221.	,	
Program Service Revenue		b							
n Si		С							
e a		ď					, , , , , , , , , , , , , , , , , , , ,		
5		е		<u> </u>					
σ.		f	All other program service reve	nue					
	_	g	Total. Add lines 2a-2f		<u> </u>	10,318,221.			
	3		Investment income (including	dividends, inter	rest, and				İ
	-		other similar amounts)						
	4		income from investment of ta	x-exempt bond	proceeds		· · · · · · · · · · · · · · · · · · ·		
	5		Royalties		_ _				
				(ı) Real	(ii) Personal				
	6		Gross rents	47,235					
	ŀ		Less rental expenses	0	1				
			Rental income or (loss)	47,235	_L	45.035			41.005
			Net rental income or (loss)		_	47,235.			47 235.
	7	а	Gross amount from sales of	(i) Securities	(II) Other				ŀ
			assets other than inventory		_				
	ĺ	b	Less cost or other basis						
			and sales expenses						
			Gain or (loss)	L					
			Net gain or (loss)						
enne	8	а	Gross income from fundraisin including \$	g events (not of					
Other Reve	İ		contributions reported on line	1c) See		-			
ē			Part IV, line 18	a	a				
끍		b	Less direct expenses	t	o[
_			Net income or (loss) from fund						
	9	а	Gross income from gaming ac	ctivities See					
			Part IV, line 19		3				
			Less direct expenses		oL				
		С	Net income or (loss) from gan	ning activities					
	10	а	Gross sales of inventory, less	returns					`
			and allowances	ā					
	l I	b	Less cost of goods sold	ŀ	o[
		С	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu	ie	Business Code	1 '			
	11	а	MISCELLANEOUS		900099	11,064.			11,064.
		b							
	[С							
		ď	All other revenue			11.00			<u> </u>
			Total Add lines 11a-11d			11,064. 10,376,520.	10,318,221.	0.	58,299.
43200 11 07	9		Total revenue See instructions		<u> </u>	10,370,320.	10,310,221.		Form 990 (2014)
11 07	- 14								(2014)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	·		ompiete column (A)	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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	1,062,530.	1,062,530.		
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	408,958.	408,958.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	145,287.		145,287.	
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	4,748,632.	3,897,233.	851,399.	
8	Pension plan accruals and contributions (include		, , , , , , , , , , , , , , , , , , , ,	- '	
_	section 401(k) and 403(b) employer contributions)	581,637.	468,970.	112,667.	
9	Other employee benefits	783,616.	412,096.	371,520.	
10	Payroll taxes	408,246.	329,166.	79,080.	
11	Fees for services (non-employees)		023,2001	7,000	
	Management				`
	-	25,916.		25,916.	
b	Legal	331,735.		331,735.	
C	Accounting	331,733.		331,733.	
a	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	221 000	106 400	05 402	
13	Office expenses	221,906.	126,483.	95,423.	
14	Information technology				
15	Royalties	500 540		- F 0 0 - F 1 0	
16	Occupancy	500,542.	4.66. 550	500,542.	·
17	Travel	170,319.	166,770.	3,549.	
18	Payments of travel or entertainment expenses	l		<u> </u>	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,864.		3,864.	
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization	95,995.		95,995.	
23	Insurance	64,708.	64,708.		
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 ()			_	
а	CONSULTING	224,703.	148,644.	76,059.	
b	FIELD SITE EXPENSES	202,996.	104,841.	98,155.	
С	CLIENT INTERVIEW EXPENS	174,588.	174,588.	0.	
d	MISCELLANEOUS	68,291.	22,100.	46,191.	
	All other expenses	67,293.	19,570.	47,723.	
25	Total functional expenses Add lines 1 through 24e	10,291,762.	7,406,657.	2,885,105.	0.
26	Joint costs Complete this line only if the organization		<u> </u>		
	reported in column (B) joint costs from a combined			į	
	educational campaign and tundraising solicitation				
	Check here If following SOP 98 2 (ASC 958-720)				
	ii ioliowing 30r. 30 2 (M3C 936-720)	L		 	- 000

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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	39,016.	1	813.
l	2	Savings and temporary cash investments	2,026.	2	1,420.
ļ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,794,043.	4	1,358,324.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	İ		
ļ		Part II of Schedule L		5	
- }	6	Loans and other receivables from other disqualified persons (as defined under			
- 1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ĺ		employers and sponsoring organizations of section 501(c)(9) voluntary			
\$		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
- [9	Prepaid expenses and deferred charges		9	
-	10 a	Land, buildings, and equipment cost or other			
Į		basis Complete Part VI of Schedule D Less accumulated depreciation 10a 1,811,052. 10b 1,682,933.			
	b	Less accumulated depreciation 10b 1,682,933.	224,113.	10c	128,119.
	11	Investments publicly traded securities		11	
}	12	Investments other securities. See Part IV, line 11		12	
1	13	Investments program-related See Part IV, line 11		13	
l	14	Intangible assets		14	
j	15	Other assets See Part IV, line 11	644,700.	15	238,955.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,703,898.	16	1,727,631.
	17	Accounts payable and accrued expenses	3,244,343.	17	2,331,843.
1	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	·
es	22	Loans and other payables to current and former officers, directors, trustees,			
昌		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	·
	24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, payables to related third			
l		parties, and other liabilities not included on lines 17 24) Complete Part X of	306 660		020 142
		Schedule D	386,668.		238,143.
	26	Total liabilities. Add lines 17 through 25	3,631,011.	26	2,569,986.
l		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	.007 113		-040 255
au	27	Unrestricted net assets	<927,113.		<842,355.
Ва	28	Temporarily restricted net assets		28	
pu.	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐	\		
8 0		and complete lines 30 through 34			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	
je j	32	Retained earnings, endowment, accumulated income, or other funds	1027 112	32	2012 SEE
-	33	Total net assets or fund balances	<927,113.		<842,355.
	34	Total liabilities and net assets/fund balances	2,703,898.	34	1,727,631.

Form	1990 (2014) INSTITUTES, INC.	23-1	009089	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,376		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,291		
3	Revenue less expenses Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<92	7,1	<u>13.</u>
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,	1 1			
	column (B))	10	<842	2,3	<u>55.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			ĺ
	separate basis consolidated basis, or both		1 1		ĺ
	Separate basis Consolidated basis Both consolidated and separate basis				İ
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,	`		
	consolidated basis, or both		1 1		
	X Separate basis Consolidated basis Both consolidated and separate basis				İ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result or a tederal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audi	t		1
	Act and OMB Circular A-133?		3a	<u>X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit	.		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form !	990	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 NATIONAL DEVELOPMENT AND RESEARCH INSTITUTES, INC.

Employer identification number 23-7009089

Pa	ırt I	Reason for Public C	Charity Status (/	All organizations must co	omplete th	is part) Se	e instructions	
The	organ	ization is not a private found	ation because it is (For lines 1 through 11, o	heck only	one box)		
1		A church, convention of chu)(A)(ı).	
2	$\overline{\Box}$	A school described in secti	· ·					
	\equiv				ection 170	ν ι Ν 1 Ν Δ Ν	ı)	
3	\vdash	A hospital or a cooperative						the becoutel's name
4	ш	A medical research organiza	ation operated in co	njunction with a nospital	aescribed	ın sectio	n 170(b)(1)(A)(III). Enter	ine nospitai's name,
		city, and state						
5		An organization operated for	or the benefit of a co	illege or university owner	d or operat	ted by a go	overnmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II)					
6		A federal, state, or local gov	vernment or governr	mental unit described in :	section 17	70(b)(1)(A)	(v).	
7		An organization that normal	-					public described in
		section 170(b)(1)(A)(vi). (Co					Ü	,
		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \			
٥	X	•					ana mambaraha fasa a	ad arona roccinta from
9		An organization that normal			-			
		activities related to its exem						
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III)					
10		An organization organized a	and operated exclus	ively to test for public sa	afety See:	section 50	9(a)(4).	
11		An organization organized a	and operated exclus	ively for the benefit of, to	e perform	the functio	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	ed in section 509(a)(1) o	rsection	509(a)(2)	See section 509(a)(3) C	heck the box in
		lines 11a through 11d that						
	. [Type I A supporting orga						aivina
•		the supported organization	•	•		·		
			• •		a majority	or and and		opportig
	Г	organization You must c	-					
t) L	☐ Type II A supporting organization. ☐ Type II A supporting orga						
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ропеа
		organization(s) You mus	t complete Part IV,	Sections A and C				
•	; L_	☐ Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s) You must complete I	Part IV, Se	ections A,	D, and E.	
	ı [Type III non-functionally	y integrated. A supp	oorting organization opei	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int						
		requirement (see instruct						
	• [<u> </u>	Check this box if the orga	•	-				
•		functionally integrated, or					. , , , , , , , , , , , , , , , , , , ,	
	. .			many integrated support	ing organi.	Zation		
1		er the number of supported of	•					
9		vide the following information			(IV) is the o	rganization	(v) Amount of monetany	(vi) Amount or
		(i) Name of supported	(II) EIN	(III) Type of organization (described on lines 1.9		n your	(v) Amount of monetary support (see	other support (see
		organization		above or IRC section	governing	document?	Instructions)	Instructions)
				(see instructions))	Yes	No		
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Total

Schedule A (Form 990 or 990-EZ) 2014

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)

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and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part III, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization		dividends, payments received on				}		}
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12 Gross receipts from related activities, etc (see instructions) 12 inst 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 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization		assets (Explain in Part VI)						
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Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
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16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	14	Public support percentage for 2014 (I	line 6, column (f) d	livided by line 11,	column (f))		14	%
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b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
and stop here The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization		stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
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and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization		and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶ []
	17a	10% -facts-and-circumstances tes	t - 2014. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
mosts the "facts and argumentances" test. The exceptration qualifies as a publish guine and exceptration		and if the organization meets the "fac	ts and-circumstar	ices" test, check t	this box and stop l	here. Explain in Pa	art VI how the organ	nization
meets the facts and circumstances, test, the organization qualifies as a publicly supported organization		meets the "facts and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances tes	t - 2013. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the		more and if the organization meets the	ne "facts and-circu	ımstances" test, d	neck this box and	stop here. Explai	n in Part VI how the	e
organization meets the "facts-and circumstances" test. The organization qualifies as a publicly supported organization.		organization meets the "facts and circ	cumstances" test	The organization	qualifies as a publ	icly supported org	anization	ightharpoons
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ıs 🕨 🗀

Schedule A (Form 990 or 990-EZ) 2014 INSTITUTES, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and			!			
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the	13,052,832.	11,938,123.	10,843,111.	12,015,206.	10,318,221.	58,167,493.
_	organization's tax-exempt purpose	13,032,032.	11,550,123.	10,843,111.	12,013,200.	10,310,221.	30,107,433.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-]					
	ization's benefit and either paid to	Į Į	1				
	or expended on its behalf						'
5	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge	<u> </u>					
	Total. Add lines 1 through 5	13,052,832.	11,938,123.	10,843,111.	12,015,205.	10,318,221.	58,167,493.
72	Amounts included on lines 1, 2, and		•				0
t	3 received from disqualified persons 3 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						
	Public support (Sublicatione 7c from line 6)	L				L	58,167,493.
_	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(a) 2612	(d) 2013	(a) 2014	(f) Total
	Amounts from line 6	13,052,832.	11,938,123.	(c) 2012 10,843,111.	12,015,206.	(e) 2014 10,318,221.	(f) Total 58,167,493,
	Gross income from interest,	13,032,032.	11,550,125.	10,043,111.	12,013,200.	10,510,221.	30,137,133.
	dividends, payments received on securities loans, rents, royalties and income from similar sources	847,271.	377,456.	100,617.	54,215.	47,235.	1,426,794.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975				li .		
(Add lines 10a and 10b	847,271.	377,456.	100,617.	54,215.	47,235.	1,426,794.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	312,062.	160,899.	338,880.	75,850.	11,064.	898,755.
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support (Add lines 9, 10c 11, and 12)	14,212,165.	12,476,478.	11,282,608.	12,145,271.	10,376,520.	60,493,042.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	_			•		▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (line 8, column (f) di	ıvıded by line 13, d	olumn (f))		15	96.16 %
16	Public support percentage from 2013	3 Schedule A, Part	III, line 15			16	95.13 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	J14 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	2.36 %
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	3.06 %
19:	33 1/3% support tests - 2014. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	► X
ŧ	33 1/3% support tests - 2013. If the	=	-	, ,			and
	line 18 is not more than 33 1/3%, che	•					ightharpoons
20	Private foundation If the organization		· -	•		=	<u> </u>
4320	23 09-17-14				Sch	edule A (Form 99	0 or 990-EZ) 2014

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

_		Yes	No
	1		
	2		
	2_		
	3a		
	3b		
	3c		
	4a_		
	4b		
	4c		<u> </u>
	5a_		-
	5b		
	5c		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b	0.53	
m 99	90 or 99	v-EZ)	2014

Schedule A (Form 990 or 990-EZ) 2014 INSTITUTES, INC. 23-7009089 Page 5 Part IV | Supporting Organizations (continued) Yes No 11 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 b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI 11c Section B. Type I Supporting Organizations Yes No 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 part VI 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 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization Section 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard Section 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 (see instructions). The organization satisfied the Activities Test Complete line 2 below b The organization is the parent of each of its supported organizations. Complete line 3 below 🗍 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) 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 Part VI identify how these activities directly furthered their exempt purposes, those supported organizations and explain how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI_the role played by the organization in this regard

Sche	dule A (Form 990 or 990-EZ) 2014 INSTITUTES, INC.			23-7009089 Page 6
Pai		ng Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co			
				(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short term capital gain	1		
2	Recoveries of prior year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	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		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year
	ION D MINIMAN ASSECTATION IN			(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		<u></u>
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount			
	see instructions)	4		
5	Net value of non-exempt use assets (subtract line 4 from line 3)	5	····	
_6	Multiply line 5 by 035	6		
_ 7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting or	ganization (see
	instructions)		· · · · · ·	•

Schedule A (Form 990 or 990-EZ) 2014

23-7009089 Page 7 Schedule A (Form 990 or 990-EZ) 2014 INSTITUTES, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D. a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3₁ and 4c Breakdown of line 7 b

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

23-7009089 Page 8 Schedule A (Form 990 or 990-EZ) 2014 INSTITUTES, INC. Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME MANAGEMENT FEE INCOME 2010 AMOUNT: \$147,227 2011 AMOUNT: \$155,610 2012 AMOUNT: \$256,885 2013 AMOUNT: \$0 2014 AMOUNT: \$0 OTHER INCOME 2010 AMOUNT: \$164,835 2011 AMOUNT: \$5,289 2012 AMOUNT: \$81,995 2013 AMOUNT: \$75,850 2014 AMOUNT: \$11,064

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

NATIONAL DEVELOPMENT AND RESEARCH

Emplo

Open to Public Inspection

OMB No 1545-0047

INSTITUTES, INC.

Employer identification number 23-7009089

Pa	rt I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(h) Euglo and street and
	<u></u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	
	are the organization's property, subject to the organization's e	exclusive legal control?	L Yes L No
6	Did the organization inform all grantees, donors, and donor ad		•
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		YesNo
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	lucation) 🖳 Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	afied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired al		ure
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year ▶	,	3
4	Number of states where property subject to conservation ease	ement is located ▶	
5	Does the organization have a written policy regarding the period		
-	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e	=	
8	Does each conservation easement reported on line 2(d) above	-	
Ū	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 775	Yes No
9	In Part XIII, describe how the organization reports conservation	n escaments in its revenue and expense	
3			
	•		
	include, if applicable, the text of the footnote to the organization		
ΓĐa	include, if applicable, the text of the footnote to the organization conservation easements	on's financial statements that describes	the organization's accounting for
Pa	include, if applicable, the text of the footnote to the organizations reconservation easements IT III Organizations Maintaining Collections of	on's financial statements that describes Art, Historical Treasures, or O	the organization's accounting for
	include, if applicable, the text of the footnote to the organizations easements Int III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9	on's financial statements that describes Art, Historical Treasures, or O 90, Part IV, line 8	the organization's accounting for
	include, if applicable, the text of the footnote to the organization conservation easements Int III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 116 (ASC	Art, Historical Treasures, or O 90, Part IV, line 8 C 958), not to report in its revenue stater	the organization's accounting for ther Similar Assets. ment and balance sheet works of art,
	include, if applicable, the text of the footnote to the organizations easements Int III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibitations.	Art, Historical Treasures, or O 90, Part IV, line 8 0 958), not to report in its revenue stater bition, education, or research in furthera	the organization's accounting for ther Similar Assets. ment and balance sheet works of art,
1a	include, if applicable, the text of the footnote to the organization conservation easements Int III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe	Art, Historical Treasures, or O 90, Part IV, line 8 0 958), not to report in its revenue stater bition, education, or research in furthera	the organization's accounting for ther Similar Assets. ment and balance sheet works of art, ince of public service, provide, in Part XIII,
1a	include, if applicable, the text of the footnote to the organization conservation easements In the organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 of the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibits the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (ASC).	Art, Historical Treasures, or O 190, Part IV, line 8 2 958), not to report in its revenue stater bition, education, or research in furthera les these items 2 958), to report in its revenue statemen	the organization's accounting for ther Similar Assets. Then and balance sheet works of art, ance of public service, provide, in Part XIII, that and balance sheet works of art, historical
1a	include, if applicable, the text of the footnote to the organization conservation easements Int III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures or other similar assets held for public exhibition, editors as the contraction of the similar assets held for public exhibition, editors as the contraction of the contracti	Art, Historical Treasures, or O 190, Part IV, line 8 2 958), not to report in its revenue stater bition, education, or research in furthera les these items 2 958), to report in its revenue statemen	the organization's accounting for ther Similar Assets. Then and balance sheet works of art, ance of public service, provide, in Part XIII, than and balance sheet works of art, historical
1a	include, if applicable, the text of the footnote to the organization conservation easements IT III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures or other similar assets held for public exhibition, edirelating to these items	Art, Historical Treasures, or O 190, Part IV, line 8 2 958), not to report in its revenue stater bition, education, or research in furthera les these items 2 958), to report in its revenue statemen	the organization's accounting for ther Similar Assets. ment and balance sheet works of arc, ince of public service, provide, in Part XIII, t and balance sheet works of art, historical blic service, provide the following amounts.
1a	include, if applicable, the text of the footnote to the organization conservation easements If III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures or other similar assets held for public exhibition, edirelating to these items (i) Revenue included in Form 990, Part VIII, line 1	Art, Historical Treasures, or O 190, Part IV, line 8 2 958), not to report in its revenue stater bition, education, or research in furthera les these items 2 958), to report in its revenue statemen	the organization's accounting for ther Similar Assets. ment and balance sheet works of arc, ince of public service, provide, in Part XIII, t and balance sheet works of art, historical blic service, provide the following amounts.
1a	include, if applicable, the text of the footnote to the organization conservation easements Int III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures or other similar assets held for public exhibition, edirelating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	Art, Historical Treasures, or O 190, Part IV, line 8 C 958), not to report in its revenue stater bition, education, or research in furtherates these items C 958), to report in its revenue statement ucation, or research in furtherance of pu	the organization's accounting for ther Similar Assets. ment and balance sheet works of art, ince of public service, provide, in Part XIII, t and balance sheet works of art, historical blic service, provide the following amounts \$
1a	include, if applicable, the text of the footnote to the organization conservation easements Int III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibition that text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures or other similar assets held for public exhibition, editerating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	Art, Historical Treasures, or O 190, Part IV, line 8 C 958), not to report in its revenue stater bition, education, or research in furtherates these items C 958), to report in its revenue statement ucation, or research in furtherance of pure statement of the control of the co	the organization's accounting for ther Similar Assets. ment and balance sheet works of art, ince of public service, provide, in Part XIII, t and balance sheet works of art, historical blic service, provide the following amounts \$ \$
1a	include, if applicable, the text of the footnote to the organization conservation easements Int III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures or other similar assets held for public exhibition, edirelating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	Art, Historical Treasures, or O 190, Part IV, line 8 C 958), not to report in its revenue stater bition, education, or research in furtherates these items C 958), to report in its revenue statement ucation, or research in furtherance of pure statement of the control of the co	the organization's accounting for ther Similar Assets. ment and balance sheet works of art, ince of public service, provide, in Part XIII, t and balance sheet works of art, historical blic service, provide the following amounts \$ \$
1a	include, if applicable, the text of the footnote to the organization conservation easements Int III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibition that text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures or other similar assets held for public exhibition, edirelating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat the following amounts required to be reported under SFAS 11	Art, Historical Treasures, or O 190, Part IV, line 8 C 958), not to report in its revenue stater bition, education, or research in furtherates these items C 958), to report in its revenue statement ucation, or research in furtherance of pure statement of the control of the co	the organization's accounting for ther Similar Assets. ment and balance sheet works of art, ince of public service, provide, in Part XIII, t and balance sheet works of art, historical blic service, provide the following amounts \$ \$

Sche	dule D (Form 990) 2014 INSTITU	TES, INC.					2	3-70	09089	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, e	or Other	Simila	r Asse	ts (continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	at are a sigr	nificant u	se of its	collection	items
	(check all that apply)									
а	Public exhibition	c	י בַן י	Loan or excl	hange progra	ams				
b	Scholarly research	e	, [(Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	ey further ti	he organizati	ion's exemp	ot purpa	se in Par	t XIII	
5	During the year did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	ier similar a	ssets		-	
	to be sold to raise funds rather than to be m	aintained as part of	the organ	nization's co	ellection?				Yes	L_ No_
Par	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered	"Yes" to Fo	orm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	ssets not in	cluded	r	7	
	on Form 990, Part X?							L	」 Yes	L No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	flowing t	able						
									Amount	
С	Beginning balance					-	1c			
d	Additions du:ing the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	<u></u>		
	Did the organization include an amount on F					•	17	L	Yes	∐ No
_	If "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete						. Th			
		(a) Current year	[(b) ₽	rior year	(c) Two yea	rs dack (d) Three ye	ears back	(e) Four y	rears back
1a	Beginning of year balance									
b	Contributions		<u> </u>						ļ	
C .	Net investment earnings, gains, and losses		ļ		-					
d	Grants or scholarships		ļ			-+				
е	Other expenditures for facilities					ļ				
	and programs		 					_		
Ť	Administrative expenses		 		 -					
g	End of year balance									
2	Provide the estimated percentage of the cur	tent year end baland		g, column (a	i)) neid as					
a	Board designated or quasi endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
20	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the posses	•	ation the	nt are hold a	nd administr	ared for the	organia	ation		
Şa	by	ession of the organiz	auon uia	it are rielu a	no administr	erea for the	Organiza	ation	Б	es No
	(i) unrelated organizations								3a(ı)	110
	(ii) related organizations								3a(ii)	-+-
h	If "Yes" to 3a(ii), are the related organization	e lieted as required (on Scher	tule R2					3b	
4	Describe in Part XIII the intended uses of the	•							<u> </u>	
	t VI Land, Buildings, and Equipm		<u> </u>							
	Complete if the organization answere). Part IV	line 11a S	ee Form 990). Part X. lin	e 10			
	Description of property	(a) Cost or o			or other		umulate	- T	(d) Book	value
	Booth prior or property	basis (investi			(other)		eciation	-	(=, =00.	
1a	Land				· · · · ·	· ·				
	Buildings									
	Leasehold improvements		-	35	8,338.	30	00,72	20.	57	,618.
	Equipment	-	1		1,730.		3,23			,500.
	Other				0,984.		28,98			,001.
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colun					>		,119.

NATIONAL DE Schedule D (Form 990) 2014 INSTITUTES ,	EVELOPMENT AND		7009089 Page 3
Part VII Investments - Other Securities.			Tage C
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11b See Form 990. Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)	1		
(B)	 		
(C)	 		
(D)	 		
	 		
(E) (F)	 		
(G)			
(H)	 		
Total (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.	L	<u> </u>	
Complete if the organization answered "Yes"	to Form COC Port IV line	11c See Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
	(5) 500% 74.00	(c) memos el validador eserci en ana	
(1) (2)			
	 		
(3)			
(4)	 -		
(5)	 		
(6)			
(7)			
(8)	 		
(9) Tatal (Cal (b) must equal form 000 Part V and (P) line 12)	 		
Total (Col (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets.	<u> </u>	<u> </u>	
<u> </u>	the Form 000. Doct IV line	11d Cas Form 000 Post V line 15	
Complete if the organization answered "Yes"	Description	Tra See Form 990, Part X, line 15	(b) Book value
DUE TRAVERED ARABITE			158,055.
and the training of the	1110ND		80,900.
			00,300.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			220 055
Total. (Column (b) must equal Form 990, Part X, col (B) III	ie 15)	<u>-</u> <u>-</u>	238,955.
Part X Other Liabilities.			
Complete if the organization answered "Yes"		11e or 11f See Form 990, Part X, line 25	

1.	(a) Description of liability	(b) Book value
(1) Federal in	icome taxes	
(2) DEFER	RRED RENT	227,388.
(3) SECUF	RITY DEPOSIT	10,755.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b.) must equal Form 990, Part X, col (B) line 25)	▶ 238,143.

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

23-7009089 Page 4 INSTITUTES, INC. Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 10,376,520. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants d Other (Describe in Part XIII) 2đ e Add lines 2a through 2d 10,376,520. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 10,376,520. 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1 10,291,762. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2b c Other losses 2¢ d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 10,291, 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 10,291,762. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: NDRI HAS EVALUATED ANY UNCERTAIN TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES AND DETERMINED UNCERTAIN POSITIONS, IF ANY, ARE NOT MATERIAL TO THE FINANCIAL STATEMENTS. PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES, IF INCURRED. NDRI IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR YEARS PRIOR TO FISCAL YEAR ENDING MARCH 31, 2012.

Schedule D (Formy 999) 2014

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL DEVELOPMENT AND RESEARCH INSTITUTES, INC.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and independent contractors expenditures offices (by type) (e g, fundraising, program is a program service for and in the region services, investments, grants to describe specific type investments recipients located in the region) of service(s) in region in region in region CENTRAL AMERICA AND GRANTS TO RECIPIENTS THE CARRIBEAN COCATED IN THE REGION 180,570. RUSSIA AND GRANTS TO RECIPIENTS NEIGHBORING STATES LOCATED IN THE REGION 69,233. GRANTS TO RECIPIENTS EAST ASIA LOCATED IN THE REGION 27,513. GRANTS TO RECIPIENTS EUROPE LOCATED IN THE REGION 178,410. 455,726. 0 3 a Sub total b Total from continuation 0 0. sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2014

455,726.

and 3h)

INSTITUTES, INC.

23-7009089

Page 2

Schedule F (Form 990) 2014 INSTITUTES, INC. 23-7009089

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

t (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non cash assistance	(h) Description of non cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		RUSSIA AND NEIGHBORING						
		STATES	RESEARCH	69,233,		0.		
		EAST ASIA	RESEARCH	27,513.		0		
		EUROPE	RESEARCH	178,410		3		
		CENTARI AMERICA						
		AND THE CARIBBEAN	RESEARCH	180,570		0	<u> </u>	
				 				
		ş						

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country recognized as tax exempt by	
	the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
_3	Enter total number of other organizations or entities	.

Schedule F (Form 990) 2014

432072 09-24-1-

NATIONAL DEVELOPMENT AND RESEARCH INSTITUTES, INC. 23-7009089 Schedule F (Form 990) 2014 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non cash assistance	(g) Description of non cash assistance	(h) Method of valuation (book FMV appraisal other
,							
		-					
		<u> </u>					
				<u></u>			
					_		
		4			_		

Schedule F (Form 990) 2014

432073 09-24 14

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)

INSTITUTES, INC. 23-7009089 Schedule F (Form 990) 2014 Page 4 Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 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 Yes X No a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) 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 Yes X No Certain Foreign Corporations (see Instructions for Form 5471) 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 Yes X No (see Instructions for Form 8621) 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 Yes X No Foreign Partnerships (see Instructions for Form 8865)

Schedule F (Form 990) 2014

Yes X No

INSTITUTES, INC. 23-7009089 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 PART I, LINE 2: THE PRINCLIPAL INVESTIGATOR IN CHARGE OF EACH RESEARCH PROJECT MONITORS THE USE OF THE GRANTS AWARDED TO SUBRECIPIENTS BY REVIEWING THEIR PROGRESS ON ASSIGNED TASKS AND SUPPORT FOR THE EXPENDITURES SUBMITTED TO THE ORGANIZATION BEFORE APPROVING THEM FOR PAYMENT.

Schedule F (Form 990) 2014

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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22 ➤ Attach to Form 990

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury internal Pevenue Service Name of the organization

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/torm990.

NATIONAL DEVELOPMENT AND RESEARCH

Employer identification number 23-7009089

INSTITUTES, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Yes X No criteria used to award the grants or assistance? Describe in Part V the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments Complete if the organization answered "Yes" to Form 990 Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of (h) Purpose of grant or assistance 1 (a) Name and address of organization (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of (g) Description of non-cash assistance valuation (book, FMV appraisa), or government non cash assistance other) CENTRAL NEW YORK RESEARCH 800 IRVING AVENUE SYRACUSE, NY 13210 16-1365231 501 (C)(3) 266,772 RESLARCH UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA AVENUE RESEARCH SAN FRANCISCO, CN 94118 94-6036493 501 (C)(3) 188,670 1155 EAST 60TH STPEET CHICAGO, IL 60637 36-216/808 501 (C)(3) 166,691 RESEARCH TRUSTEES OF DARTMOUTH, OFFICE OF SPONSORED PROGRAMS - 11 ROPE FERRY 02-0222111 501 (C)(3) 95 355 RESEARCH ROAD - HANOVER, NH 03755 ALBERT EINSTEIN COLLEGE 1510 WATERS PLACE 13-1624225 501 (C)(3) 67 607 RESEARCH BRONX, NY 10461 0 EMORY UNIVERSITY OFFICE OF GRANTS AND CONTRACTS - FO BOX 935084 -ATLANTA, GA 31193 58-0566256 501 (C)(3) 64,407 RESEARCH 15. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

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23-7009089 INSTITUTES, INC. Schedule (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (b) EIN (c) IRC section (f) Method of (g) Description of (d) Amount of (e) Amount of (h) Purpose of grant (a) Name and address of non cash assistance valuation (book FMV, organization or government if applicable cash grant non cash assistance c assistance appraisal, other) UNIVERSITY OF MIAMI, SPONSORED PROGRAMS - PC BOX 405803 -ATLANTA, GA 30364 15-9062445 501 (C)(3) 60,174 RESEARCH UNIVERSITY OF VERMONT 240 WATERMAN 5LDG 03-0179440 501 (C)(3) 51,260 BUPI INGTO . .T 05405 RESEARCH BPOWN UNIVERSITY SPONSCRED PROGRAMS - 154 ANGELL STPFET -FROVIDENCE RI 0291 05-0258809 SU1 (C)(3) 33 041 RESEARCH I'E' YORK UN."ERSITY OFFICE OF SPONSORED EROJECTS 655 BROADWAY 27,766 0 SUITE SG. NEW YORK, NY 10012 11-3556230 501 (C)(3) RESEARCH REGENTS OF THE UNITEPSITY OF MINUESCEA - 200 OAK STREET -MINVEAPOLIS MN 55485 14-1600751 501 (C)(3) 13,930 0 RESEARCH UNIVERSITY OF PUERTO KICO PO BOS 365067 SAN JUAN PR 00916 66-0433762 501 (C)(3) 10,287 0 TEXAS TECH UNIVERSITY OFFIDE OF RESEARCH SERVICES - BOX 41035 349 ADMIN BUILDING - LUBBOCK, TX 79409 75-6002622 501 (C)(3) 9,289 0 RESEARCH JOAN AND SANFORD WELL MEDICAL COLLEGE OF CORNELL 575 LEXINGTON AVE - NEW YORK, NY 19022 13-1623978 501 (C)(3) 7,281 RESEARCH

Schedule I (Form 990)

432*2*21 05 01 11

1...

27

Part IV Supplemental Information Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	Schedule			D RESEARCE			23-7009089	Page 2
Part III Grants and Other Assistance to Domestic Individuals Complete if the organization answered "Yes" to Form 990 Part IV, kine 22 Part III can be duplicated if additional space is needed (a) Type of grant or assistance (b) Number of recipients (cash grant dash assistance) (b) Number of recipients (cash grant dash assistance) (b) Method of valuation (book, FMV, appraisal other) (f) Description of non cash as dash assistance dash assistance)								
Part IV Su ₂ plemental Information Provide the information required in Part I, line 2, Part III, column (b), and any other additional information		(a) Type of grant or assistance		(c) Amount of cash grant		(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non cash a	ssistance
					-			
								
					 			
	Part IV	Susplemental Information Provide the informati	ion required in Part I, lin	ne 2. Part III, colum	nn (b), and any other a	Idditional information	<u> </u>	
				_ 				
							·····	
							~	
132 102 10-15 14 Schedule ((Form 990) (2014						····	0.1-11.17	

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

INSTITUTES, INC.

Employer identification number 23-7009089

Pa	irt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			-
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	ļ	l	
	First-class or charter travel Housing allowance or residence for personal use		- 1	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		.	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	ŀ		
		1		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	٠. ا		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	16		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		, ,	
	trustees, and officers including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	ļ		
	establish compensation of the CEO/Executive Director, but explain in Part III	ļ		
	X Compensation committee X Written employment contract	Ì	, ,	
	Independent compensation consultant Compensation survey or study	1		
	Form 990 of other organizations X Approval by the board or compensation committee	990, nal use sidence shef) 1b 2 ation's on to ommittee 4a		
4	During the year did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	j	, 1	
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III			
		- 1	, ,	}
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	I		
	contingent on the revenues of	1		.,
а	The organization?			X
b	Any related organization?	<u>5b</u>		Х
	If "Yes" to line 5a or 5b, describe in Part III	- 1		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ļ		
	contingent on the net earnings of	_		7.7
	The organization?			X
þ	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_	, 1	1,7
	not described in lines 5 and 67 If "Yes," describe in Part III	_7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ا آ	i	v
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
a	If "Vas" to line 8, did the organization also follow the rebuttable presumption procedure described in	,	, ,	1

Regulations section 53 4958-6(c)?

23-7009089

Page 2

Schedule J (Form 990) 2014 INSTITUTES, INC. 23-7009089

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

	(B) Breakdown of	W 2 and/or 1099 MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i) (D)	(F) Compensation in column (B)	
(A) Name and Title		(ii) Base (ii) Bonus & incentive compensation		(III) Other reportable compensation	compensation	Deneitis	(8)(() (D)	reported as deferred in prior Form 990
(1) ANDREW ROSENBIUM PH D.	(1)	145,278.	0.	0.	18,064.	844.	164,186.	0.
EXECUTIVE DIRECTOR	(11)	0.	0.	0.	0.	0.		0.
(2) BRIAN EDLIN	(1)	188,342.	0.	0.	18,451.	15,141.	221,934.	0.
PPINCIPAL INVESTIGATOR	(11)	0.	0.	0.	0.		G.	0.
(3) SAMUEL FRIEDMAN	(1)	175,324.	0.	0.	20,876.	15,123.	211,323.	0.
SENIOR RESEARCH FELLOW	(11)	0.	0.	0.	0.	0.	0.	0.
(4) FREDERUC GUEBEL	(1)	161,989.	0.	0.	19,000.	844.	181,833.	0.
CONTROLLER	(0)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTOPHER HADDOCK	(0)	157,735.	0.	0.	18,781.	783.	177,299.	0.
DIRECTOR CTCR	(11)	0.	0.	0.	0.	0.		0.
(f) WALKEP POSTON	(1)	157,735.	0.	0.	18,358.	15,166.	191,259.	0.
PRINCIPAL INVESTIGATOR	(0)	0.	0.	0.	0.,	0.	0.	0.
	(1)							<u> </u>
	(0)							
	(1)							T
	(11)							1
	(1)							
	(11)							
	(1)							
	(11)						T	
	(1)							
	(0)							
	(1)							
	(11)							
	(1)							
	(11)							
	(1)							
	(0)							
	(1)	-						
	(11)							
	(1)							
	(11)							1

Schedu!e J (Form 990) 2014

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432 113 10 13-14 Schedule J (Form 990) 2014

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

432211 08-27-14

Name of the organization

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.

OMB No 1545-0047

2014

Open to Public

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

NATIONAL DEVELOPMENT AND RESEARCH Emplo

INSTITUTES, INC.

Inspection
Employer identification number
23-7009089

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BIO-BEHAVIORAL DISORDERS.
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE CONTROLLER. A COPY
IS PROVIDED TO THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15A:
THE ORGANIZATION DETERMINES COMPENSATION OF THE EXECUTIVE DIRECTOR BY A
WRITTEN EMPLOYMENT CONTRACT, REVIEW OF COMPENSATION SURVEYS OR STUDIES AND
APPROVAL BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
THIS INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990. PART XII, LINE SC
THERE WAS NO CHANGE IN THE ORGANIZATIONS OVERSIGHT OR SELECTION PROCESS
DURING THE YEAR ENDED DECEMBER 31, 2015.
SCHEDULE R, PART V
AMENDED FORM 990
THE AMENDMENT OF THE FORM 990 AND RELATED SCHEDULES WAS PERVASIVE,
SINCE ALL THE AMOUNTS REPORTED IN THE STATEMENTS OF REVENUE, FUNCUIONAL
EXPENSES AND THE BALANCE SHEET WERE CHANGED, AS WELL AS MANY OF THE Y
SUPPORTING SCHEDULES AND GENERAL INFORMATION.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization	NATIONAL DEVELOPMENT	AND RESEARCH	Employer identification number 23-7009089
·	INSTITUTES, INC.		23-7009089
			
	<u> </u>		
			<u> </u>
			
			
			

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990

Name of the organization

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

NATIONAL DEVELOPMENT AND RESEARCH

INSTITUTES, INC.

2014
Open to Public Inspection
Employer identification number 23-7009089

OMB No 1545-0047

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part I (d) (f) Name address, and EiN (if applicable) Legal domicile (state or Total income End of year assets Direct controlling Primary activity of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990 Part IV, line 34 because it had one or more related tax exempt organizations during the tax year (c) (a) (b) (d) (e) **(f)** (g) Section 512(b)(13) controlled entity? Name address and EIN Primary activity Lega, domit ile (state or Exempt Code Public charity Direct controlling status (if section of related organization section entity foreign country) 501(c)(3)) Yes No NDRI-USA INC - 14-1727514 71 WEST 23RD STREET TRAINING HEALTH AND HUMAN NEW YORK, NY 10010 (B)(1)(A) Х SERVICES PROVIDERS NEW YORK 501 (C) (3) NDRI-STATE, INC - 14-1727508 RESEARCH IN AIDS 71 WEST 23RD STREET PREVENTION AND NEW YORK, NY 10010 INTERVENTION SERVICES NEW YORK 501 (C) (3) (B)(1)(A) Х

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

Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 INSTITUTES, INC. 23-7009089

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

Page 2

organizations treated as a partnership during the tax year												
(a)	(b)	(c)	(d)	(e)	(1)	(g)	(1	h)	(1)	(j)	(k)	
Name address and EIN of related organization	Primary activity	Lagat domicile (state or foreign	Direct controlling entity	Predominant income (related unrelated, excluded from tax under	Share of total income	Share of end of year assets	alfoca	Dispre perhanata amount in allocations 1 20 of Sch		managing partner?	Percentage ownership	
		country)		sections 512-514)			Yes	No	K 1 (Form 1065)	Yes No		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a)	(b)	(c)	(d)	(e)	(f)	(9)	(h)	(I) Section	
Name address and EIN of related organization	Primary activity	Legal domicile is att oil foreign	Direct controlling entity	Type of entity (C corp S corp or trust)	Share of total income	Share of end of year assets	Percentage ownership	512(cont	b)(13) rolled tity?
		country)		ļ			<u> </u>	Yes	No
SOLIAL SCIENCES INNOVATIONS CORPORATION -		I	1	1	1		ļ.	l	1
14-1743789 71 WEST 23RC STREET, NEW YORK,	_}	1	}]	J	}	j		}
NY 10010	RESEARCH	NY	N/A	C CORP	0		00%	i .	X
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23-7009089 Schedule R (Form 990) 2014 INSTITUTES, INC. Page 3 Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990 Part IV line 34, 35b or 36 Note Complete line 1 if any entity is listed in Parts II, fill or IV of this schedule No 1 During the tax year-did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV2 a Receipt of (i) interest, (ii) annuities (iii) royalties, or (iv) rent from a controlled entity 1a **b** Gift grant, or capital contribution to related organization(s) 1b c. Gift. grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 10 11 f Dividends from related organization(s) g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h Exchange of assets with related organization(s) 11) Lease of facilities equipment or other assets to related organization(s) 1; k. Lease of facilities, equipment, or other assets from related organization(s) I Performance of services c: membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) 1m $\label{eq:normalised} \textbf{n} \quad \text{Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)}$ 1n o Sharing of paid employees with related organization(s) 10 p Reimbursement paid to related organization(s) for expenses 1p q Reimbursement paid by related organization(s) for expenses 1q r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) If the answer to any of the above is. Yes, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a)
Name of related organization (c) Amount involved (d)
Method of determining amount involved type (a s) (1) NDRI - STATE D 363,584. ACTUAL CASH AMOUNTS (2) SOCIAL SCIENCES INNOVATION CORPORATION 356,287. ACTUAL CASH AMOUNTS Ε (3) NDRI - USA P 283,752. ALLOCATED AMOUNTS (4) NDRI - USA 150,259 ACTUAL CASH AMOUNTS D

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 INSTITUTES, INC.

23-7009089

Page 4

Part V: Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Fart IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than tive percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners soc 501 (c)(3) toros 7 Yes No	(f) Share of total income	(g) Share of end of year assets	0 speciallocal	No ster	(i) Code V-UBI amount in box 20 of Schedule K 1 (Form 1065)	(j) General or managing partner? Yes NO	(k) Percentage ownership
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Schedule R (Form 990) 2014

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NATIONAL DEVELOPMENT AND RESEARCH 23-700<u>9089 Page 5</u> Schedule R (Form 990) 2014 INST Part VII Supplemental Information INSTITUTES, INC. Provide additional information for responses to questions on Schedule R (see instructions)