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Return of Organization Exempt From Income Tax

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

DLN: 93493319037867 OMB No 1545-0047

Open to Public

Department of the Treasure Internal Revenue Service

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

Inspection A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 Name of organization BISHOPACCOUNTABILITYORG D Employer identification number B Check if applicable ☐ Address change 34-2019007 ☐ Name change Doing business as ☐ Initial return ☐eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return PO BOX 541375 (508) 479-9304 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code WALTHAM, MA $\,$ 02454 G Gross receipts \$ 571.662 F Name and address of principal officer H(a) Is this a group return for TERENCE W MCKIERNAN ☐Yes ☑No subordinates? PO BOX 541375 H(b) Are all subordinates WALTHAM, MA 02454 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BISHOP-ACCOUNTABILITY ORG L Year of formation 2004 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities TO GATHER AND MAKE ACCESSIBLE ALL PUBLIC INFORMATION ABOUT THE CATHOLIC ABUSE CRISIS AND THE BISHOPS' ROLE IN IT Activities & Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 7b **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 571,625 8 Contributions and grants (Part VIII, line 1h) . 409,385 9 Program service revenue (Part VIII, line 2g) 37 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 37 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 409,422 571,662 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 262,012 262,663 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶39,529 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 126,445 151,633 388,457 414,296 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 157,366 19 Revenue less expenses Subtract line 18 from line 12 . 20,965 Assets or d Balances **End of Year Beginning of Current Year** 105.475 260,513 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 22,394 19,661 83,081 240,852 22 Net assets or fund balances Subtract line 21 from line 20 . Part II Signature Block Under penalties of perjury, I declare that I have examined this return, inclu-knowledge and belief, it is true, correct, and complete Declaration of prepa

any knowledge

Sign Here

Signature of officer TERENCE W MCKIERNAN PRESIDENT/DIRECTOR

Paid Preparer **Use Only**

Print/Type preparer's name Preparer's signature LILLIAN GONZALEZ CF LILLIAN GONZALEZ CPA MST CSEP CSRP Firm's name

GONZALEZ AND ASSOCIATES PC

Firm's address ► 14 PAGE TERRACE

Type or print name and title

STOUGHTON, MA 02072

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

Form	1 990 (2016)					Pi	age 2				
Pai	Statement	of Program Service	Accomplish	ments							
	Check if Sched	lule O contains a respor	ise or note to a	ny line in this Part III .							
1	Briefly describe the or	rganızatıon's mıssıon									
<u>TO 0</u>	SATHER AND MAKE ACC	ESSIBLE ALL PUBLIC IN	FORMATION A	BOUT THE CATHOLIC ABU	ISE CRISIS AND THE BISHOPS' RO	LE IN IT					
_	D. J. H		.								
2	-	indertake any significan • 990-EZ?		ices during the year whic	n were not listed on	☐ Yes 🗹 No					
		se new services on Sche				Lifes Millo					
3	•	Did the organization cease conducting, or make significant changes in how it conducts, any program									
						□Yes ☑N	4o				
		se changes on Schedule									
4				ts for each of its three lar	gest program services, as measure	ed by expenses					
	Section 501(c)(3) and	rants and allocations to others, the									
	expenses, and revenu	ie, if any, for each prog	ram service rep	orted							
4a	(Code) (Expenses \$	324,503	including grants of \$) (Revenue \$)					
	See Additional Data										
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)					
	-										
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)					
							_				
4d		es (Describe in Schedul) (D +	,					
_	(Expenses \$		ding grants of s) (Revenue \$)					
40	LOTAL DEGGERAM SERV	ice eynenses 🕨	374 50	11							

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Form **990** (2016)

Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

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

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

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 footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

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

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

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

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

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

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

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏

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

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

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

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?

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?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

or X as applicable

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

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Page 4

No

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

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

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

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

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

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

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

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

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

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Yes

Form 990 (2016)

orm	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ц_
	Fortunation according to the Control of the Control		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
C	If fes, to line 3a or 3b, did the organization life Form 8886-17	5c		
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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
	Delth and the second of the se	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C ⁷	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Institution foca and contributions uncluded on Part VIII. June 13			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
		-		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or snareholders	-		
ט	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		No
Ь	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?			
		16b		
<u>5e</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	MA MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CORPORATION PO BOX 541375 WALTHAM, MA 02454 (508) 479-9304			- /

016)										Page 7
		stees,	Key	/ En	npl	oyee	s, H	lighest Comper	nsated Employ	ees,
Check if Schedule O contains a resp	onse or note to	any lir	ne in	thıs	Part	: VII				🗆
A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	ıd F	ligl	nest (Con	npensated Emp	loyees	
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							or o	organizations), rega	rdless of amount	
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e compensation from the organization	n and any relate	ed orga	nızatı	ons	•		·	•	·	,000
, more than \$10,000 of reportable co	ompensation fro	m the	organ	ızatı	on a	and ar	y re	elated organizations	5	
d employees, and former such persor	ns					-				
his box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	ı
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	ne bo oth a	no ox, ι n of	t che inles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
W MCKIERNAN I		Х		х				99,692	0	0
DYLE T	20 00	Х		x				50,350	0	0
MAREST	2 00	Х						0	0	0
LES JI	5 00	x		×				0	0	0
AVIANO	2 00	Х						0	0	0
	Compensation of Officers, D and Independent Contracto Check if Schedule O contains a resp. A. Officers, Directors, Truste this table for all persons required to of the organization's current officers ation Enter -0- in columns (D), (E), a off the organization's current key em organization's five current highest of d reportable compensation (Box 5 of and any related organizations of the organization's former officers, the compensation from the organization of the organization's former director, more than \$10,000 of reportable con in the following order individual trust d employees, and former such perso his box if neither the organization no (A) Name and Title W MCKIERNAN I DOYLE T EMAREST LES MI AVIANO	Compensation of Officers, Directors, Tru and Independent Contractors Check if Schedule O contains a response or note to A. Officers, Directors, Trustees, Key Emp e this table for all persons required to be listed Repr of the organization's current officers, directors, tru ation Enter -0- in columns (D), (E), and (F) if no con- officers of the organization's current key employees, if any organization's five current highest compensated er di reportable compensation (Box 5 of Form W-2 and/ and any related organizations of the organization's former officers, key employees e compensation from the organization and any relate of the organization's former directors or trustees in the following order individual trustees or director of demployees, and former such persons his box if neither the organization nor any related or officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization and any related officers, key employees e compensation from the organization an	Compensation of Officers, Directors, Trustees, and Independent Contractors Check if Schedule O contains a response or note to any ling. A. Officers, Directors, Trustees, Key Employee of the organization's current officers, directors, trustees (value) the organization's current officers, directors, trustees (value) the organization's current key employees, if any See instance of the organization's current key employees, if any See instance of the organization's current key employees, if any See instance of the organization's former officers, key employees, or high the organization's former officers, key employees, or high the organization's former officers, key employees, or high the organization's former directors or trustees that reference of the organization's former directors or trustees that reference of the organization's former directors or trustees that reference organization or any related organization or any related organization or related organizations below dotted line) (A) Name and Title Average hours per week (list any hours per week (list an	Compensation of Officers, Directors, Trustees, Key and Independent Contractors Check if Schedule O contains a response or note to any line in A. Officers, Directors, Trustees, Key Employees, are this table for all persons required to be listed. Report compensation of the organization's current officers, directors, trustees (whethetion Enter -0- in columns (D), (E), and (F) if no compensation of the organization's current key employees, if any. See instruct organization's five current highest compensated employees (ot direportable compensation (Box 5 of Form W-2 and/or Box 7 of light and any related organizations of the organization's former officers, key employees, or highest expensively compensation from the organization and any related organization of the organization's former directors or trustees that received, more than \$10,000 of reportable compensation from the organization of the organization's former such persons has box if neither the organization nor any related organization of demployees, and former such persons has box if neither the organization nor any related organization below dotted line) (A) Name and Title (B) Average hours per week (list any hours for related organizations below dotted line) (A) Name and Title (B) Average hours per week (list any hours for related organizations below dotted line) (A) Name and Title (B) Average hours per week (list any hours for related organizations below dotted line) (A) AVERAGE S (B) AVERAGE S (B) AVERAGE S (A) AVERAG	Compensation of Officers, Directors, Trustees, Key En and Independent Contractors Check if Schedule O contains a response or note to any line in this A. 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See instructions of the organization's current highest compensated employees (other the organization's former officers, key employees, or highest companization's former officers, key employees, or highest companization from the organizations of the organization's former directors or trustees that received, in , more than \$10,000 of reportable compensation from the organizations of the organization's former directors or trustees that received, in , more than \$10,000 of reportable compensation from the organization in the following order individual trustees or directors, institutional the demployees, and former such persons his box if neither the organization nor any related organization compensation from the organization of directors. (A) Name and Title WMCKIERNAN AVERAGE WMCKIERNAN AVERAGE AVERA	Compensation of Officers, Directors, Trustees, Key Empland Independent Contractors Check if Schedule O contains a response or note to any line in this Part A. Officers, Directors, Trustees, Key Employees, and High a this table for all persons required to be listed Report compensation for of the organization's current officers, directors, trustees (whether indivition Enter -0- in columns (D), (E), and (F) if no compensation was paid of the organization's current key employees, if any See instructions for organization's five current highest compensated employees (other than directors for organization's former officers, key employees, or highest compensation granization's former officers, key employees, or highest compensation from the organizations of the organization's former directors or trustees that received, in the compensation from the organization and any related organizations of the organization's former directors or trustees that received, in the employees, and former such persons in the following order individual trustees or directors, institutional trust of demployees, and former such persons his box if neither the organization nor any related organization compens that the organization has below dotted line. (A) Name and Title (B) Avers per week (list any hours for related organization compens below dotted line) (C) Position (do not che than one box, unless both an officer director/trust is both an officer director/trust is both an officer director or trustees. (A) WMCKIERNAN (B) AUDITION (A) AUD	Compensation of Officers, Directors, Trustees, Key Employee and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII A. Officers, Directors, Trustees, Key Employees, and Highest of the contractors of the organization for the contractors of the organization of the contractor of the organization of the organization of the contractor of the organization of the organiza	Compensation of Officers, Directors, Trustees, Key Employees, I and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII . A. Officers, Directors, Trustees, Key Employees, and Highest Core this table for all persons required to be listed Report compensation for the calen of the organization's current officers, directors, trustees (whether individuals or continuous current) (E), and (F) if no compensation was paid of the organization's current key employees, if any See instructions for definition organization's five current highest compensated employees (other than an officed direportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) and any related organizations of the organizations former officers, key employees, or highest compensated employees (other than an officed ecompensation from the organizations of the organization's former officers, key employees, or highest compensated employees, or highest compensated employees, or highest compensated employees, or highest compensated organizations of the organization's former directors or trustees that received, in the capacity, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization and any related organization compensated any organizations below dotted line) (A) Name and Title (B) Average hours per week (list any hours for related organization compensated any organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) (B) Average hours per week (list any hours for related organization of the organizati	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employer and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees It is table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount attorn Enter-10- in columns (D), (E), and (F) if no compensation was paid of the organization's current key employees, if any See instructions for definition of "key employee" organization's fuve current highest compensated employees (other than an officer, director, trustee or key employee) de poortable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the and any related organization's former officers, key employees, or highest compensated employees who received more than \$100 to ecompensation from the organization and any related organization from the organization and any related organization in the following order individual trustees or directors, institutional trustees, officers, key employees, highest demployees, and former such persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest demployees, and former such persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest demployees, and former such persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest demployees, and former such persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest demployees, and former such persons in the following order individual trustees or directors, trustees or directors, trustees or directors, trustees or directors, trust

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (D) (F) (C) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other hours per than one box, unless person compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensatemplovee Former Individual trustee or director Office organizations es employee related Institutional Trustee below dotted organizations line) • c Total from continuation sheets to Part VII, Section A . 150,042 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 No 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 No 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person . 5 Nο

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Section B. Independent Contractors

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

Name and business address

compensation from the organization >

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

(C)

Compensation

Form **990** (2016)

(B)

Description of services

Page 8

Part		III Statement of	f Revenue								rage 3
				a respo	nse or note to an	y line in	this Part VII	I			🗆
							(A) revenue	(B) Related or exempt function	-	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	La Federated campaig	ns	1a		<u> </u>		revenue			512-514
nts ints		b Membership dues		1b		•					
3ra nou		c Fundraising events		1c		•					
ts. (d Related organization		1d		•					
		e Government grants (c		1e		•					
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions									
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts r above	not included	1f	571,625						
년 전 된		g Noncash contribution	ons included								
ont		ın lines 1a-1f \$	_	_							
	╠	h Total.Add lines 1a-	11			ss Code	571,625			T	
Service Revenue	2a	1			Busines						
₹				_							
Ce F		с									
ž		d									
Ē	,	e		_							
Program	1	f All other program se	ervice revenue)			1			<u> </u>	
ΔŤ	ç	Total. Add lines 2a-2	f	. 1	<u> </u>						
		Investment income (i similar amounts)			nterest, and othe	r	3	7			37
		· Income from investm			ond proceeds	-					
	5	Royalties		•		▶					
		_	(ı) Rea	ı	(II) Personal						
	6	a Gross rents									
		b Less rental expenses									
		c Rental income or									
		(loss)									
		d Net rental income o			· · · •						
	7.	a Gross amount	(ı) Securi	ties	(II) Other						
		from sales of assets other									
		than inventory									
		b Less cost or other basis and									
		sales expenses C Gain or (loss)				_					
		d Net gain or (loss)			•	\dashv					
	8	a Gross income from f	_	_							
nue		(not including \$ contributions reporte	ed on line 1c)								
e v		See Part IV, line 18		ŀ							
Ţ.		b Less direct expensec Net income or (loss)		b sing eve	ents						
Other Revenue		a Gross income from o	gaming activit								
0		See Part IV, line 19		a							
		b Less direct expense	es	ь							
		c Net income or (loss)		L	ies •						
	10	Da Gross sales of invention returns and allowand									
		returns and anowand	Les	a							
		b Less cost of goods	sold	Ь							
		c Net income or (loss)		invent	ory >						
	_	Miscellaneous 1a	Revenue		Business Code						
	1	Id									
		b		-							
		=									
		с		-		+					
		d All other revenue .				1					
		e Total. Add lines 11a	a-11d		•						
	1	2 Total revenue. See	Instructions				571.66	2			27
							5/1,66	۷			37 Form 990 (2016)

For	m 990 (2016)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must comp	olete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	. Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	! Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	150,042	120,034	15,004	15,004
6	6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
	Other salaries and wages	92,705	83,429	5,649	3,627
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	19,916	16,730	1,593	1,593
11	Fees for services (non-employees)				
	a Management				
	b Legal	9,670		9,670	_
	c Accounting	7,809		7,809	
	d Lobbying				
	e Professional fundraising services See Part IV, line 17				
	f Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,440	13,440		
12	Advertising and promotion				
13	Office expenses	9,983	3,614	2,599	3,770
14	Information technology	4,192	3,350	842	
15	Royalties				-
16	Occupancy	23,976	20,138	1,919	1,919
		13,442	12,640		802
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	1,741	1,463	139	139
	Insurance	3,816	3,206	305	305
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	·	,		
	a ARCHIVE EXPENSES	35,916	35,916		
	b OUTREACH	16,150	3,740	40	12,370
	c SOFTWARE	3,707	3,506	201	
	d RESEARCH	3,197	3,197		
	e All other expenses	4,594	100	4,494	
25	Total functional expenses. Add lines 1 through 24e	414,296	324,503	50,264	39,529
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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

	(A) Beginning of year		(B) End of yea
Cash-non-interest-bearing	98,775	1	
Savings and temporary cash investments		2	
Pledges and grants receivable, net		3	
Accounts receivable, net		4	
I ama and ather was a complete from a company and formal and forma	·		

Savings and te 3 Pledges and gr Accounts receiv

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iabilities 22

Fund Balances

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Assets 31

Net

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

Part II of Schedule L

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges .

basis Complete Part VI of Schedule D

b Less accumulated depreciation

Assets 10a Land, buildings, and equipment cost or other

10a 10b Investments—publicly traded securities . Investments—other securities See Part IV, line 11 . . .

Investments—program-related See Part IV, line 11

11 12 13 14 Intangible assets

Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > \(\subseteq \) and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

28,411 25,501

8 4.651 1.949

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83,081

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Page **11**

255,111

2,910

2,392

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260.513

19,661

240.852

240,852

260.513

Form **990** (2016)

	19,66	3

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			571,662
2	Total expenses (must equal Part IX, column (A), line 25)	2			414,296
3	Revenue less expenses Subtract line 2 from line 1	3			157,366
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			83,081
5	Net unrealized gains (losses) on investments	5			405
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			240,852
Par	t XIII 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			

За

Зb

Νo

Form **990** (2016)

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

Name: BISHOPACCOUNTABILITYORG

EIN: 34-2019007

Form 990 (2016)

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Form 990, Part III, Line 4a:

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2)(A)(ii). (Attach Sch	·	•			
3		A hospital o	or a cooperative ho	spital servi	ce organization descr	ibed in section	170(b)(1)(A)(iii).		
4		name, city,	and state	•	-	•		170(b)(1)(A)(iii). E	<u> </u>	
5	Ш		ation operated for t (iv). (Complete Pai		of a college or univer	sity owned or op	erated by a gov	ernmental unit descri	bed in section 170	
6					governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).		
7	✓		ation that normally '0(b)(1)(A)(vi). (s support from a	governmental u	init or from the gener	al public described in	
8		A communi	ty trust described i	n section	170(b)(1)(A)(vi)	(Complete Part I	()			
9					cribed in 170(b)(1) e instructions Enter f			with a land-grant coll college or university	ege or university or a	
10		from activit	ies related to its ex	empt func ted busine	tions—subject to cert ss taxable income (le	aın exceptions, a	and (2) no more	s, membership fees, a than 331/3% of its su sses acquired by the c	pport from gross	
11	П		-		exclusively to test for	public safety S	ee section 509	(a)(4).		
12		more public	cly supported organ	ıızatıons de		09(a)(1) or sec	tion 509(a)(2	s of, or to carry out th). See section 509(a 12e 12f and 12g		
а		Type I. A so	supporting organiza	tion operat egularly ap	ted, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga		
b		Type II. A manageme	supporting organiz	ation supe g organizat	ion vested in the san			organization(s), by hav ge the supported orga		
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d		functionally	integrated The or	ganization		fy a distribution i		th its supported orgar I an attentiveness req	* *.	
e		Check this	box if the organizat	ion receive	•	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally	
f	Enter	-	of supported orga	•		-				
g					ported organization(1	
(i)N	ame of	f supported (organization (i	i)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
			1							
Tota			tion Act Notice, s			Cat No 11285			 90 or 990-EZ) 2016	

Sch	nedule A (Form 990 or 990-EZ) 2016						Page 2
F	Support Schedule for C (Complete only if you che III. If the organization fai	cked the box on	line 5, 7, 8, or	9 of Part I or if	the organizatio	n failed to qualif	
	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	724,564	98,565	455,560	409,385	571,625	2,259,699
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	724,564	98,565	455,560	409,385	571,625	2,259,699
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						639,906
6	Public support. Subtract line 5 from line 4						1,619,793
•	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
7	Amounts from line 4	724,564	98,565	455,560	409,385	571,625	2,259,699
8	h	34	35	37	37	37	180

	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	724,564	98,565	455,560	409,385	571,625	2,259,699
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from						639,906
6	line 4						1,619,793
S	ection B. Total Support	'					
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f)Total
7	Amounts from line 4	724,564	98,565	455,560	409,385	571,625	2,259,699
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34	35	37	37	37	180
9	Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or						
10	Other income to not include dain or i		I		I	l	I

6	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from						639,906
	line 4						1,619,793
9	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
7	Amounts from line 4	724,564	98,565	455,560	409,385	571,625	2,259,699
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34	35	37	37	37	180
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						2,259,879
12	Gross receipts from related activities, e	etc (see instructio	ns)			12	
13	First five years. If the Form 990 is for check this box and stop here	-			•	` , ` ,	<u>-</u>
	Section C. Computation of Bublic	Support Perc	entage				

	Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f)Total
7	Amounts from line 4	724,564	98,565	455,560	409,385	571,62	5 2,259,699
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34	35	37	37	3	7 180
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						2,259,879
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	tion 501(c)(3) o	rganızatıon,
	check this box and stop here					🕨	
S	ection C. Computation of Public						
14	Public support percentage for 2016 (lin	e 6, column (f) dı	vided by line 11, c	olumn (f))		14	71 680 %
15	Public support percentage for 2015 Sch	edule A, Part II, l	ine 14			15	70 420 %
16a	33 1/3% support test-2016. If the	organization did n	ot check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check th	
b	and stop here. The organization qualif 33 1/3% support test—2015. If the				and line 15 is 33 1,	/3% or more, ch	▶ ☑ eck this
	hay and stan hara. The arganization	gualifice as a publ	liely cupported are	ianization			▶ □

box and **stop here.** The organization qualifies as a publicly supported organization 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶ 🗆 supported organization 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

Part III

(Complete only if you checked the box on line 10 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.)

	the organization rans to						
56	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(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						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, u	3 received from disqualified persons						
	· ' '						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
3	from line 6)						
Se	ection B. Total Support						
	Calendar year						
	caremaan year	/~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		(c)2014	(d)2015	(e)2016	(f)Total
	(or fiscal year beginning in)	(a) 2012	(b) 2013	(6)2014	` '	` '	` '
9	(or fiscal year beginning in) ► Amounts from line 6	(a)2012	(B) 2013	(6)2014	. ,	 ` ` 	
		(a)2012	(B) 2013	(0)2014	. ,	,	
	Amounts from line 6	(a)2012	(B)2013	(0)2014			.,
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and	(a)2012	(6)2013	(6)2014	. ,		.,
L0a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a)2012	(6)2013	(6)2014			
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a)2012	(B)2013	(6)2014			
L0a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from	(a)2012	(B)2013	(6)2014			
L0a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,	(a)2012	(B)2013	(6)2514			
l0a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from	(a)2012	(B)2013	(6)251-1			
l0a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(d)2012	(B)2013	(6)2014			
LOa b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	(a)2012	(B)2013	(6)201-1			
LOa b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a)2012	(b)2013	(6)201-1			
b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a)2012	(B)2013	(6)201-1			
LOa b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or	(a)2012	(B)2013	(6)2014			
b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	(a)2012	(B)2013	(6)251-1			
b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	(d)2012	(B)2013	(6)2014			
b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,						
b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
b c 111 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization	's first, second, th				ganization,
b c 11 12 13 14 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo	r the organization	's first, second, the	nird, fourth, or fift		ection 501(c)(3) or	ganization,
tioa b c 11 12 13 14 Se 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization Support Perce e 8, column (f) d	's first, second, the intage invided by line 13,	nird, fourth, or fift		ection 501(c)(3) or	ganization,
.0a b c 11 12 13 14 Se 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public S Public support percentage from 2015 S	r the organization Support Perce e 8, column (f) d ichedule A, Part I	's first, second, the second by line 13, II, line 15	nird, fourth, or fift		ection 501(c)(3) or	ganization,
b c 11 12 13 14 Se 15 16 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public S Public support percentage from 2015 S ection D. Computation of Investi	r the organization Support Perce ie 8, column (f) d ichedule A, Part II ment Income	's first, second, the second by line 13, II, line 15 Percentage	nird, fourth, or fifti	n tax year as a se	15 16	ganization,
b c 11 12 13 14 Se 15 16 Se 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public S Public support percentage for 2016 (lin Public support percentage from 2015 S ection D. Computation of Investi Investment income percentage for 203	r the organization Support Perce e 8, column (f) d ichedule A, Part I: ment Income 16 (line 10c, colu	's first, second, the second by line 13, II, line 15 Percentage mn (f) divided by	nird, fourth, or fifti	n tax year as a se	15 16 17	ganization,
b c 11 12 13 14 Se 15 16 Se 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public S Public support percentage for 2016 (lin Public support percentage from 2015 S ection D. Computation of Investi Investment income percentage from 2015	r the organization Support Perce e 8, column (f) d ichedule A, Part I: ment Income 16 (line 10c, colui 015 Schedule A,	's first, second, the second by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17	column (f))	n tax year as a se	15 16 17 18	ganization,
b c 11 12 13 14 Se 15 16 Se 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public S Public support percentage for 2016 (lin Public support percentage from 2015 S ection D. Computation of Investi Investment income percentage for 203	r the organization Support Perce e 8, column (f) d ichedule A, Part I: ment Income 16 (line 10c, colui 015 Schedule A,	's first, second, the second by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17	column (f))	n tax year as a se	15 16 17 18	ganization, ▶□
b c 11 12 13 14 Se 15 16 Se 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public S Public support percentage for 2016 (lin Public support percentage from 2015 S ection D. Computation of Investi Investment income percentage from 2015	r the organization Support Perce e 8, column (f) d ichedule A, Part II ment Income 16 (line 10c, colum 015 Schedule A, organization did r	's first, second, the stage invided by line 13, II, line 15 Percentage invided by Part III, line 17 into check the box	column (f))	h tax year as a se	15 16 17 18 n 33 1/3%, and line	ganization,

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

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

ightharpoons

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Part I. complete Sections A and C. If you checked 12c of Part I. complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes Nο

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

1 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 2

in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) helow the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination

3а Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied 3h 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

3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported

organization? If "Yes" describe in Part VI how the organization had such control and discretion despite being controlled or 4h supervised by or in connection with its supported organizations 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 4c

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed. (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ) 8

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.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

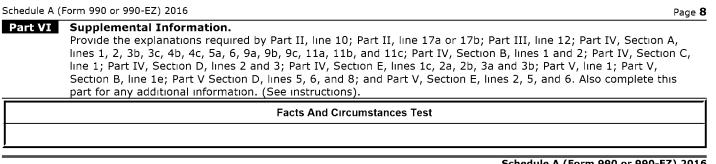
Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
Se	ection B. Type I Supporting Organizations			
	call by Type 2 dapporting digamentations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pai 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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	_		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ceach 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)	of		
		1		
Se	ection D. All Type III Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		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 tayyear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
			<u> </u>	
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	ctions)		
а	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			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (so	e instru	ictions))
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted supported organizations.	22		
h	substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	2a		
J	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	f 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			
		3b		<u> </u>

Schedule A (Form 990 or 990-F7) 2016

instructions)



efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

Department of the Treasury

As Filed Data -

DLN: 93493319037867 OMB No 1545-0047

Supplemental Financial Statements

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

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** BISHOPACCOUNTABILITYORG 34-2019007 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes □ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

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

(ii) Assets included in Form 990, Part X

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Cat No 52283D Schedule D (Form 990) 2016

	41111	Organizations M	aintaining Coi	lections c	or Art,	HISTOFI	cai ir	easu	ires, or	Otner	Similar A	issets (c	ontinue	:a)	
3		the organization's acq (check all that apply)		n, and other	records	s, check a	any of t	he fol	llowing th	nat are a	sıgnıfıcant	use of its	collect	on	
а		Public exhibition				d		Loan	or excha	nge prog	ırams				
b		Scholarly research				e		Other	r						
c		Preservation for future	e generations												
4	Provi Part)	de a description of the	organization's coll	lections and	l explain	how the	y furth	er the	e organiza	ation's ex	kempt purp	ose in			
5		ng the year, did the org is to be sold to raise fur									ular	☐ Ye:	, [] No	D
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Fo	rm 990	, Part :	IV, lıı	ne 9, or	reporte	ed an amo	unt on F	orm 9!	90, I	Part
1a		e organization an agent ded on Form 990, Part :		an or other	ınterme	diary for	contrib	utions	s or othe	r assets	not	☐ Ye	, [] N o	.
ь	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the f	ollowina	table		Γ			Amount			=
c		nning balance							F	1c					-
d	_	ions during the year							F	1d					_
е		butions during the year	r						ľ	1e					-
f		ng balance								1f					-
2 a	Dıd tl	he organization include	an amount on Fo	rm 990, Pai	t X, line	21, for	escrow	or cu	stodial ad	count lia	ability?	☐ Ye	, [] No	- o
b	If "Ye	es," explain the arrange	ement in Part XIII	Check here	e if the e	explanati	on has	been	provided	ın Part X	KIII		. [
Pa	rt V	Endowment Fun	ds. Complete ıf	the organ	ızatıon	answer	ed "Ye	s" or	Form 9	90, Par	t IV, line	10.			
				(a)Currer	nt year	(b) Pi	or year		(c) Two ye	ars back	(d)Three ye	ears back	(e) Four	year	s back
1a	Beginn	ning of year balance .													
b	Contrib	outions													
С	Net inv	vestment earnings, gair	ns, and losses												
d	Grants	or scholarships	•												
е		expenditures for facilitions ograms	es												
f	Admını	istrative expenses .													
g	End of	year balance													
2	Provi	de the estimated perce	ntage of the curre	ent year end	balance	e (line 1g	g, colun	nn (a))) held as	i					
а	Board	d designated or quasi-e	endowment 🟲												
b	Perm	anent endowment >													
c	Temp	porarily restricted endov	wment >												
		percentages on lines 2a		•											
3а		here endowment funds nization by	not in the posses	sion of the	organiza	ition that	are he	ld and	d adminis	stered fo	r the		Y	es	No
	(i) uı	nrelated organizations										3a	(i)	十	
	(ii) r	elated organizations .										За	(ii)	\Box	
		es" on 3a(II), are the re	=		•			•				. 3	b	\perp	
4		ribe in Part XIII the inte			n's endo	wment f	unds								
Pai	rt VI	Land, Buildings, Complete if the or			on For	m 990	Part I	V lın	e 11a '	See Fori	m 990 Pa	irt X line	10		
	Descri	iption of property	(a) Cost or oth (investme	er basıs		t or other					epreciation		d) Book	/alue	
1a	Land							-							
	Buildin														
		old improvements													
		nent					28	8,411			25,501				2,910
											-				
		lines 1a through 1e (Co	olumn (d) must ed	qual Form 9	90, Part	X, colur	nn (B),	line 1	10(c)) .		>				2,910

Part VII		nization ansv	vered 'Yes' on Form	1 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value		lethod of valuation nd-of-year market value
	derivatives			
(3) Other (A)		_		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the org	anızatıon anı	swered 'Yes' on For	m 990, Part IV, line 11c.
	See Form 990, Part X, line 13. (a) Description of investment	b) Book value		Method of valuation nd-of-year market value
(1)			Cost of e	mu-or-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Form 990, Pa	art IV, line 11d See F	orm 990, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
		· · · · ·	 orm 990, Part IV, lii	► ne 11e or 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) B	ook value	
(1) Federal II	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
/		+		
(7)				
(7)				
(7) (8) (9)	n (b) must equal Form 990, Part X, col (B) line 25)	•		

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Explanation

Schedule D (Form 990) 2015

Return Reference

Schedule D (Form 990) 2015 Part XIII Supplemental Information (continued)								
Return Reference		Explanation						
			Schedule D (Form 990) 2016					

efile GRAPHIC print - DO NOT PROCESS						DLN: 93493319037867				
SCHEDUL (Form 990 or EZ)	• 990-	Complete to pro Form 990 o	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
Name of the org BISHOPACCOUNTA 990 Schedul	ABILITYORG	plemental Informatio	n		Employer ident 34-2019007	ification number				
Return Reference				Explanation						
FORM 990, PAGE 6, PART VI, LINE 11B	BOARD F	PRESIDENT AND CLERK F	REVIEW THE 990 PR	RIOR TO FILING						

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. ANNUAL DISCLOSURE REQUIRED PAGE 6, PART VI,

LINE 12C

Return Explanation
Reference
FORM 990. COMPENSATION IS REVIEWED BY THE BOARD OF DIRECTORS

990 Schedule O. Supplemental Information

PAGE 6, PART VI, LINE 15A

Return Explanation
Reference

990 Schedule O. Supplemental Information

LINE 15B

FORM 990, COMPENSATION IS REVIEWED BY THE BOARD OF DIRECTORS
PAGE 6,
PART VI,

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. DOCUMENTS AVAILABLE UPON REQUEST PAGE 6, PART VI.

LINE 19