Form <b>990</b>
Department of the Treasury

Internal Revenue Service

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

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



A	For th	e 2015 calendar year, or tax year beginning and	d ending			
В	Check if applicab	e: C Name of organization	D Employer identification number			
	Addre					
	Name	Doing business as INOD	52-1238307			
	Initial return Final return	Number and street (or P.U. box if mail is not delivered to street address)	a sense de las la complete e la complete de la sense de la complete de			
	terminated			(646 G Gross receipts \$	<u>) 505-1191</u> 3,732,756.	
	Amen	ded NEW YORK NY 10005		H(a) Is this a group re		
	Appli				? Yes X No	
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in		
1	Tax-ex	empt status: X 501(c)(3) 501(c) ( )	or 52		list. (see instructions)	
		te: WWW.NOD.ORG		H(c) Group exemptio		
		f organization: X Corporation Trust Association Other ►	L Yea		A State of legal domicile: DC	
	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHED	ULE O		
Activities & Governance						
nai	2	Check this box      if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net ass	sets.	
ING	3			3	23	
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			22	
s So	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			15	
vitie	6	Total number of volunteers (estimate if necessary)			22	
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
<	b	Net unrelated business taxable income from Form 990-T, line 34			0.	
				Prior Year	Current Year	
4	8	Contributions and grants (Part VIII, line 1h)		4,194,277.	3,582,998.	
Revenue	9	Program service revenue (Part VIII, line 2g)		129,286.	69,103.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	310.	-16,541.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,573.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,325,446.	3,635,560.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,181,257.	1,410,198.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	73,257.	
Del	. b	Total fundraising expenses (Part IX, column (D), line 25)  256,0	81.	「おおいの」のないのである。	·····································	
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,826,133.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,007,390.	3,120,303.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,318,056.	515,257.	
Po	6		E	leginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		4,876,744.	5,412,046.	
Ass	21	Total liabilities (Part X, line 26)		138,495.	158,540.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		4,738,249.	5,253,506.	
Pa	art II	Signature Block				
		alties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is	
true	, corre	ct, and complete. Declaration of preparer fother than officer) is based on all information of w	hich prepare	er has any knowledge.		
			-		9/16	
Sig	n	Signature of officer		Date		
He	re	CAROL GLAZER, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Pai	d	DOUGLAS BOEDEKER	1	8/18/16 self-employ		
	parer	Firm's name TATE AND TRYON	V	/ / Firm's EIN 🕨	52-1855942	
Use	Only	Firm's address 2021 L STREET, NW SUITE 400				
	5	WASHINGTON, DC 20036		Phone no. ( 2		
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	
5320	001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructi	ions.		Form 990 (2015)	

	Form <b>990</b> (	
	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 2,469,225.	
4d	Other program services (Describe in Schedule O.)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	MODEL FOR ACHIEVING SUCCESSFUL CAREER TRANSITIONS FOR POST 9/11 VETERANS WITH MORE SEVERE DISABILITIES. NOD'S MOST RECENT THREE-YEAR DEMONSTRATION SERVED SOUTHWESTERN PENNSYLVANIA AND CONCLUDED IN 2015.	
	SUCCESSFUL INTEGRATION OF VETERANS WITH DISABILITIES INTO THE WORKFORCE, PRIMARILY THROUGH REGIONAL DEMONSTRATIONS OF NOD'S PROVEN	
4b	(Code:) (Expenses \$640,456. including grants of \$) (Revenue \$)         WOUNDED WARRIOR CAREERS DEMONSTRATION: THIS PROGRAM PROMOTES THE	
	EMPLOYMENT TRACKER, A CONFIDENTIAL SELF-ASSESSMENT TOOL FOR EMPLOYERS SEEKING TO IMPROVE THEIR DISABILITY AND/OR VETERAN EMPLOYMENT PRACTICES; AND (3) NOD'S CEO COUNCIL, THROUGH WHICH NOD ENGAGES WITH	
	ORGANIZATIONS SERVING PEOPLE WITH DISABILITIES. THE PROGRAM INCLUDES: (1) ADVISORY SERVICES TO EMPLOYERS; (2) USE OF NOD'S DISABILITY	
	THE CULTURE, SYSTEMS AND PRACTICES THEY NEED, AND PUTS IN PLACE EFFECTIVE, LONG-TERM PARTNERSHIPS BETWEEN EMPLOYERS AND NEARBY	<u> </u>
	BY WORKING DIRECTLY WITH MAJOR EMPLOYERS TO HELP THEM DEVELOP DISABILITY-INCLUSIVE WORKPLACES. NOD'S PROGRAM HELPS COMPANIES DEVELOP	P
	BRIDGES TO A BETTER WORKFORCE: "BRIDGES" IS A COMPREHENSIVE EFFORT TO INCREASE EMPLOYMENT FOR PEOPLE WITH DISABILITIES NATIONWIDE BY IDENTIFYING AND PROMOTING BEST PRACTICES IN DISABILITY EMPLOYMENT AND	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,828,769. including grants of \$) (Revenue \$ 69,102 BRIDGES TO A BETTER WORKFORCE: "BRIDGES" IS A COMPREHENSIVE EFFORT TO	3.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule O.	] No
	the prior Form 990 or 990-EZ? Yes X If "Yes," describe these new services on Schedule O.	
	LIFE. Did the organization undertake any significant program services during the year which were not listed on	
	TO PROMOTE THE FULL PARTICIPATION AND CONTRIBUTIONS OF AMERICA'S 56 MILLION MEN, WOMEN AND CHILDREN WITH DISABILITIES IN ALL ASPECTS OF	
1	Briefly describe the organization's mission:	122
	Check if Schedule O contains a response or note to any line in this Part III	X

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u>ل</u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 23
'		7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>⊢</b> ′−		- 23
0		8		x
•	Schedule D, Part III	<b>–</b>		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	<b>o i j</b>			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

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		DISABILITY							
Part IV Checklist of Required Schedules (continued)									

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			- -
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		358		<u> </u>
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" according to Section 512(b)(13)?	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	330		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		<u> </u>
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

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Pa	Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u></u>	Yes				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16		Tes	No			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	1					
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
•	(gambling) winnings to prize winners?			1c	х				
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	2a	15						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Account	s (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	<u> </u>	X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-						
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).			7.		x			
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	•		7a 7b					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		irod	7b					
С	to file Form 8282?			7c		x			
h	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		<u> </u>			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e		x			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		x			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine								
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		{					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b							
с	Enter the amount of reserves on hand								
				14a		x			
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu			14b		<u> </u>			
					000				

NATIONAL ORGANIZATION ON DISABILITY

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### NATIONAL ORGANIZATION ON DISABILITY

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

Section A. Governing Body and Management

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X

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

lf br b E 2 D of	inter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	23	-		
b b E 2 D						
b E 2 D of	ody delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
2 D						
0	inter the number of voting members included in line 1a, above, who are independent	1b	22			
	oid any officer, director, trustee, or key employee have a family relationship or a business relationship	with any othe	er			
3 D	fficer, director, trustee, or key employee?			2	Х	
	id the organization delegate control over management duties customarily performed by or under the					
	f officers, directors, or trustees, or key employees to a management company or other person?			3	Х	
	bid the organization make any significant changes to its governing documents since the prior Form 9			4		X
	bid the organization become aware during the year of a significant diversion of the organization's ass			5		x
	Did the organization have members or stockholders?			6		x
	bid the organization have members, stockholders, or other persons who had the power to elect or ap					<u> </u>
	nore members of the governing body?	-		7a		x
	are any governance decisions of the organization reserved to (or subject to approval by) members, stu			10		
				76		x
	ersons other than the governing body?			7b		
	id the organization contemporaneously document the meetings held or written actions undertaken during the year	,	0-		v	
	he governing body?			<u>8a</u>	X	-
	ach committee with authority to act on behalf of the governing body?			8b	X	
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
0	rganization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
ectio	on B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>venue Code.)</u>			<b></b>	
					Yes	No
<b>0a</b> D	Vid the organization have local chapters, branches, or affiliates?			10a		X
b lf	"Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliate	es,			
a	nd branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		
<b>1</b> a H	las the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing t	he form?	11a	Х	
b D	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
1 <b>2a</b> D	bid the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	bid the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma$					
	Schedule O how this was done	,		12c	Х	
	bid the organization have a written whistleblower policy?			13	Х	
	bid the organization have a written document retention and destruction policy?			14	Х	
	bid the process for determining compensation of the following persons include a review and approval					
	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by independe	5110			
				150	х	
	he organization's CEO, Executive Director, or top management official			15a	Δ	X
	Other officers or key employees of the organization			15b		
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	bid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a				v
	axable entity during the year?			16a		X
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		ion			
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	xempt status with respect to such arrangements?			16b		
	on C. Disclosure					
	ist the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$					
	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(d	c)(3)s only) av	ailable/	е	
fc	or public inspection. Indicate how you made these available. Check all that apply.					
[	X Own website Another's website X Upon request Other (explain	in Schedule C	))			
1 <b>9</b> D	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of interest	t policy, and	financ	ial	
	tatements available to the public during the tax year.					
	tate the name, address, and telephone number of the person who possesses the organization's boo	ks and record	s: 🕨			
	CAROL GLAZER - (646)505-1191					
_	7 WATER STREET #204, NEW YORK, NY 10005					
32006 12				Form	<b>990</b>	(201

Т

Part VII	Compensation or	f Officers, Di	rectors, T	rustees,	Key Employees,	<b>Highest Compensated</b>
	Employees, and	Independent	Contract	ors		

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both r/trus	n an	compensation	compensation	amount of
	week					1711 US		from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	ruste	al trus		yee	mpen				and related
	below	Individual trustee or director	nstitutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
GOV. THOMAS J. RIDGE	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
CHARLES DEY	10.00									
VICE CHAIRMAN		Х		Х				31,600.	0.	0.
CAROL GLAZER	40.00									
PRESIDENT		Х		Х				0.	0.	0.
JEFFREY P. REICH	1.00									
TREASURER		Х		Х				0.	0.	0.
ROHINI ANAND	1.00									
DIRECTOR		Х						0.	0.	0.
PHILIP E. BEEKMAN	1.00									
DIRECTOR		Х						0.	0.	0.
DOUGLAS R. CONANT	1.00									
DIRECTOR		Х						0.	0.	0.
STEPHEN L. FEINBERG	1.00									
DIRECTOR		Х						0.	0.	0.
MICHELE C MEYER-SHIPP, ESQ	1.00									
DIRECTOR		Х						0.	0.	0.
ROBERT DAVID HALL	1.00									
DIRECTOR		Х						0.	0.	0.
P. TODD HARBAUGH	1.00									
DIRECTOR		Х						0.	0.	0.
LT. GEN (RET.) F. L. HAGENBECK	1.00									
DIRECTOR		Х						0.	0.	0.
LAURA SHAPIRA KARET	1.00									
DIRECTOR		Х						0.	0.	0.
JEFFREY KELLAN	1.00									
DIRECTOR		Х						0.	0.	0.
HAROLD W. MCGRAW, III	1.00									
DIRECTOR		Х						0.	0.	0.
JOHN QUAIN, ESQ	10.00									
DIRECTOR		Х						49,000.	0.	0.
GAY FORSYTHE REICH	1.00							_		
DIRECTOR		Х						0.	0.	0.
520007 10 16 1F										Form <b>990</b> (2015)

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Form 990 (2015)

Form 990 (2015) NATIONAL									52-12	38:	307	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	(do box	not c	(C Pos heck i ss per	C) itior more rson i		ne an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related	ı	am	(F) timate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga anc	oensa om the anizati I relate nizatio	e ion ed
KENNETH ROMAN DIRECTOR	1.00	x						0.		ο.			0.
E. JOHN ROSENWALD, JR.	1.00												
DIRECTOR		Х						0.		0.			0.
STEVE SZILAGYI	1.00												•
DIRECTOR	1 0 0	Х						0.		0.			0.
MICHAEL STEIN DIRECTOR	1.00	x						0.		0.			Ο.
BOBBY STURGELL	1.00												
DIRECTOR		Х						0.		0.			0.
LUKE VISCONTI	1.00	x						0.		0.			Ο.
DIRECTOR MIRANDA PAX	40.00	Λ			<u> </u>			0.		••			0.
SECRETARY				x				121,223.		0.	12	2 1 -	14.
LAWSON SHADBURN	40.00							121/2231				- /	•
CHIEF OPERATING OFFICER				x				154,376.		0.	26	5,00	09.
ANDREW TRAUB	40.00												
MANAGING DIRECTOR, PROF. SERVICES					Х			219,073.		0.			44.
1b Sub-total								575,272.		0.			67.
c Total from continuation sheets to Part V								123,526.		0.			76.
d Total (add lines 1b and 1c)								698,798.		0.	54	1,14	43.
2 Total number of individuals (including but r compensation from the organization ►	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable				4
												Yes	No
3 Did the organization list any former officer										ſ			
line 1a? If "Yes," complete Schedule J for s											3	_	X
4 For any individual listed on line 1a, is the s												x	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>	,		•								4	_	
rendered to the organization? If "Yes," con	-				-			-			5	X	
Section B. Independent Contractors		- 0 10	<u>or sc</u>		Jers					<u></u>	•		
1 Complete this table for your five highest co	-									ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wit	hin:		ear.		(0	· · ·	
(A) Name and business								(B) Description of s	ervices	С	(C omper		n
CAROL GLAZER CONSULTING, 201 EAST 79TH STREET, NEW		<b>NT</b> 32	1	00	75			MANAGEMENT SI			200	່າ	99.
NEXT STREET FINANCIAL LLO					15		-	MANAGEMENT 51	SKVICES		500	, 4.	
STREET, SUITE 200, ROXBUE				-			_	BUS. DEV. CON			150	),7	50.
ALLEN AND GERRITSEN			• -	-	• •	01		COMMUNICATIO	N/PR		1	· ~ ·	2
2 SEAPORT LANE, 7TH FLOOP	K, BOSTO	Ν,	M	A	02	21(	J	CONSULTANTS			T03	9,23	36.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 3 2

Form 990 (2015)

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<sup>13410818 790809 52-1238307</sup> 

	ORGANIZ								52-123	8307
Part VII Section A. Officers, Directors, T		nplo	yee			lighe	est (			
(A) Name and title	(B) Average hours	(c		Pos		app	ly)	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JAMES GREEN	40.00									
DEPUTY DIRECTOR, PROF. SERVICES		-				X		123,526.	0.	6,176.
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c					<u> </u>			123,526.		6,176.

532201 04-01-15

a       1 a       Federated campaigns       1a       b       b       b       b       b       b       c <th>(D) le excluded tax under ections 2 - 514</th>	(D) le excluded tax under ections 2 - 514
Image: Constraint of the construction of the constend of the constructin of the construction of the construction o	iè excluded tax under
Total revenue     Related or exempt function revenue     Unrelated exempt function revenue     Unrelated exempt function revenue     Unrelated exempt function revenue     Here revenue       1 a     1 a     1 b     1 b     1 c     1 c       2 a     BRIDGES ADVISORY FEES     9 00099     69,103.     69,103.       b     1 d     1 d     1 d     1 d       c     1 d     1 d     1 d     1 d       g     0 correst contributions, gifts, grants, and similar amounts not included above     1 d     3,582,998.       b     1 d     3 ,582,998.     1 d       g     0 correst contributions included in lines ta-1f.5     3,582,998.     1 d       c     1 d     1 d     1 d     1 d       g     0 d     1 d     1 d     1 d       g     1 d     1 d     1 d     1 d       g     1 d     1 d     1 d     1 d       g     1 d     1 d     1 d     1 d       g     1 d     1 d     1 d     1 d       d     1 d     1 d     1 d     1 d       d     1 d     1 d     1 d     1 d       g     1 d     1 d     1 d     1 d       d     1 d     1 d     1 d	iè excluded tax under
b       Membership dues       1b         c       Fundraising events       1d         d       Related organizations       1d         d       Government grants (contributions)       1t       320,217.         f       All other contributions, gits, grans, and similar amounts not included above       3,582,998.         g       Noreach contributions included in lines ta-tf \$       3,582,998.         g       a       BRIDGES ADVISORY FEES       Business Code         g       00099       69,103.       69,103.         d	
Business Code       Business Code         90       90       69,103.       69,103.         b	
Business Code       Business Code         90       90       69,103.       69,103.         b	
Business Code       Business Code         90       90       69,103.       69,103.         b	
Business Code       Business Code         90       900099       69,103.       69,103.         b	
Business Code       Business Code         90       900099       69,103.       69,103.         b	
Business Code       Business Code         90       90       69,103.       69,103.         b	
Business Code       Business Code         90       90       69,103.       69,103.         b	
Business Code       Business Code         90       90       69,103.       69,103.         b	
2 a       BRIDGES ADVISORY FEES       900099       69,103.       69,103.         b	
b c d d e f All other program service revenue g Total. Add lines 2a·2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net g	
g Total. Add lines 2a-2f       69,103.         3       Investment income (including dividends, interest, and other similar amounts)       2,466.         4       Income from investment of tax-exempt bond proceeds       2         5       Royalties       1         6 a Gross rents       1       1         b Less: rental expenses       1         c Rental income or (loss)       1         d Net rental income or (loss)       1         7 a Gross amount from sales of assets other than inventory       10) Securities (ii) Other         78, 189.       97, 196.         c Gain or (loss)       1         d Net gain or (loss)       -19, 007.         d Net gain or (loss)       -19, 007.	
g Total. Add lines 2a-2f       69,103.         3       Investment income (including dividends, interest, and other similar amounts)       2,466.         4       Income from investment of tax-exempt bond proceeds       2         5       Royalties       1         6 a Gross rents       1       1         b Less: rental expenses       1         c Rental income or (loss)       1         d Net rental income or (loss)       1         7 a Gross amount from sales of assets other than inventory       10) Securities (ii) Other         78, 189.       97, 196.         c Gain or (loss)       1         d Net gain or (loss)       -19, 007.         d Net gain or (loss)       -19, 007.	
g Total. Add lines 2a-2f       69,103.         3       Investment income (including dividends, interest, and other similar amounts)       2,466.         4       Income from investment of tax-exempt bond proceeds       2         5       Royalties       1         6 a Gross rents       1       1         b Less: rental expenses       1         c Rental income or (loss)       1         d Net rental income or (loss)       1         7 a Gross amount from sales of assets other than inventory       10) Securities (ii) Other         78, 189.       97, 196.         c Gain or (loss)       1         d Net gain or (loss)       -19, 007.         d Net gain or (loss)       -19, 007.	
g Total. Add lines 2a-2f       69,103.         3       Investment income (including dividends, interest, and other similar amounts)       2,466.         4       Income from investment of tax-exempt bond proceeds       2         5       Royalties       1         6 a Gross rents       1       1         b Less: rental expenses       1         c Rental income or (loss)       1         d Net rental income or (loss)       1         7 a Gross amount from sales of assets other than inventory       10) Securities (ii) Other         78, 189.       97, 196.         c Gain or (loss)       1         d Net gain or (loss)       -19, 007.         d Net gain or (loss)       -19, 007.	
g Total. Add lines 2a-2f       69,103.         3       Investment income (including dividends, interest, and other similar amounts)       2,466.         4       Income from investment of tax-exempt bond proceeds       2         5       Royalties       1         6 a Gross rents       1       1         b Less: rental expenses       1         c Rental income or (loss)       1         d Net rental income or (loss)       1         7 a Gross amount from sales of assets other than inventory       10) Securities (ii) Other         78, 189.       97, 196.         c Gain or (loss)       1         d Net gain or (loss)       -19, 007.         d Net gain or (loss)       -19, 007.	
3 Investment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royalties   6 a Gross rents   b Less: rental expenses   c Rental income or (loss)   d Net rental income or (loss)   d Net rental income or (loss)   f a Gross amount 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)	
other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties     6   a   Gross rents   b   Less: rental expenses   c   Rental income or (loss)   d   Net rental income or (loss)   d   Net rental income or (loss)   d   Net rental income or (loss)   f   a   Gross amount 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)   d   Net gain or (loss)   d   A   D   -19,007.	
4       Income from investment of tax-exempt bond proceeds         5       Royalties         6       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         7       Gross amount 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)	
5       Royalties       (i) Real       (ii) Personal         6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses       (ii) Personal       (iii) Personal         c Rental income or (loss)       (iii) Other       (iii) Other         d Net rental income or (loss)       (ii) Securities       (iii) Other         7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         7 b Less: cost or other basis and sales expenses       97, 196.       97, 196.         c Gain or (loss)       97, 007.       -19,007.       -19         8 a Gross income from fundraising events (not       0       -19       -19	2,466.
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses	
6 a Gross rents       0       12         b Less: rental expenses       1         c Rental income or (loss)       1         d Net rental income or (loss)       1         7 a Gross amount from sales of assets other than inventory       (i) Securities         b Less: cost or other basis and sales expenses       97,196.         c Gain or (loss)       -19,007.         d Net gain or (loss)       -19,007.	
b Less: rental expenses	
c       Rental income or (loss)         d       Net rental income or (loss)         7       a         7       a         6       Rorss amount 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)         d       Net gain or (loss)         a       Gross income from fundraising events (not	
d Net rental income or (loss)       (ii) Securities       (ii) Other         7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses       97,196.       97,196.         c Gain or (loss)       19,007.       -19,007.       -19         8 a Gross income from fundraising events (not       -19       -19       -19	
7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses       97,196.       97,196.         c Gain or (loss)       -19,007.       -19,007.         8 a Gross income from fundraising events (not       -19,007.       -19	
assets other than inventory       78,189.         b Less: cost or other basis and sales expenses       97,196.         c Gain or (loss)       -19,007.         d Net gain or (loss)       -19,007.         8 a Gross income from fundraising events (not	
b Less: cost or other basis and sales expenses97,196. c Gain or (loss)	
and sales expenses       97,196.         c Gain or (loss)       -19,007.         d Net gain or (loss)       -19,007.         8 a Gross income from fundraising events (not	
c Gain or (loss)       -19,007.         d Net gain or (loss)       -19,007.         8 a Gross income from fundraising events (not	
d Net gain or (loss) ► -19,007	
8 a Gross income from fundraising events (not	
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       of         Part IV, line 18 a       b         b Less: direct expenses b	,007.
including \$ of         contributions reported on line 1c). See         Part IV, line 18 a         b Less: direct expenses b	
b     Less: direct expenses     b	
Part IV, line 18       a         b       Less: direct expenses         b       b	
b Less: direct expenses b	
c Net income or (loss) from fundraising events	
9 a Gross income from gaming activities. See	
Part IV, line 19 a	
b Less: direct expenses b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances a	
b Less: cost of goods sold b	
c Net income or (loss) from sales of inventory	
Miscellaneous Revenue Business Code	
b	
d All other revenue	
e Total. Add lines 11a-11d       ▶       ■       ■         12 Total revenue. See instructions.       ▶       3,635,560.       69,103.       0.       −16	5,541.
	<b>990</b> (201)

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### 13410818 790809 52-1238307

<sup>2015.04010</sup> NATIONAL ORGANIZATION ON 52-12381

 Form 990 (2015)
 NATIONAL ORGANIZATION ON DISABILITY

 Part IX
 Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		•	nplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	399,175.	278,144.	95,685.	25,346.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	819,267.	587,956.	178,999.	52,312.
8	Pension plan accruals and contributions (include				• • • •
	section 401(k) and 403(b) employer contributions)	31,857.	21,970.	7,651.	2,236.
9	Other employee benefits	39,153.	17,329.	19,639.	2,185.
10	Payroll taxes	120,746.	82,687.	29,641.	8,418.
11	Fees for services (non-employees):		100		
	Management	175,900.	130,750.	6,750.	38,400.
b	Legal				
	Accounting	64,190.		64,190.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	73,257.			73,257.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	65.6 AAB		42.070	<u> </u>
	column (A) amount, list line 11g expenses on Sch 0.)	656,037.	546,375.	43,972.	65,690.
12	Advertising and promotion	144,993.	144,264.	729.	1 = 0 0
13	Office expenses	108,984.	21,045.	86,419.	1,520.
14	Information technology				
15	Royalties		2 0 2 0	01 024	
16	Occupancy	95,664.	3,830.	91,834.	1 257
17	Travel	125,059.	117,078.	6,624.	1,357.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	115 670	70 007	25 621	E A
19	Conferences, conventions, and meetings	115,672.	79,987.	35,631.	54.
20					
21	Payments to affiliates	2,376.		2,376.	
22	Depreciation, depletion, and amortization	4,310.		4,3/0.	
23	Insurance				
24	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 0.)	97,316.	97,316.		
a b	MISCELLANEOUS	50,657.	37,413.	13,244.	
	OVERHEAD ALLOCATION	0.	303,081.	-288,387.	-14,694.
c d		• •	505,001.	200,307.	11,0740
	All other expenses				
е 25	All other expenses	3,120,303.	2,469,225.	394,997.	256,081.
25		5,120,505.	2,405,225.	554,557.	250,001.
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)				Form <b>990</b> (2015

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13410818 790809 52-1238307

NATTONAL	ORGANIZATION	ON	DISABILITY
INNITOUND	ONORMIZATION	OIL	DIOUDIDII

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(A) Beginning of year         (B) End of year           1         Cash - non-information of the status Savings and temporary cash investments         2,720,491,2         3,313,022           2         Savings and temporary cash investments         2,720,491,2         3,313,022           2         2,720,491,2         2,141,090,3         2,059,834.           4         Accounts receivables from current and former officers, directors, trustes, key employees, and highest compensated employees. Complete Part II of Schedule L         4         5           6         Loans and other receivables from other disguilled persons (as defined under section 49660(11)), persons described in section 501(6(9) voluntary employees beneficiary organizations (see nst). Complete Part II of Sch L         6           7         Netse and Cash receivable, net         7         6           9         Prepaid expenses and (steffered charges         4,355,9         14,053.           10a         362,286.         8         8           11         Investories for size or use         8         8           12         Investories for size or use         10b         337,399.         2,081.         10c         24,887.           12         Investories ther accurrules. See Part IV, line 11         13         14,053.         10b         13,2,12,046.         10c         24,887.         151,5			Check if Schedule O contains a response or note	e to any	line in this Part X			
2       Savings and temporary cash investments       2,720,491.2       3,313,022.         3       Pledges and grants receivable, net       2,141,090.3       2,059,834.         4       Accounts receivable, net       4       4         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(1), persons described in section 4958(f)(1), persons described in section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Niventories for sale or use       4,355.9       14,053.         10       Lad, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10a       362,286.         11       Investments - publicly traded securities       111       112         11       Investments - publicly traded securities       111       113         12       Investments - publicly traded securities       114       114         13       Investments - publicly traded securities       114       114         14       113       114       114       114         15       Investments - publicly traded securities </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
2       Savings and temporary cash investments       2,720,491.2       3,313,022.         3       Pledges and grants receivable, net       2,141,090.3       2,059,834.         4       Accounts receivable, net       4       4         5       Loans and other receivables from current and former officers, directors, trustees, key employees and highest compensated employees. Complete Part II of Schedule L       5       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(f)(1), persons described in section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch. L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       4,355.9       14,053.         10       Lass. Complete Part IV of Schedule D       10a       362,286.         11       Investments - publicly traded securities       11       11         12       Investments - publicly traded securities       11       11         13       Investments - publicly traded securities       11       13       11         14       Intangible assets       6,727.1       15       250.         15       Other assets. See Part IV, line 11       13		1	Cash - non-interest-bearing				1	
3       Pledges and grants receivable, net       2,141,090.3       2,059,834.         4       Accounts receivable, net       4         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4956(c)(3(b), and contributing employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations (see inst). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Investments - publicly traded securities       10a         362, 286.       337, 399.       2, 081.         10a       362, 286.       10a         11       Investments - publicly traded securities       111         12       Investments - publicly traded securities       111         13       Investments - publicly traded securities       114         14       13a       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 34)       4, 876, 7444.       16       5, 412, 046.         17       Accounts payable and accound liability. Complete Part IV of Schedule D       20       21 <td< th=""><th></th><th>2</th><td></td><td></td><td></td><td>2,720,491.</td><td>2</td><td>3,313,022.</td></td<>		2				2,720,491.	2	3,313,022.
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5       Lears and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Lears and other receivables from other disqualified persons (as defined under section 4958(0)(11), persons described in section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary employees and depred charges       6         7       Notes and loans receivable, net       7         10a       Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10a       362, 286.         10a       Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10b       337, 399.       2, 081.       10c       24, 887.         11       Investments - publicly traded securities       11       12       12       14         15       Investments - program-related. See Part IV, line 11       13       14       14         16       Total assets. Add lines 1 through 15 (must equal line 34)       4, 876, 744.       16       5, 412, 046.         18       Grants payable and accrued expenses       138, 495.       138, 495.       13       12         19       Deferred revenue       19       7, 000.       20       20 <t< th=""><th></th><th>4</th><th></th><th></th><th></th><th></th><th>4</th><th></th></t<>		4					4	
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6       Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary employees and loans receivable, net       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       4,355.       9       14,053.         10a       362,286.       2       2         b       Less: accumulated depreciation       10a       362,286.       2         11       Investments - publicly traded securities       11       12       12         12       Investments - organ-related. See Part IV, line 11       13       13       14         13       Investments - organ-related. See Part IV, line 11       13       14       13         14       Intagible assets. Add lines 1 through 15 (must equal line 34)       4,876,744.       6,412,046.         16       Total assets. Add lines 1 through 15 (must equal line 34)       138,495.       17       151,540.         18       Total assets. Add lines 1 through 15 (must equal line 34)       20       21       22			Part II of Schedule L				5	
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gg       employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       4,355.       9       14,053.         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       362,286.       20         11       Investments - publicly traded securities       11       12       12         12       Investments - publicly traded securities       11       12         13       Investments - program-related. See Part IV, line 11       13       14         14       Intangible assets       14       5, 412, 046.         15       Other assets. Add lines 1 through 15 (must equal line 34)       4, 876, 744.       16       5, 412, 046.         19       Deferred revenue       18       20       21       22         21       Escrew or custodial account liability. Complete Part IV of Schedule D       21       20       21         22       Consts and other payable to unrelated third parties       22       22       23         22       Secured mortgages and notes payable to unrela			section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       4,355.       9       14,053.         10a       362,286.       2       2       24,887.         11       Investments - publicly traded securities       11       12       11         12       Investments - publicly traded securities       11       12       12         13       Investments - publicly traded securities       11       13       14         14       Intargible assets       See Part IV, line 11       13       14         14       Intargible assets       14       15       250.         16       Total assets. See Part IV, line 11       13       14       15         16       Total assets. See Part IV, line 11       13       14       15         17       Accounts payable and accrued expenses       138,495.       17       151,540.         18       Grants payable       18       17       151,540.         19       Deferred revenue       19       7,000.       20         21       Ecrow or custodial account liability. Complete Part IV of Schedule D       21       22								
9       Prepaid expenses and deferred charges         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       362,286.         10b       337,399.       2,081.       10c       24,887.         11       Investments - publicly traded securities       111       12       11         12       Investments - other securities. See Part IV, line 11       12       11         13       Investments - program-related. See Part IV, line 11       13       14         14       Intransition and a securities. See Part IV, line 11       13       14         15       Other assets. See Part IV, line 11       13       14         16       Total assets. Add lines 1 through 15 (must equal line 34)       4,876,744.       16       5,412,046.         17       Accounts payable and accrued expenses       138,495.       17       151,540.         18       Grants payable       19       7,000.       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22       22         23       Secured mortgages and	S		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
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9       Prepaid expenses and deferred charges       4,355. 9       14,053.         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       362,286.         b       Less: accumulated depreciation       10b       337,399.       2,081.       10c       24,887.         11       Investments - publicly traded securities       11       12       11       12         12       Investments - other securities. See Part IV, line 11       13       14       14         13       Investments - program-related. See Part IV, line 11       13       14         14       15       Other assets. Add lines 1 through 15 (must equal line 34)       4,876,744.       16       5,412,046.         16       Total assets. Add lines 1 through 15 (must equal line 34)       4,876,744.       16       5,412,046.         17       Accounts payable and accrued expenses       138,495.       17       151,540.         19       Deferred revenue       19       7,000.       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22	As	8					8	
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11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       14         16       Total assets. Add lines 1 through 15 (must equal line 34)       4, 876, 744.       16       5, 412, 046.         17       Accounts payable and accrued expenses       138, 495.       17       151, 540.         18       19       Deferred revenue       19       7, 000.         20       Escrow or custodial account liability. Complete Part IV of Schedule D       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       24         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not included on lines 17:24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 th		b			337,399.	2,081.	10c	24,887.
13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       8,727.15         16       Total assets. Add lines 1 through 15 (must equal line 34)       4,876,744.16       5,412,046.         17       Accounts payable and accrued expenses       138,495.17       151,540.         18       0       18       0         19       Deferred revenue       19       7,000.         20       12       20       21         21       Escrow or custodial account liabilities       20       21         22       Loans and other payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties       25         26       Total liabilities. Add lines 17 through 25       138,495.26       158,540.         26       Total liabilities 01 (Including federal income tax, payables to related third parties       25       158,540.		11					11	
14       Intangible assets       14         15       Other assets. See Part IV, line 11       8,727.15       250.         16       Total assets. Add lines 1 through 15 (must equal line 34)       4,876,744.16       5,412,046.         17       Accounts payable and accrued expenses       138,495.17       151,540.         18       Grants payable       18       19         19       Deferred revenue       19       7,000.         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22       23         23       Secured mortgages and notes payable to unrelated third parties       23       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138,495.26       158,540.         26       Total liabilities. Add lines 17 through 25       138,495.26       158,540.         27       Organizations that follow SFAS 117 (ASC 9		12	Investments - other securities. See Part IV, line 1	1			12	
15       Other assets. See Part IV, line 11       8,727. 15       250.         16       Total assets. Add lines 1 through 15 (must equal line 34)       4,876,744. 16       5,412,046.         17       Accounts payable and accrued expenses       138,495. 17       151,540.         18       Grants payable       18       19         19       Deferred revenue       19       7,000.         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138,495. 26       158,540.         26       Total liabilities. Add lines 17 through 20 end lice 20 end lice       32         26       Total libilities one tof lice 20 end lice       32		13	Investments - program-related. See Part IV, line 1	I1			13	
15       Other assets. See Part IV, line 11       8,727. 15       250.         16       Total assets. Add lines 1 through 15 (must equal line 34)       4,876,744. 16       5,412,046.         17       Accounts payable and accrued expenses       138,495. 17       151,540.         18       Grants payable       18       19         19       Deferred revenue       19       7,000.         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138,495. 26       158,540.         26       Total liabilities. Add lines 17 through 20 end lice 20 end lice       32         26       Total libilities one tof lice 20 end lice       32		14	Intangible assets					
17       Accounts payable and accrued expenses       138,495.17       151,540.         18       Grants payable       19       7,000.         19       Deferred revenue       19       7,000.         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138,495.26       158,540.         Organizations that follow SFAS 117 (ASC 958), check here        X and         X and         X and         X and		15				8,727.	15	250.
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19       Deferred revenue       19       7,000.         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138, 495.       26         26       Total liabilities. Add lines 17 through 20 and 24		17	Accounts payable and accrued expenses			138,495.	17	151,540.
20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138 , 495 .       26         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and       x and       x and		18	Grants payable				18	
21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138, 495.       26         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Part 20       and complete Part 20       138		19	Deferred revenue				19	7,000.
22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138,495.       26         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and       X and       138,495.		20	Tax-exempt bond liabilities				20	
Pigg       key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138, 495.       26         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete 104       X       X		21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	
23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138,495.       26       158,540.         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete 02 and 04	Se	22						
23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138,495.       26       158,540.         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete 02 and 04	ilitie							
23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138,495.       26       158,540.         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete 02 and 04	iabi		Complete Part II of Schedule L				22	
25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       138,495.       26         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Jack Add lines 07 through 20 and Jack       X and Jack Add Lines 07 through 20 and Jack	-	23	Secured mortgages and notes payable to unrela	ted thire	d parties		23	
parties, and other liabilities not included on lines 17-24). Complete Part X of       25         26       Total liabilities. Add lines 17 through 25       138,495.       26         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and       X and       4		24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
Schedule D     25       26     Total liabilities. Add lines 17 through 25     138,495.     26       Organizations that follow SFAS 117 (ASC 958), check here ► X and		25		•				
26 Total liabilities. Add lines 17 through 25         138,495. 26 158,540.         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and         X and         Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"         Colspan="2">Colspan="2"         Colspan="2">Colspan="2"         Colspan="2">Colspan="2"         Colspan="2">Colspan="2"         Colspan="2"			parties, and other liabilities not included on lines	17-24).	Complete Part X of			
Organizations that follow SFAS 117 (ASC 958), check here ► X and						120 405		
semplete lines 07 through 00, and lines 00 and 04		26				138,495.	26	158,540.
complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets         28       Temporarily restricted net assets         29       Permanently restricted net assets         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶□					there <b>b A</b> and			
27       Unrestricted net assets         28       Temporarily restricted net assets         29       Permanently restricted net assets         0rganizations that do not follow SFAS 117 (ASC 958), check here ►	ses					1 727 255		1 727 255
28       Temporarily restricted net assets       3,000,994.28       3,510,251.         29       Permanently restricted net assets       29         Organizations that do not follow SFAS 117 (ASC 958), check here       □	anc					2 000 001		1,757,255
29     Permanently restricted net assets     29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶□     29	Bal				Γ	5,000,994.		5,510,251.
□ Organizations that do not follow SFAS 11/ (ASC 958), check here ► □	р	29					29	
and a smallete lines 00 through 04	Ŀ		-	SC 958	, cneck nere 🕨 🔄			
and complete lines 30 through 34.	s or	20					20	
9       30       Capital stock or trust principal, or current funds       30         9       31       Daid in an applied surplus, or long building, or applied	set:							
<sup>8</sup> / <sub>4</sub> <sup>31</sup> <sup>8</sup> / <sub>4</sub> <sup>32</sup> <sup>8</sup> / <sub>4</sub> </th <th>As</th> <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	As							
32Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances4,738,249.33335,253,506.	Net				Γ	1 738 210		5 253 506
	_							
		54				=, , , , , , , , , , , , , , , , , , ,	34	Form <b>990</b> (2015)

Form 990 (2015)
Part X Balance Sheet

Form	990	(201
	/	

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1       3, 635, 560         2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 120, 303         3       Revenue less expenses. Subtract line 2 from line 1       3       515, 257
1       Total revenue (must equal Part VIII, column (A), line 12)       1       3,635,560         2       Total expenses (must equal Part IX, column (A), line 25)       2       3,120,303
2 Total expenses (must equal Part IX, column (A), line 25)
2 Total expenses (must equal Part IX, column (A), line 25)
3 Revenue less expenses. Subtract line 2 from line 1 3 515, 257
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4,738,249
5 Net unrealized gains (losses) on investments 5
6 Donated services and use of facilities 6
7 Investment expenses 7
8 Prior period adjustments 8
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,
column (B)) 10 5 , 253 , 506
Part XII Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII
Yes N
1 Accounting method used to prepare the Form 990: Cash X Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a
separate basis, consolidated basis, or both:
Separate basis Consolidated basis Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,
consolidated basis, or both:
X Separate basis Consolidated basis Both consolidated and separate basis
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,
review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit
Act and OMB Circular A-133?
<b>b</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

Form **990** (2015)

532012 12-16-15

SCHEDULE A	
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	·EZ)
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### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2015
Open to Public Inspection

Name	of the	organization

Nam	ne of t	the organization							identification number
Da	rt I			IZATION ON D					2-1238307
		Reason for Public (					e instructions	6.	
	organ	ization is not a private found		<b>e</b> .		,			
1	$\square$	A church, convention of chu	-				)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative							
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
_		city, and state:						- 11 - 1	al ta
5		An organization operated for		lege or university owned	or operation	ed by a go	vernmental u	nit describe	ain
-		section 170(b)(1)(A)(iv). (C					<i>,</i> ,		
6		A federal, state, or local gov	-						
7	X	An organization that norma		ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in
~		section 170(b)(1)(A)(vi). (C							
8	$\square$	A community trust describe							
9		An organization that norma	•					-	•
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) ind	ni busines	ses acqui	red by the org	janization a	inter June 30, 1975.
10		See section 509(a)(2). (Con An organization organized a		voluto toot for public oo	fatu Saa	agation E(	O(a)(A)		
10 11	$\square$	An organization organized a	•					rny out the	nurposos of ono or
		more publicly supported or		•				-	
		lines 11a through 11d that							
а		<b>Type I.</b> A supporting orga				-		-	nivina
u	L	the supported organization	-		• • •	-			
		organization. You must c			indjointy o				ipporting
b		<b>Type II.</b> A supporting org			ion with its	s supporte	d organizatio	n(s), by hay	rina
-		control or management o							
		organization(s). You mus						5	
с		Type III functionally inte	•		in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization							
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	reness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of	-	(vi) Amount of
		organization		above (see instructions))	governing o		support instruct	-	other support (see instructions)
					Yes	No		,	
Tota	ul								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

13410818 790809 52-1238307

13 2015.04010 NATIONAL ORGANIZATION ON 52-12381

## Schedule A (Form 990 or 990-EZ) 2015 NATIONAL ORGANIZATION ON DISABILITY 52-1238 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

52-1238307 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3121780.	3917927.	2746791.	4194277.	3582998.	17563773.
2	Tax revenues levied for the organ-						
	ization'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	3121780.	2017027	2746701	4104077	2502000	17562772
	Total. Add lines 1 through 3	3121/80.	3917927.	2746791.	4194277.	3382998.	17563773.
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)						4486711.
6	Public support. Subtract line 5 from line 4.						13077062.
	ction B. Total Support						13077002.
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	3121780.	3917927.	2746791.	4194277.		17563773.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	8,806.	308.	1,149.	310.	2,466.	13,039.
9						-	, <u>, , , , , , , , , , , , , , , , , , </u>
	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.)	10.	45.		1,573.		1,628.
11	Total support. Add lines 7 through 10						17578440.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	<u>,368,323.</u>
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a sectior	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publi	o here c Support Per	centage				
	Public support percentage for 2015 (I			olumn (f))		14	74.39 %
	Public support percentage from 2014		•	.,,			84.09 %
	33 1/3% support test - 2015. If the o						
	stop here. The organization qualifies						5 37
b	33 1/3% support test - 2014. If the o	organization did no	t check a box on l				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and <b>stop h</b>	<b>nere.</b> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2014. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s ►
					Sche	edule A (Form 990	) or 990-EZ) 2015

## Schedule A (Form 990 or 990-EZ) 2015 NATIONAL ORGANIZATION ON DISABILITY Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	<del> </del>	1	1			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	1	1	1		1	1
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2015 (			olumn (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Invest		•				
	Investment income percentage for 20					17	%
	Investment income percentage from					<b>18</b>	<u>%</u>
198	<b>33 1/3% support tests - 2015.</b> If the						
h	more than 33 1/3%, check this box as <b>33 1/3% support tests - 2014.</b> If the						and
u	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
-	23 09-23-15	and not oncon a	2000 011110 14, 10	., c. 100, oncort			90 or 990-EZ) 2015
55202			1 5		001		

### 13410818 790809 52-1238307

2015.04010 NATIONAL ORGANIZATION ON 52-12381

### Schedule A (Form 990 or 990-EZ) 2015 NATIONAL ORGANIZATION ON DISABILITY

### 52-1238307 Page 4

1

Yes No

### Part IV Supporting Organizations

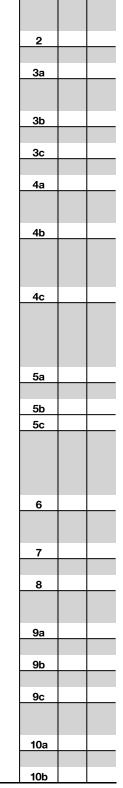
(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete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

### Section A. All Supporting Organizations

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

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532024 09-23-15



Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 NATIONAL ORGANIZATION ON DISABILITY Part IV Supporting Organizations (continued)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions):			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions).		
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 substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
532025	5 09-23-15 Schedule A (Form 95		0-F7)	2015

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Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990 EZ) 2015 NATIONAL ORGANIZATION O			52-1238307 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See inst	ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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## Schedule A (Form 990 or 990 EZ) 2015 NATIONAL ORGANIZATION ON DISABILITY

Par	I V   Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
 b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Schedule	e A (Form 990										52-1238307	Page 8
Part V	Part IV, Se line 1; Part	<b>mental</b> ection A, t IV, Sect	Inform lines 1, 2 ion D, lir	<b>ation.</b> F 2, 3b, 3c, 4 nes 2 and 5	Provide t 1b, 4c, 5 3; Part IV	he explana a, 6, 9a, 9 /, Section	ations requir b, 9c, 11a, 1 E, lines 1c, 2	ed by Pa 1b, and <sup>-</sup> 2a, 2b, 3a	rt II, line 10; I1c; Part IV, a and 3b; Pa	Part II, line 17a c Section B, lines	r 17b; Part III, line 12; 1 and 2; Part IV, Section /, Section B, line 1e; Pa	۱C,
	(See instru		0, and 0,	, and Fait	v, Section		2, 3, and 0.					
SCHEI	DULE A,	PART	II,	LINE	10,	EXPL	NATION	FOR	OTHER	INCOME:		
REVEI	NUE FROM	I VAR	IOUS	ANCI	LLARY	Y ACTI	VITIES	5				
2011	AMOUNT	\$	10.									
2012	AMOUNT	\$	45.									
2014	AMOUNT :	\$	1,5	73.								
532028 09-	23-15						20			Schedu	ile A (Form 990 or 990	-EZ) 2015

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

OMB No. 1545-0047

2015

Employer identification number

### NATIONAL ORGANIZATION ON DISABILITY

52-1238307

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

### Name of organization

Employer identification number

52-1238307

### NATIONAL ORGANIZATION ON DISABILITY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>100,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>101,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$139,428.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$320,217.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 523452 10-26-		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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### Name of organization

Page 2 Employer identification number

52-1238307

### NATIONAL ORGANIZATION ON DISABILITY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>1,000,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-2	6-15	Schedule B (Form	990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 3

Employer identification number

52-1238307

NATIONAL ORGANIZATION ON DISABILITY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

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ame of organiz	ation			Employer identification number
Part III	ORGANIZATION ON DISAB Exclusively religious, charitable, etc., contribu	tions to organizations described	in section 501(c)(7), (8), or	52-1238307 (10) that total more than \$1,000 for
	the year from any one contributor. Complete colu completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 or	Wing line entry. For organization less for the year. (Enter this info. ond	ns ▶ \$
(a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	 it	
	Transferee's name, address, and a	ZIP + 4	Relationship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gif ZIP + 4		nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_		(e) Transfer of gif	 it	
	Transferee's name, address, and a	ZIP + 4	Relationship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, and a	ZIP + 4	Relationship of tra	nsferor to transferee

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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2015.04010 NATIONAL ORGANIZATION ON 52-12381

SCHEDULE D	)
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Department of the Treasury

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



Internal Revenue Service Name of the organization

Employer identification number

_	NATIONAL ORGANIZATI		52-1238307
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	· · · · ·	ě – –
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation essement on the last
2	day of the tax year.	ed conservation contribution in the form	Held at the End of the Tax Year
-			
a L			
b			
C.	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		- ··· - ····· ··· ··· ················
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
			<b>.</b> .
2	If the organization received or held works of art, historical trea		
2			gain, provide
~	the following amounts required to be reported under SFAS 11		¢
a b	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
∟НА	For Paperwork Reduction Act Notice, see the Instructions	101 201111 330.	Schedule D (Form 990) 2015

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Sche		L ORGANIZATIO				238307	Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Art, His	storical Treasures,	or Other S	imilar Asse	ts <sub>(continu</sub>	ed)
3	Using the organization's acquisition, accessi	on, and other records, che	ck any of the following th	nat are a signif	ficant use of its	collection it	ems
	(check all that apply):						
а	Public exhibition	d	Loan or exchange pro	grams			
b	Scholarly research	e	Other	-			
c	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain how	they further the organiza	tion's exempt	nurnose in Par	+ XIII	
5	During the year, did the organization solicit c			-		. /	
Ũ	to be sold to raise funds rather than to be ma	,	<i>'</i>		_	Yes	No
Par	t IV Escrow and Custodial Arran						
	reported an amount on Form 990, Pa		ine organization anowere		111 000, 1 0111	, 1110 0, 01	
10	Is the organization an agent, trustee, custod		or contributions or other	assets not incl	uded		
Id						Yes	No
<b>h</b>	on Form 990, Part X?				L		
b	If "Yes," explain the arrangement in Part XIII	and complete the following	y lable.			American	
	De sinsi se la dese					Amount	
	Beginning balance						
a	Additions during the year				1d		
е	Distributions during the year				1e		
	Ending balance						<u> </u>
	Did the organization include an amount on F			-	'L	Yes	
	If "Yes," explain the arrangement in Part XIII.						
Par	<b>t V</b> Endowment Funds. Complete						
		(a) Current year (b	) Prior year (c) Two y	rears back (d)	Three years back	< (e) Four y	ears back
<b>1</b> a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curr	rent year end balance (line	1g, column (a)) held as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment 🕨	%					
с	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse		hat are held and adminis	tered for the o	organization		
	by:	C C			0	Y	'es No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations						
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as required on	Schedule R?			3b	
4	Describe in Part XIII the intended uses of the						
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answere		IV. line 11a. See Form 9	90. Part X. line	e 10.		
	Description of property	(a) Cost or other	(b) Cost or other		umulated	(d) Book	value
	Description of property	basis (investment)	basis (other)	1	ciation		value
10	Land	· · · · · · · · · · · · · · · · · · ·					
	Land						
	Buildings			-			
	Leasehold improvements		362,286	22	7,399.	21	,887.
	Equipment		502,200	• 55	•••••	24	,007.
<u>e</u>	Other			1		<u>م</u> ا	,887.
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(1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Schedule D	(Form 990) 2015		GANIZATION ON	DISABILITY	r 5	2-1238307	Page 3
(a) Description of seturity or statutory seturity over or searching       (b) Book value       (c) Method of valuation: Cost or end of-year market value         (a) Other       (a) Other       (b) Book value       (c) Method of valuation: Cost or end of-year market value         (b) Book value       (c) Method of valuation: Cost or end of-year market value       (c) Method of valuation: Cost or end of-year market value         (c) Other       (c) Method of valuation: Cost or end of-year market value       (c) Method of valuation: Cost or end of-year market value         (d) Description of investment       (b) Book value       (c) Method of valuation: Cost or end of-year market value         (d) Description of investment       (b) Book value       (c) Method of valuation: Cost or end of-year market value         (e) Description of investment       (b) Book value       (c) Method of valuation: Cost or end of-year market value         (f)       (g) Description of investment       (g) Book value       (g) Method of valuation: Cost or end of-year market value         (f)       (g) Description of investment       (g) Description of investment       (g) Method of valuation: Cost or end of-year market value         (f)       (g) Description of investment       (g) Description       (g) Method of valuation: Cost or end of-year market value         (f)       (g) Description of investment       (g) Description       (g) Method of valuation: Cost or end of-year market value	Part VII	Investments - C	Other Securities.					
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Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes	Total. (Colu	ımn (b) must equal For	rm 990. Part X. col. (B) line	e 15.)				
1. (a) Description of liability   (b) Book value     (1) Federal income taxes   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)     2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		Other Liabilities	S.	•				
(1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form	n 990, Part X, line 2	25.	
(2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1.	(a) De	scription of liability		(b) Book value			
(3)       (4)         (4)       (5)         (6)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1) Fec	leral income taxes				1		
(3)       (4)         (4)       (5)         (6)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)					1		
(4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						1		
(5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						1		
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						1		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		mn (b) must source [ 5	m 000 Dout V and (D) !!	25)				
		., .	, , , , ,	,	o the organization's fi	nancial statements	that reports the	
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII								

Schedule	D (F	orm	990)	2015
Concaalo		•••••	,	

Sche	dule D (Form 990) 2015 NATIONAL ORGANIZATION ON	DISABILI	TY	52-	1238307	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,669,0	001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	33,441.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	33,4	
3	Subtract line 2e from line 1			3	3,635,5	560.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,635,5	560.
Da						
Гa	t XII Reconciliation of Expenses per Audited Financial State		xpenses per i	Retur	n.	
Ta	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				7.4.4
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a.			n. 3,153,7	744.
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	<u>12a.</u>				744.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	<u>12a.</u>				744.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	12a. 				744.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a. <b>2a</b> <b>2b</b> <b>2c</b>				744.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	33,441.		3,153,7	
1 2 b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	12a. 2a 2b 2c 2d	33,441.	_1	3,153,7	441.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	33,441.	1	3,153,7	441.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	12a. 2a 2b 2c 2d	33,441.	_1	3,153,7	441.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	12a. 2a 2b 2c 2d	33,441.	_1	3,153,7	441.
1 2 6 6 8 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	12a. 2a 2b 2c 2d 2d	33,441.	_1	3,153,7	441.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	12a. 2a 2b 2c 2d 4a 4b	33,441.	1 2e 3 4c	3,153,7 33,4 3,120,3	<u>441.</u> 303.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d 4a 4b	33,441.	1 2e 3	3,153,7	<u>441.</u> 303.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

532054 09-21-15

SCHEDULE G	Sunnleme	ental Information Regarding	Fund	Iraici	ng or Gaming A	ctiv		OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	2015						
Department of the Treasury		organization entered more than \$1 Attach to Form 990	5,000 o	on Foi	rm 990-EZ, line 6a.			Open to Public
Internal Revenue Service		about Schedule G (Form 990 or 990-EZ)				nov/fc		Inspection
Name of the organization		L ORGANIZATION ON	מפדת	ABTI	.ፐጥ <b>ሃ</b>		Employer i 52-123	dentification number 8307
Part I Fundrais		Complete if the organization answe				ine 17		
· · · ·	· ·	sed funds through any of the followin	ig activ	vities.	Check all that apply.			
	email solicitations	s f X Solicita	tion of	gover	•			
c Phone solicit d In-person so	licitations	<b>g</b> Special		-		toos	<b>Dr</b>	
•		art VII) or entity in connection with p	•	Ũ		1003	XY	es 🗌 No
<b>b</b> If "Yes," list the ter compensated at le	•	ividuals or entities (fundraisers) pursu organization.	uant to	agree	ments under which t	he fu	ndraiser is to	be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paic or retained by fundraiser ted in col. <b>(i)</b>	
SUSAN SHAPIRO ASSOC		RELATIONSHIP BUILDING/MGMT	Yes		-			
- 245 FIFTH AVENUE,	19TH	WITH CURRENT & PROSPECTIVE		X	331,000.		73,25	7. 257,743.
Total					331,000.		73,25	7. 257,743.
		on is registered or licensed to solicit o	contrib	utions		it is e	,	,
or licensing.								
<u></u>								
		ice, see the Instructions for Form	990 or	990-E	Z. 9	Schee	dule G (Form	n 990 or 990-EZ) 2015
532081	PART IV	FOR CONTINUATIONS						
09-14-15		30						

	(Form 990 or 990-EZ) 2015					52-1238307	
Part II	Fundraising Events.	Complete if the o	rganization answered "Ye	s" on	Form 990, Part IV, line 1	8, or reported more than \$15,	000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		3		,	5 1	5 1,
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
(0	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
De		Net income summary. Subtract line 10 from lin	ne 3, column (d)		<b>&gt;</b>	
Fd	rt I	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
Revenue		ф. с, со	<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	voked, suspended or te	rminated during the tax ye	ear?	Yes No
					Schedule G (For	

Sch	edule G (Form 990 or 990-EZ) 2015 NATIONAL ORGANIZATION ON DISABILITY 52-1	L238307	7 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	I The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
L	retain the state gaming license?	Yes	
Ľ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nes 9, 9b, 10	0b, 15b,
e.c.	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	· .	
50	REDULE G, FART I, LINE 25, LIST OF TEN RIGREST FAID FUNDRAISERS		
(I	) NAME OF FUNDRAISER: SUSAN SHAPIRO ASSOCIATES LLC		
(I	) ADDRESS OF FUNDRAISER:		
24	5 FIFTH AVENUE, 19TH FLOOR, NEW YORK, NY 10016		
(I	I) ACTIVITY: RELATIONSHIP BUILDING/MGMT WITH CURRENT & PROSPECT	UVE DO	ONORS
<u>,                                    </u>			
PA	RT I, LINE 2B, COLUMN (V):		
MS	. SHAPIRO WAS PAID A CONSULTING FEE FOR MANAGING RELATIONSHIPS	WITH	
5320	83 09-14-15 Schedule G (Form	n 990 or 99	0-EZ) 2015

Schedule G (Form 990 or 990-EZ)	NATIONAL ORG	ANIZATION O	N DISABILITY	52-1238307	Page 4
Part IV Supplemental Inform	mation (continued)				
CURRENT DONORS, BUIL	DING RELATION	NSHIPS WITH	PROSPECTIVE	DONORS, AND	
COORDINATING AN ANNU	JAL CONFERENCI	E FOR DISCUS	SING TOPICS	RELATING TO	
DISABILITY EMPLOYMEN	T. THERE WAS	NO COMMISSI	ON OR BONUS	AWARDED FOR ANY	
CONTRIBUTIONS SHE BE	ROUGHT IN. SHA	APIRO WAS AI	SO REIMBURSE	D FOR VARIOUS	
FUNDRAISING-RELATED	EXPENSES IN 7	THE AMOUNT C	)F \$4,825.		

Schedule G (Form 990 or 990-EZ)

SCHEDULE J	Compensa	tion Information		OMB No. 1	545-004	17	
(Form 990)	•	, Trustees, Key Employees, and Highest		20			
	Comper	nsated Employees		20	IJ	)	
Department of the Treasury		wered "Yes" on Form 990, Part IV, line 23. th to Form 990.		Open to	Publi	ic	
Internal Revenue Service		90) and its instructions is at <u>www.irs.gov/for</u>	m990.	Inspe	ction		
Name of the organiza			Employer id			nber	
	NATIONAL ORGANIZATIO	ON ON DISABILITY	52-12	23830'	7		
Part I Questio	ns Regarding Compensation						
					Yes	No	
••	priate box(es) if the organization provided any of t		990,				
	A, line 1a. Complete Part III to provide any relevan ۲						
	r charter travel	Housing allowance or residence for person					
Travel for c		Payments for business use of personal res					
	fication and gross-up payments	Health or social club dues or initiation fees					
Discretiona	y spending account	Personal services (e.g., maid, chauffeur, c	net)				
<b>b</b> If any of the bay	a an line to are abacked, did the eventiation fol	llow a written policy recording povement or					
	s on line 1a are checked, did the organization fol			46			
	r provision of all of the expenses described above ion require substantiation prior to reimbursing or			<b>1b</b>			
U U	cers, including the CEO/Executive Director, regar			2			
trustees, and on	sers, including the GEO/Executive Director, regar						
3 Indicate which, i	any, of the following the filing organization used	to establish the compensation of the organization	tion's				
	irector. Check all that apply. Do not check any bo						
	isation of the CEO/Executive Director, but explain						
X Compensat		Written employment contract					
	t compensation consultant	Compensation survey or study					
		X Approval by the board or compensation c	ommittee				
	5						
4 During the year,	did any person listed on Form 990, Part VII, Section	on A, line 1a, with respect to the filing					
organization or a	related organization:						
a Receive a severa	nce payment or change-of-control payment?			. 4a		X	
<b>b</b> Participate in, or	receive payment from, a supplemental nonqualifie	ed retirement plan?		4b		X	
c Participate in, or	receive payment from, an equity-based compension	ation arrangement?		<b>4c</b>		X	
If "Yes" to any o	lines 4a-c, list the persons and provide the applic	cable amounts for each item in Part III.					
	l(c)(3), 501(c)(4), and 501(c)(29) organizations n						
5 For persons liste	d on Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any compensatio	n				
contingent on th						37	
	?					X	
	nization?			. 5b		X	
	or 5b, describe in Part III.						
	d on Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any compensatio	n				
-	e net earnings of:			6-		х	
						X	
	nization?			. <u>6</u> b		Δ	
	a or 6b, describe in Part III.	o organization provide any pan fixed neumants					
	d on Form 990, Part VII, Section A, line 1a, did the lines 5 and 6? If "Yes," describe in Part III			7		x	
	ts reported on Form 990, Part VII, paid or accrued						
	ception described in Regulations section 53.4958			8		х	
	did the organization also follow the rebuttable pro-						
				9			
	Reduction Act Notice, see the Instructions for			le J (Form	1 990)	2015	
					,	-	

532111 10-14-15

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LAWSON SHADBURN	(i)	154,376.	0.	0.	7,888.	19,624.	181,888.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW TRAUB	(i)	219,073.	0.	0.	9,844.	143.	229,060.	0.
MANAGING DIRECTOR, PROF. SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### SCHEDULE J, UNRELATED ORGANIZATION COMPENSATION

THE ORGANIZATION MAINTAINS AN AGREEMENT WITH ADP TOTALSOURCE, A

PROFESSIONAL EMPLOYER ORGANIZATION (PEO) TO PROVIDE PERSONNEL, BENEFIT,

AND ADMINISTRATIVE SERVICES FOR THE STAFF OF THE ORGANIZATION.

Schedule J (Form 990) 2015

Department of the Treasury	Complete if the	► Atta	swere or Fori ach to	d "Yes m 990 Form S	5" on F -EZ, P 990 or	Form 990, Par Part V, line 38a Y Form 990-E2	t IV, i or Z.	line 25a, 25b, 2 40b.				ив No. <b>20</b> pen T	15	5
	Information ab	out Schedule L (For	m 990 (	or 990-	EZ) and	d its instructions	s is a	at www.irs.gov/fo				spect		
Name of the organization		00000000								-			on nı	umber
		ORGANIZA tions (section 5						(20) organization			383	07		
		iswered "Yes" on I									h			
1	(b	Relationship bet				11111111111111111111111111111111111111	, or	<u>FOIII 990-EZ, Fa</u>	art v, i		D.	(d)	Corre	ected?
(a) Name of disqualified p	person	person and o				(0	<b>c)</b> D	escription of tran	sactio	n			es	No
												_	_	
												_		
												_	-	
												-		
2 Enter the amount of tax i	incurred by the	organization man	agers	or disc	qualifie	d persons duri	ing 1	the year under						
	-		-			-	-	•						
3 Enter the amount of tax,	if any, on line 2	2, above, reimburs	ed by	the org	ganiza	tion				▶ \$				
Part II Loans to and	d/or Erom li	nterested Pers												
					Denty	V 15 - 00 5	-							
-	-	iswered "Yes" on ∣ 90, Part X, line 5, 6			, Part	v, line 38a or F	orm	1 990, Part IV, IIn	e 26; (	or it th	e orga	nizatio	n	
(a) Name of	(b) Relationsh		(d) Lo	an to or	(6	e) Original	6	f) Balance due	(a)	In	<b>(h)</b> Ap		(i) \	Vritten
interested person	with organizati			n the zation?		cipal amount	`	,	default?		by bo	ard or littee?		
			То	From					Yes	No	Yes	No	Yes	No
														_
							-							
Total Part III   Grants or As	oiotonoo D	enefiting Inter				> \$								
		-												
(a) Name of interested p		swered "Yes" on I				<b>c)</b> Amount of		(d) Type	of		10	) Purp		,f
(a) Name of interested p	person	(b) Relationship interested pers			'	assistance		assistan				assist		Л
		the organiz	ation											
LHA For Paperwork Reduct	tion Act Notic	e, see the Instruc	tions f	for For	m 990	) or 990-EZ.		Sche	edule	L (Fo	rm 990	) or 99	90-ЕZ	Z) 2015

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
CAROL GLAZER	PRESIDENT	388,299.	CAROL GLAZE		X
CHARLES F. DEY	VICE CHAIRMAN OF TH	31,600.	CHARLES F.		X
SOCIALUTION MEDIA	SOCIALUTION OWNED B	22,000.	SOCIALUTION		X
JOHN QUAIN	BOARD OF DIRECTORS	49,000.	JOHN QUAIN		X

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CAROL GLAZER

(D) DESCRIPTION OF TRANSACTION: CAROL GLAZER IS THE OWNER OF CAROL

GLAZER CONSULTING, INC (CGI). THE ORGANIZATION MAINTAINS A CONSULTING

AGREEMENT WITH A CORPORATION (CGI) THAT PROVIDES GENERAL MANAGEMENT

SERVICES TO THE ORGANIZATION. UNDER THE TERMS OF THE AGREEMENT, THE

CORPORATION IS TO PROVIDE THE ORGANIZATION WITH THE SERVICES OF THE

INDIVIDUAL CURRENTLY SERVING AS THE ORGANIZATION'S PRESIDENT. THE

CORPORATION IS OWNED BY THE ORGANIZATION'S PRESIDENT. (THE PRESIDENT

RECEIVES NO COMPENSATION OR FRINGE BENEFITS FROM THE ORGANIZATION OTHER

THAN WHAT IS DERIVED FROM PAYMENTS TO THE CORPORATION.) THE AGREEMENT IS

SCHEDULED TO EXPIRE ON SEPTEMBER 30, 2018 BUT IT MAY BE TERMINATED SOONER

UNDER CERTAIN CIRCUMSTANCES.

(A) NAME OF PERSON: CHARLES F. DEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VICE CHAIRMAN OF THE BOARD

(D) DESCRIPTION OF TRANSACTION: CHARLES F. DEY IS COMPENSATED AS A

DEVELOPMENT CONSULTANT. HE IS NOT COMPENSATED FOR HIS SERVICES AS A BOARD

### MEMBER.

532132 10-02-15 Schedule L (Form 990 or 990-EZ) 2015

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

### (A) NAME OF PERSON: SOCIALUTION MEDIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SOCIALUTION OWNED BY LESLEY RIDGE, DAUGHTER OF NOD CHAIRMAN

(D) DESCRIPTION OF TRANSACTION: SOCIALUTION MEDIA LLC IS UNDER CONTRACT

TO PROVIDE SOCIAL MEDIA SERVICES AND CONSULTING TO NOD.

(A) NAME OF PERSON: JOHN QUAIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD OF DIRECTORS MEMBER

(D) DESCRIPTION OF TRANSACTION: JOHN QUAIN IS COMPENSATED AS A PROGRAM

CONSULTANT. HE IS NOT COMPENSATED FOR HIS SERVICES AS A BOARD MEMBER.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo		OMB No. 1545-0047
Name of the organization NATIONAL ORGANIZATION ON DISABILITY	Employe	r identification number
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:	
THE NATIONAL ORGANIZATION ON DISABILITY (NOD) IS A PRIVATE ORGANIZATION THAT PROMOTES THE FULL PARTICIPATION AND CONTR	<u>, NON-</u> RIBUTI	
AMERICA'S 56 MILLION PEOPLE WITH DISABILITIES IN ALL ASPEC	IS OF	LIFE.
TODAY, THE NATIONAL ORGANIZATION ON DISABILITY FOCUSES ON 3	INCREA	SING
EMPLOYMENT OPPORTUNITIES FOR THE 80-PERCENT OF WORKING-AGE	AMERI	CANS
WITH DISABILITIES WHO ARE NOT EMPLOYED. TO ACHIEVE THIS GOA	AL, NC	D WORKS
WITH LEADING EMPLOYERS AND PARTNERS WITH EDUCATIONAL AND PR	HILANT	HROPIC
INSTITUTIONS TO PILOT INNOVATIVE APPROACHES TO DISABILITY	INCLUS	SION,
THEN SCALES THESE UP INTO INITIATIVES WITH EVEN BROADER IM	PACT.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:	
COMPANIES WHO ARE COMMITTED TO LEADERSHIP IN DISABILITY EMI	PLOYME	INT .
INCLUDED WITHIN THE BRIDGES PROGRAM IS THE "ADD US IN" PROC	JECT.	FUNDED
BY A GRANT FROM THE U.S. DEPARTMENT OF LABOR'S OFFICE OF D	ISABII	JTY
EMPLOYMENT POLICY (ODEP), ADD US IN SERVES SMALL BUSINESSES	S IN N	IORTHERN
NEW JERSEY AND NEW YORK CITY- ESPECIALLY THOSE OWNED BY MIN	NORITI	ES,
WOMEN, VETERANS, PEOPLE WITH DISABILITIES AND LESBIAN, GAY	, BISE	XUAL OR
TRANSGENDER INDIVIDUALS- WHO SEEK TO BUILD A MORE INCLUSIV	E WORK	IPLACE
BY HIRING AND PROMOTING PEOPLE WITH DISABILITIES.		

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FORM 990, PART VI, SECTION A, LINE 2:

GAY REICH, JEFFREY REICH - FAMILY RELATIONSHIP.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
Name of the organization NATIONAL ORGANIZATION ON DISABILITY	Employer identification number 52-1238307
FORM 990, PART VI, SECTION A, LINE 3:	

CAROL GLAZER CONSULTING, INC. PROVIDES MANAGEMENT SERVICES TO NOD. CAROL

GLAZER DOES NOT RECEIVE ANY COMPENSATION DIRECTLY FROM NOD.

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED ANNUALLY TO EACH MEMBER OF THE GOVERNING BODY AS WELL AS TO ALL OFFICERS AND KEY EMPLOYEES; EACH IS REMINDED TO REVIEW THE POLICY AND TO REPORT ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION FOR THE CEO WAS ORIGINALLY SET BY THE BOARD OF DIRECTORS IN 2008 WHEN THE CEO WAS HIRED, FOLLOWING A CANDIDATE SEARCH AND COMPARISON OF THE SALARY HISTORIES OF CANDIDATES CONSIDERED FOR THE POSITION. THIS COMPENSATION REMAINED UNCHANGED UNTIL 2014 WHEN THE EXECUTIVE AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS MET AND REVIEWED HER PERFORMANCE, AS WELL AS COMPENSATION DATA FROM A STUDY BY AN INDEPENDENT FIRM AND PUBLISHED DATA ON INCREASES IN THE COST OF LIVING. HER COMPENSATION WAS ADJUSTED ACCORDINGLY. IN 2015, UPON THE EXPIRATION OF THE CEO'S CONTRACT, THE COMMITTEE APPROVED AN EXTENSION FOR ANOTHER THREE YEARS, INCLUDING AN ANNUAL COST OF LIVING INCREASE BASED ON THE INCREASE IN THE CONSUMER PRICE INDEX FOR EACH YEAR. THESE DELIBERATIONS WERE ALL REFLECTED IN MEMORANDA FROM THE COMMITTEE.

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532212 09-02-15

Name of the organization	Employer identification number
NATIONAL ORGANIZATION ON DISABILITY	52-1238307
FORM 990, PART VI, SECTION C, LINE 18:	
NOD WILL POST ITS AUDITED FINANCIAL STATEMENTS ON ITS WE	BSITE. COPIES OF
THE FORM 990 ARE AVAILABLE UPON REQUEST AND ARE ALSO AVA	ILABLE ON THE
WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
NATIONAL ORGANIZATION ON DISABILITY MAKES ITS FORM 990 A	VAILABLE UPON
REQUEST AND IS ALSO AVAILABLE ON THE WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
FTE CONSULTANTS:	
PROGRAM SERVICE EXPENSES	281,461.
MANAGEMENT AND GENERAL EXPENSES	37,528.
FUNDRAISING EXPENSES	56,292.
TOTAL EXPENSES	375,281.
GRAPHICS & COMM:	
PROGRAM SERVICE EXPENSES	14,664.
MANAGEMENT AND GENERAL EXPENSES	1,237.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,901.
PROJECT CONSULTANTS:	
PROGRAM SERVICE EXPENSES	231,875.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	9,009.
TOTAL EXPENSES	240,884.
	hedule O (Form 990 or 990-EZ) (2015

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Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization NATIONAL ORGANIZATION ON DISABILITY	Employer identification number 52-1238307
OTHER SERVICE:	
PROGRAM SERVICE EXPENSES	17,175.
MANAGEMENT AND GENERAL EXPENSES	5,207.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,382.
STRATEGIC PLANNING:	
PROGRAM SERVICE EXPENSES	1,200.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,200.
FUNDRAISING OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	389.
TOTAL EXPENSES	389.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	656,037.
FORM 990, PART XII, LINE 2C:	
THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM TH	E PREVIOUS