Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Ā	For	the 2016 calendar year, or tax year beginning $07/01$, 2016, and endi	ng	06/	′30 , 20 17
_		C Name of organization THE GILDER LEHRMAN INSTITUTE	D Employer ide	entificati	on number
В	Check i	applicable: OF AMERICAN HISTORY	13-379	35391	
Γ		dress Doing business as			
-		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone nu	ımber	***************************************
	Init	al return 49 WEST 45TH STREET, 2ND FLOOR	(646) 36	6-96	66
	Fin	al return/ City or town, state or province, country, and ZIP or foreign postal code			
	Am	ended NEW YORK, NY 10036	G Gross receipt	s \$	18,668,735
-		F Name and address of principal officer: DR JAMES G. BASKER	H(a) is this a gro		
<u> </u>	per	SAME AS C ABOVE	subordinates H(b) Are all subord		
	Tay-é	exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52			see instructions)
<u>:</u>		site: ► WWW.GILDERLEHRMAN.ORG	H(c) Group exem		
ĸ			of formation: 1994 M		
	art l		romation. — = = - III	Oldic Oi	rogar donnerio.
	1		E'S MISSION I	S TO	PROMOTE THE
ď		KNOWLEDGE & UNDERSTANDING OF AMERICAN HISTORY THROUGH			
Governance		PROGRAMS & RESOURCES.			
i.	2	Check this box if the organization discontinued its operations or disposed of more th	on 25% of its not asset		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3.	21.
~	3	Number of independent voting members of the governing body (Part VI, line 1b)		4	20.
Activities &	-			5	33.
ž: Z	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		6	35.
Act	6	Total number of volunteers (estimate if necessary)			0.
	''	Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.
	+	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	170	Current Year
		One believe and annual (Deal VIIII line 41)		,, -	12,272,591.
ne	8	Contributions and grants (Part VIII, line 1h)	1,021,53		1,260,520.
Revenue	9	Program service revenue (Part VIII, line 2g)			
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d).	2,732,50		148,758. 4,366.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,310,98		13,686,235.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,664,30		485,587.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,004,30	0.	400,007.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,567,61		2,928,814.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 546,584.	60,00	<u> </u>	57,000.
EX	b		3,577,39		F 401 FF0
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			5,491,552.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,869,31		8,962,953.
<u> 0</u>	19	Revenue less expenses. Subtract line 18 from line 12	441,67		4,723,282.
Net Assets or Fund Balances			Beginning of Current Y		End of Year
sse	20	Total assets (Part X, line 16)	34,212,96 1,528,91		38,594,910.
et A	21	Total liabilities (Part X, line 26)			688,782.
Z	22	Net assets or fund balances. Subtract line 21 from line 20	32,684,05	0.1	37,906,128.
	rt II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and staten oct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has		my knov	wiedge and belief, it is
		. 00-0///		1,-	100
Sig	n	Signature of officer	Date	<u> 13 /</u>	<u>7 ő</u>
Hei		1'	Date		
		Type or print name and title CHRISTINE S. KANG CHIEF OPERATING OFFICER			
				e PTIN	ı
Paid		Print/Type preparer's name Preparer's signature Preparer's signature	£ 6.03 [74]	"	
	arer	JAMES J REILLY	self-employe		P00183769
-	Only	Firm's name CONDON O'MEARA MCGINTY & DONNELLY/L	Firm's EIN ▶ 1		
N 4	41	Firm's address ONE BATTERY PARK PLAZA, NEW YORK, NY 10004 1405	Phone no. 2		51-7777
		RS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·		X Yes No
For	Paper	work Reduction Act Notice, see the separate instructions.			Form 990 (2016)

JSA 6E1020 1.000 Form 990 (2016)

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Pai	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
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 during the tax year? If "Yes," complete Schedule C, Part II	. 4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
	Part III	. 5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or]
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		<u> </u>
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	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		\neg	
	If "Yes," complete Schedule G, Part III	19		X
		_	000 ·	

Part IV Checklist of Required Schedules (continued) Yes No X 20a b 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 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 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 23 Х 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 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ 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? 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 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.......... 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 29 Χ 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?........... 35 a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 Х 19? Note. All Form 990 filers are required to complete Schedule O.

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			1
	• Enter the number reported in Roy 3 of Form 1096. Enter -0- if not applicable.	A COSTAG	Yes	No
1 a	Litter the number reported in box 5 of rollin 1050. Effect 40-11 flot applicable.	983380366		
	Effet the flumber of Forms W-29 included in line Ta. Effet -0- if flot applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	X	25.00
2.	reportable gaming (gambling) winnings to prize winners?	564646		2000
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	3		
F	of the least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	700,5250
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	X73 X18 XX		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			İ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	4,050,046,0	X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	En		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
υa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	ļ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			X
_	required to file Form 8282?	7c	1015	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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	(122,000,000	canal-1948
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
	Gross income from members or shareholders	1 1		
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Y damilia	State State State State of
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		***********
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-	MEETER S	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	-	
Ø	TE TES. THESE INTERES A PUBLICADE TO TEDUTE THESE DAYINGHIS! IT TWO, DIOVIDE AN EXPIANDAMENT HIS SUITED AND A FARE A FARE AND A FARE		1	

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. Part VI

List the states with which a copy of this Form 990 is required to be filed CA, CO, GA, IL, MD, MA, MN, NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict or financial statements available to the public during the tax year.	Sect	ion A. Governing Body and Wanagement		T v	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b. Enter the number of voting members included in line 14, above, who are independent		1.	1	Yes	No
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship wany other officer, director, trustee, or key employee have a family relationship or a business relationship wany other officer, director, trustee, or key employees to a management company or other person? 2 Did the organization delegate control over management duties customarily performed by or under the director of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization have members or stockholders? 3 Did the organization have members stockholders? 4 Did the organization have members stockholders, or other persons who had the power to elect or approance or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken dure the year by the following: 9 The governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body and the organization is mailing address? If 'Pes' provide the names and addresses in Schedule O 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 If 'Yes,' did the organization have local chapters, branches, or affiliates? 10 If 'Yes,' did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with th	1a	Enter the number of voting members of the governing body at the end of the tax year	23		
b Enfer the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship wary other officer, director, trustee, or key employee?. 3 Did the organization delegate control over management duties customarily performed by or under the directory of trustees, or key employees to a management company or other person? 4 Did the organization bake any significant changes to its governing documents since the prior Form 990 was filed?. 5 Did the organization become aware during the year of a significant diversion of the organization's assets?. 7a Did the organization have members or stockholders? 7b Did the organization have members or stockholders? 7c Did the organization have members or stockholders? 7c Did the organization have members or stockholders? 7d Did the organization on the poverning body? 8d Did the organization contemporaneously document the meetings held or written actions undertaken dur the year by the following: 9 Did the organization contemporaneously document the meetings held or written actions undertaken dur the year by the following: 9 Did the organization of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organizations mailing address? If "Yes," provide the names and addresses in Schedule O. 8 Section B. Policies (This Section B requests information about policies not required by the Internal Reverable Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Did the organization have local chapters, branches, or affiliates? 12 Did the organization have local chapters, branches, or affiliates? 13 Did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's evempt purpo					
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organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA, CO, GA, IL, MD, MA, MN, NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict or financial statements available to the public during the tax year.					
List the states with which a copy of this Form 990 is required to be filed ►CA, CO, GA, IL, MD, MA, MN, NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict or financial statements available to the public during the tax year.		organization's exempt status with respect to such arrangements?	16b		
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Secarable) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict or financial statements available to the public during the tax year. 	ectio	on C. Disclosure			
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Secarable) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict or financial statements available to the public during the tax year. 	7	List the states with which a copy of this Form 990 is required to be filed ▶ CA, CO, GA, IL, MD, MA, MN, NJ, V	A,WI,		
available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict or financial statements available to the public during the tax year.		available for public inspection. Indicate how you <u>made</u> these available. <u>Check all that apply.</u>			
financial statements available to the public during the tax year.		Own website X Another's website X Upon request Other (explain in Schedule O)			
	9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest r	oolicy,	and
State the name, address, and telephone number of the person who possesses the organization's books and rec					
RAID R. SMIIN, 45 MESI 451N SIREBI, 2ND PROOK, NEW YORK, NI 10050	0	State the name, address, and telephone number of the person who possesses the organization's books and record KATE R. SMITH, 49 WEST 45TH STREET, 2ND FLOOR, NEW YORK, NY 10036 646-366-9666	s: ►		

OH 330 (2010	<u>')</u>										i age i
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	ractors								
	Check if Sched	مارر	O contains	e a raenonec	a or note to	any li	na in thic Part	. \ //II			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 not	r any related	d orga	niza	atior	ı co	mpen	sate	ed any current offic	cer, director, or tru	stee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	do x, office or direct	not c unle er an	Pos heck	C) sition more		one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)DR. JAMES G. BASKER	19.00									
PRESIDENT	0.	Х		Х	ĺ	İ		118,925.	0.	854.
(2)RICHARD GILDER	1.00									
CO-CHAIR, E.V.P. & TREASURER	0.	Х		Х				0.	0.	0.
(3)LEWIS E. LEHRMAN	1.00									
CO-CHAIR & EXECUTIVE V.P.	0.	X	<u> </u>	Х				0.	0.	0.
(4)DANIEL P. JORDAN	1.00									
SECRETARY	0.	X		X				0.	0.	0.
(5)ROBERT DAUM	1.00									
TRUSTEE	0.	X						0.	0.	0.
(6)DAVID MCCULLOUGH	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)JOHN L. NAU III	1.00									
TRUSTEE	0.	Х			l			0.	0.	0.
(8)S. ANDREW BANKS	1.00									
TRUSTEE	0.	Х			İ			0.	0.	0.
(9)ROBERT H. NIEHAUS	1.00									
TRUSTEE	0.	Х		ĺ	Ì		1	0.	0.	0.
(10)SHAIZA RIZAVI	1.00									
TRUSTEE	0.	Х		İ		İ		0.	0.	0.
(11)JOHN D. BRITTON II	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(12)JOSEPH DIMENNA	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(13)VICTORIA PHILLIPS ANDERSON	1.00					Ì				
TRUSTEE	0.	Х						0.	0.	0.
(14)DOROTHY STAPLETON	1.00									
TRUSTEE	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and l	Hig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	(do l	not cl unles	Pos heck ss pe	c) sition mor erson lirec	e than o is both tor/trus	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) GLADSTONE JONES TRUSTEE	1.00	х						0.	0.	0.
16) THOMAS LEHRMAN TRUSTEE	1.00	X						0.	0.	0.
17) RUSSELL P. PENNOYER TRUSTEE	1.00	Х						0.	0.	0.
18) JULIAN H. ROBERTSON, JR. TRUSTEE	1.00	Х						0.	0.	0.
19) MARY CASLIN ROSS TRUSTEE	1.00	Х						0.	0.	0.
20) PATRICK DUFF TRUSTEE	1.00	х						0.	0.	0.
21) LUIS A. MIRANDA, JR. TRUSTEE	1.00	х						0.	0.	0.
22) VALERIE ROCKEFELLER WAYNE TRUSTEE	1.00	х						0.	0.	0.
23) CHRISTINE KANG CHIEF OPERATING OFFICER	40.00			х				168,696.	0.	34,655.
24) TIMOTHY R. BAILEY DIRECTOR OF EDUCATION	40.00					х		150,274.	0.	33,341.
25) SUSAN ZUCKERMAN DIRECTOR OF DEVELOPMENT	40.00					х		142,788.	0.	3,267.
1b Sub-total							A A A	118,925. 461,758. 580,683.	0. 0. 0.	854. 71,263. 72,117.
Total number of individuals (including but not reportable compensation from the organization)	limited to th				ove) who	гес			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, director									Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$150 	0,00 	90?	<i>If</i> 	"Yes,	" C	complete Schedule	J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes										5 X
Section B. Independent Contractors		_l					- 41		then \$400,000 -1	
1 Complete this table for your five highest com- compensation from the organization. Report c year.	pensated in ompensatio	deper n for	nder the	nt co cale	onti enda	actor ar yea	s th ar er	nat received more inding with or withi	n the organization	's tax
										······································

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Form **990** (2016)

Part VIII	Statement of Revenue
Fair VIII	Statement of Revenue

1.4					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenu excluded fro under sect 512-51
1a	Federated campaigns		1a					
Ŀ	Membership dues	L	1b					
	E mombolomp dagor : : : : : : : :		1c	1,078,827.				
1a b d d e	d Related organizations 1d							
e		1	1e					
f								
	and similar amounts not include	- 1	1f	11,193,764.				
g	Noncash contributions included	in lines 1a-1f:	\$	38,434.				
h	Total. Add lines 1a-1f	<i>.</i>		🕨	12,272,591.			
			LE	Business Code				
2a	EDUCATIONAL SERVICES			900099	1,260,520.	1,260,520.		
Ь								
C								
d								
e								
f	All other program service rev	/enue		V				
g					1,260,520.			
3		cluding di						
	and other similar amounts).	•			217,052.			217
4	Income from investment of				0.			
5	Royalties	•	•		57,818.			57
		(i) Real		(ii) Personal				
6a	Gross rents							
b	Less: rental expenses							
C	Rental income or (loss)							
d				>	0.			and the second second section of the second
7a	Gross amount from sales of	(i) Securition		(ii) Other				
-	assets other than inventory	4,670,	539.	48,500.				
h	Less: cost or other basis							1
"	and sales expenses	4,787,3	333.					
_	Gain or (loss)			48,500.				
c d	Net gain or (loss)				-68,294.	erologatoritskirilisla aktolyka aktolyka Sinkelija (k		-68
			· · · <u> · · · · · · · · · · · · · · · ·</u>		00,254.			- 00
8a	Gross income from fundra							
	events (not including \$1,							
	of contributions reported on i	-		27,645.				
,	See Part IV, line 18			167,796.				
C	Less: direct expenses Net income or (loss) from ful				-140,151.		vannasti ir karig tu sa irin laba 14 si 2000.	-140,
		_	CIII.3		130,131.			140,
эа	Gross income from gaming See Part IV, line 19			0.				
				0.		4.5		
b	Less: direct expenses Net income or (loss) from ga				0.	e apoc est material a la companya de la companya de la companya de la companya de la companya de la companya d		ZAZOS SKISTO
C		_			J.			
10a	Gross sales of invento	-		00 000				
	returns and allowances			99,996.				
	Less: cost of goods sold	o of inventer	. b	27,371.				
С	Net income or (loss) from sale Miscellaneous Revenue			siness Code	72,625.	72,625.	Operio Magyres con de inserto	
11a	OTHER INCOME		90	00099	14,074.	14,074.		
b	#111000-1-170-170-170-170-170-170-170-170	***************************************						
С			_					
d	All other revenue							apriki danakan
е	Total. Add lines 11a-11d				14,074.			
12				🕨 📗	13,686,235.	1,347,219.	1	66,

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	- Control of the Cont	,		
Do not include amounts reported on lines 6 8b, 9b, and 10b of Part VIII.	b, 7b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organiz	262 007	262 007		
and domestic governments. See Part IV, line 21.	263,087.	263,087.		
2 Grants and other assistance to dom individuals. See Part IV, line 22	216 500	216,500.		-
3 Grants and other assistance to for	~ I			
organizations, foreign governments, and for		6,000.		
individuals. See Part IV, lines 15 and 16	• • •	0,000.		
4 Benefits paid to or for members	• • •	*		
5 Compensation of current officers, direct trustees, and key employees		212,702.	51,485.	47,832
6 Compensation not included above, to disqu	alified			
persons (as defined under section 4958(f)(1))				
persons described in section 4958(c)(3)(B)		1 400 541	250 267	216 542
7 Other salaries and wages	2,155,450.	1,480,541.	358,367.	316,542.
8 Pension plan accruals and contributions (inc	22 700	22,993.	5,565.	5,171.
section 401(k) and 403(b) employer contribu	249 650	158,328.	38,323.	51,999.
9 Other employee benefits	170 066	122,001.	29,530.	27,435.
10 Payroll taxes	170,500.	122,001.	23,330.	27,100.
11 Fees for services (non-employees):	0.			
a Management	F 000		5,000.	· · · · · · · · · · · · · · · · · · ·
b Legal			20,350.	
c Accounting	• • • •			
d Lobbying				57,000.
e Professional fundraising services. See Part IV, Iin	FO FOO		58,598.	,
f Investment management fees	• • •			
g Other. (If line 11g amount exceeds 10% of line 25, (A) amount, list line 11g expenses on Schedule O.)	7/0 053 1	656,813.	54,035.	39,105.
12 Advertising and promotion	• • • • • • • • • • • • • • • • • • • •			
13 Office expenses	1 004 050 1	832,467.	62,385.	
14 Information technology	200 771	229,257.	51,514.	***************************************
15 Royalties	1 0 1		-	
16 Occupancy	1 000 401 1	3,050.	200,441.	
17 Travel		1,063,969.	1,473.	
18 Payments of travel or entertainment exper				
for any federal, state, or local public officia				
19 Conferences, conventions, and meetings	0.			
20 Interest				
21 Payments to affiliates	0.		00.605	
22 Depreciation, depletion, and amortization .	20,685.	1.1 = 0.1	20,685.	
23 Insurance	56,340.	14,724.	41,616.	
24 Other expenses. Itemize expenses not cov	ered			
above (List miscellaneous expenses in line 24s	1	·		
line 24e amount exceeds 10% of line 25, column 25, colu	1			
(A) amount, list line 24e expenses on Schedule		1,655,722.		1,500.
aHONORARIUMS	1,657,222.	307,149.	260.	1,300.
bEDU. RES./HIST. DOC.	100,839.	64,927.	35,912.	
cEQUIPMENT dDUES & SUBSCRIPTIONS	21,870.	20,682.	1,188.	
	48,730.	46,013.	2,717.	-
e All other expenses	0.062.053	7,376,925.	1,039,444.	546,584.
25 Total functional expenses. Add lines 1 through 26 Joint costs. Complete this line only if organization reported in column (B) joint c from a combined educational campaign fundraising solicitation. Check here	the osts and if	.,5.0,525.	2,000,111	0.10,001.
following SOP 98-2 (ASC 958-720)	0.			

For	ກ່ວວກໍ	(2016)			-3793391 Page 11
	rt X				1 290 1
	12 74 19	Check if Schedule O contains a response or note to any line in this I	Part X		
		·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	•	0.
	2	Savings and temporary cash investments	8,895,917		8,011,140
	3	Pledges and grants receivable, net	18,307,923		17,553,230
	4	Accounts receivable, net	176,049	. 4	377,265.
	5	Loans and other receivables from current and former officers, directors,		'	
		trustees, key employees, and highest compensated employees.	And the second s		
	ĺ	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	6	0.
ţ	_	organizations (see instructions). Complete Part II of Schedule L	0.		0.
Assets	7	Notes and loans receivable, net			183,554.
Ã	8 9	Inventories for sale or use			292,256.
	1 -	Land, buildings, and equipment: cost or			
	Toa	other basis. Complete Part VI of Schedule D 10a 416,078.			
	<u> </u>	Less: accumulated depreciation	67,958.	100	60,443.
	11	Investments - publicly traded securities			12,034,147.
	12	Investments - other securities. See Part IV, line 11			0.
	13	Investments - program-related. See Part IV, line 11			0.
	14	Intangible assets			0.
	15	Other assets. See Part IV, line 11	82,875.		82,875.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	04 040 064		38,594,910.
	17	Accounts payable and accrued expenses			477,357.
	18	Grants payable		18	0.
	19	Deferred revenue		19	211,425.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
ģ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abil		disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		ĺ	
		parties, and other liabilities not included on lines 17-24). Complete Part X	_		_
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	1,528,914.	26	688,782.
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	14,470,054.	27	20,095,571.
3a(28	Temporarily restricted net assets	18,213,996.	28	17,810,557.
힐	29	Permanently restricted net assets	0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As		Retained earnings, endowment, accumulated income, or other funds		32	
Net		Total net assets or fund balances	32,684,050.	33	37,906,128.
- 1	34	Total liabilities and net assets/fund balances	34,212,964.	34	38,594,910.
					Form 990 (2016)

-orm 9	90 (2016)				FG	ige i Z
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				235.
2	Total expenses (must equal Part IX, column (A), line 25)	2				953.
3	Revenue less expenses. Subtract line 2 from line 1	3				282.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				050.
5	Net unrealized gains (losses) on investments	5		4	198,	796.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		37,9	06,	128.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					:
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplair	ı 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 com					
	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?			2b	X	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versi	ght			
_	of the audit, review, or compilation of its financial statements and selection of an independent according			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ı in			
	the Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	lits.		3b		
				Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 Open to Public ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization

THE GILDER LEHRMAN INSTITUTE

Employer identification number 13-3795391

OF	L11.1	EVICUM HIDIOMI					10 0/00	J J 1
Pa	rt I	Reason for Public Ch	narity Status (All	organizations must	comple	te this p	oart.) See instruction	S.
		anization is not a private fo						
1		A church, convention of cl			_			
2		A school described in sec						
3	-	A hospital or a cooperativ			•			
4		A medical research organ		-				Wiii). Enter the
•	L	hospital's name, city, and	•	r conjunction man a m	Jopital a	500,1504		,,(,, =
5	[An organization operated		a college or univers	ity owne	ed or on	erated by a governm	ental unit described in
•	Ь	section 170(b)(1)(A)(iv). (a conege of anivers	nty Own	ou or op	crated by a governin	citar anti accombca n
c		A federal, state, or local g		oramontal unit doscrib	od in coc	tion 170	//b\/4\//\/\/\/	
6 7	X	An organization that norm	-					rom the general public
′	21	_	•		αρροιτι	ioni a gi	overnmentar unit or i	on the general public
		described in section 170(t		•	ia Dani II	`		
8	-	A community trust describ					d in continuation with a	land grant callage
9		An agricultural research of	-			-	-	
		or university or a non-land	i-grant college of a	griculture (see instruc	ctions). E	inter the	name, city, and state of	or the college or
		university:	H : 743			1.6		1.1
10		An organization that normareceipts from activities relative	ally receives: (1) if ated to its exempt	10re than 331/3 % of it functions - subject to	s suppor certain	t trom co	ontributions, members	ang rees, and gross
		support from gross investi	ment income and ι	unrelated business tax	kable inc	ome (les	ss section 511 tax) fron	n businesses
		acquired by the organization						
11		An organization organized	•	•	-			
12		An organization organized						
		of one or more publicly su						
	_	Check the box in lines 12a	-				•	=
а			anization operated	d, supervised, or cont	rolled by	its supp	oorted organization(s),	typically by giving
		the supported organizati	on(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trusto	ees of the
	_	_ supporting organization.	You must comple	te Part IV, Sections A	and B.			
b	L		ganization supervis	sed or controlled in co	nnectio	n with its	s supported organizat	ion(s), by having
		control or management	of the supporting of	organization vested in	the san	ne perso	ns that control or mai	nage the supported
		_ organization(s). You mus	t complete Part IV	, Sections A and C.				
С	<u> </u>	$oldsymbol{ol}}}}}}}}} $	grated. A support	ing organization opera	ated in c	onnectio	on with, and functiona	lly integrated with,
	_	_ its supported organization	n(s) (see instructior	ns). You must comple	te Part	IV, Secti	ons A, D, and E.	
d		_ Type III non-functionally	integrated. A sup	porting organization	perated	l in conn	ection with its suppor	ted organization(s)
		that is not functionally int	egrated. The orga	nization generally mu	st satisfy	a distrib	oution requirement an	d an attentiveness
		_ requirement (see instruct	tions). You must co	omplete Part IV, Sect	ions A a	and D, an	d Part V.	
е		Check this box if the orga	anization received	a written determination	n from t	he IRS t	hat it is a Type I, Type	II, Type III
		functionally integrated, or	r Type III non-funct	tionally integrated sup	porting	organiza	tion.	
f	Ent	er the number of supported	d organizations					
g	Pro	vide the following informati	on about the supp	orted organization(s).				
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	1 ' '	organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
A)								

B)								
_,								
C)					ĺ			
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D)								
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E)			5					
				A. 2000 Lat. 1. 21 July 2, 114 199 West				
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sac	ction A. Public Support	no to quamy a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,148,395.		3,025,512.	4,598,674.	12,272,591.	28,368,877.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,148,395.	5,323,705.	3,025,512.	4,598,674.	12,272,591.	28,368,877.
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)						8,185,774.
6							20,183,103.
Sec	tion B. Total Support	<u> </u>					
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	3,148,395.	5,323,705.	3,025,512.	4,598,674.	12,272,591.	28,368,877.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,634.	100,417.	160,523.	227,975.	274,870.	801,419.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	5,608.	6,971.	9,798.	9,458.	14,074.	45,909.
11	Total support. Add lines 7 through 10			1972			29,216,205.
12	Gross receipts from related activities, etc. (s					12	4,459,370.
13 Sec	First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
<u> 14</u>	Public support percentage for 2016 (li			11 column (f))		14	69.08%
15						15	36.59%
	331/3% support test - 2016. If the o					331/3 % or mor	e, check
	this box and stop here . The organization	on qualifies as a	publicly suppor	ted organizatio	n		> X
b	331/3% support test - 2015. If the o	rganization did	not check a bo	ox on line 13 o	r 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The orga	anization qualifie	es as a publicly s	supported orgai	nization		▶ □
17a	10%-facts-and-circumstances test - 2	1016. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here. E	xplain in
	Part VI how the organization meets to organization						▶ ∟
b	15 is 10% or more, and if the organical states is 10% or more.	iuio. II lile org	janization did 110 the "facts and	J. CHECK a DOX	teet check th	u, 100, oi 17a, nis hox and eta	n here
	Explain in Part VI how the organization	nn meete the "	facte_and_circum	istances" test "	test, check the The organization	n qualifies as a	publicly
19	supported organization						▶ ˌ
18	instructions						► I I
		<u> </u>					

Schedule A (Form 990 or 990-EZ) 2016

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Catendar year (or flacal year beginning in)	Sec	tion A. Public Support						
1 Gits, guests, contributions, and membership fear received. (On chicular any nutriest grants.) 2 Gioss receipts from satisficions, menthandise sold or sendess performed or facilities familiand in any activity that is related to the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization'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. 7 a Amounts included on lines 1. 2, and 3 received from disqualfied persons b Amounts included on lines 2. 2 and 3 received from disqualfied persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7 and 77b. c. Add lines 7 and 77b. d. Amounts included on lines 2 and 3 received from office with a meanure or line 13 for the year c. Add lines 7 and 77b. c. Add lines 7 and 77b. d. Amounts from time 6. 9 Public support (Subtract line 7 of from line 8). 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Unrelated business taxable income (less section 511 taxes) from businesses socionis 511 taxes) from businesses socionis 511 taxes from businesses socionis 511 taxes from businesses socionis 511 taxes from businesses socionis 511 taxes from businesses socionis 511 taxes from businesses socionis 511 taxes from businesses socionis 511 taxes from businesses socionis 511 taxes from businesses socionis 511 taxes from businesses socionis 511 taxes from businesses socionis 511 taxes from businesses socionis 511 taxes from the business is regularly control of 511 taxes from the 511 taxes from businesses socionis 511 taxes from the 511 taxes from the 511 taxes from the 511 taxes from the 511 taxes from the 511 taxes from the 511 taxes from the 511 taxes from the 511 taxes from the 511 taxes from the 511 taxes from the 511 taxes from t			(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2 Goss receipts from extinsions, merchanibles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-energy durpose. 3 Goss receipts from extinsions that are not an uncleated trade or business under section 13. 4 Tax revenues level of for the organization's benefit and either paid to or expended on its behalf if. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7 Amounts included on lines 1, 2, and 3 received from disqualified persons								
2 Goss receipts from extinsions, merchanibles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-energy durpose. 3 Goss receipts from extinsions that are not an uncleated trade or business under section 13. 4 Tax revenues level of for the organization's benefit and either paid to or expended on its behalf if. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7 Amounts included on lines 1, 2, and 3 received from disqualified persons		· · · · · · · · · · · · · · · · · · ·						
furnished in any activity that is related to the organization's tax-exampt purpose. 3 Gosts receipts from activities that as not an uncleaded trade of business under eaction \$1.3. 4 Tax revenues fevide for the organization's benefit and either paid to or expended on its behalf if. 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 disqualified persons 7a Amounts included on lines \$1.2, and 3 received from other than disqualified persons 5 Public support (Subtract line 7c from line \$1.2, and \$1.2, and \$1.2, and \$1.2, and \$2.2, and	2	•						
ocanization's base-exempt purpose		sold or services performed, or facilities						
ocanization's base-exempt purpose		•						
3 Gross receipts from activities that are not an unrelated trade or bushness under section 513. 4 Tax revenues fewed for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total, Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Announts included on lines 2 and 3 received from disqualified persons b Announts included on lines 2 and 3 received from disqualified persons and to a second persons b Announts included on lines 2 and 3 received from disqualified persons and a second person and a second p								
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total Add lines 1 through 5	3	• • •						
4 Tax revenues levied for the organization's benefit and either paid to or expanded on its behalf	·	,						
organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from disqualified persons. c Add lines 7a and 7b. c Add lines 7a and 7b. section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6. 3a Goss Income from interest, dividends, payments received on securities losas, rants, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10s and 10b. Net Income from unrelated business is regularly carried on the control the business is regularly carried on to loss from the sale of capital assets (Explain in Fart VI). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage from 2015 Schedule A, Part III, line 15. 16 Public support percentage from 2015 Schedule A, Part III, line 15. 17 Income percentage from 2015 Schedule A, Part III, line 15. 18 Public support percentage from 2015 Schedule A, Part III, line 15. 18 Public support percentage from 2015 Schedule A, Part III, line 15. 19 Satisfy support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 18 in norm than 331/3 %, shock this box and stop here. 19 Public support percentage from 2015 Schedule A, Part III, line 17. 19 Satisfy support tests - 2015. If the organization did not check the box on line 14, and line 16 is more than 331/3 %, check this box and stop here. 10 Private	4							
to or expended on its behalf	7							
5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons 8 Public support. (Subtract line 7c from line 6.) 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 10 A Goss income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Lurrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 6 Add lines 10 and 10 b. 11 Net income from unrelated business are acquired after June 30, 1975. 6 Add lines 10 and 10 b. 12 Other income. Do not included 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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 9 Public support percentage from 2016 Gine 8, column (f) divided by line 13, column (f)). 15 Total support (Add lines 9, 10c, 11, and 12). 16 Public support percentage from 2016 Schedule A, Part III, line 17. 18 Investment income percentage from 2015 Schedule A, Part III, line 17. 19 a 3313% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 3313%, and line 16 is more than 3317%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 3317%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 3317%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 3317%, check this box and stop here. The organization qualifies as a publicly supported organi		<u> </u>						
furnished by a governmental unit to the organization without charge	5	•						
organization without charge	3							
Total Add lines 1 through 5								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	c	•						
received from disqualified persons								
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	/ a							
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	b	• • •		 				
or 1% of the amount on line 13 for the year c Add lines 7 a and 7 b								
c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.)		•						
8 Public support. (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning In) 9 Amounts from line 6 10 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 c Add lines 10a and 10b 11 Net income from unrelated business acquired or on 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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 19 a 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Payment of the foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Payment of the foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Payment 16c.		•						
Section B. Total Support						l		
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6	٥		la se de la companya					
Calendar year (or fiscal year beginning in) Amounts from line 6	Sec		<u> </u>	<u> </u>		1		
9 Amounts from line 6,			(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 10 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 2 Add lines 10a and 10b. 31 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 included 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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). 16 Public support percentage from 2015 Schedule A, Part III, line 15. 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). 19 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by the private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions by Schedule for 2015 Schedule A and see instructions by Schedule for 2016 for 2016 did not check a box on line 14, 19a, or 19b, check this box and see instructions by Schedule for 2016 for 2016 did not check a box on line 14, 19a, or 19b, check this box and see instructions by Schedule for 2016 for 2016 did not check a box on line 14, 19a, or 19b, check this box and see instructions by Schedule for 2016 for 2016 did not check a box on line 14, 19a, or 19b, check this box and see instructions by Schedule for 2016 for 2016 did not check a box on line 14, 19a, or 19b, check th		• • • • • • •	(4),	(-)	(0)	(2) 23 13	(-)	(1)
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 c Add lines 10a and 10b				:				
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b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
section 511 taxes) from businesses acquired after June 30, 1975	ь.		<u> </u>					
acquired after June 30, 1975	D		: }					
c Add lines 10a and 10b		•						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
activities not included in line 10b, whether or not the business is regularly carried on					•			
whether or not the business is regularly carried on	11							
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.)		· 1						
loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Public support percentage from 2015 Schedule A, Part III, line 15. Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage from 2015 Schedule A, Part III, line 17. Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f). Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f). Investment income p		carried on				***************************************		
(Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). 16 Public support percentage from 2015 Schedule A, Part III, line 15. 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19 a 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization private foundation. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	12	Other income. Do not include gain or						
Total support. (Add lines 9, 10c, 11, and 12.)		•						
and 12.)								
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	13							
organization, check this box and stop here								
Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))		•	-			•		
Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))								▶
Public support percentage from 2015 Schedule A, Part III, line 15			*					
Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))							· · · · · · · · · · · · · · · · · · ·	%_
Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))							16	<u>%</u>
Investment income percentage from 2015 Schedule A, Part III, line 17						····		
19a 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-FZ) 2						T		<u>%</u>
17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								<u>%</u>
b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 99) or 990-F712								
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
SA Schedule A (Form 990 or 990-F7) 2								
SA E1221 1.000 59983Y M261		Private foundation. If the organization of	lid not check a	box on line 1	4, 19a, or 19b,			
59983Y M261	ISA SE1221	1.000				So	chedule A (Form 99	0 or 990-EZ) 2016
	•	59983Y M261						

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	rt V.)		
Sect	tion A. All Supporting Organizations		\\\	Т.
		Γ	Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		ļ
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 .	9a		
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 .	9b		
С	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 .	9c		
10 a	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.	10a	٠.	

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.)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	ļ	ļ
	A family member of a person described in (a) above?	11b		<u> </u>
	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	<u> </u>	
Secti	on B. Type I Supporting Organizations		Van	1 11 -
			res	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	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			
4	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		. 76	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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		1.1	
	or management of the supporting organization was vested in the same persons that controlled or managed		<u>.</u>	
	the supported organization(s).	1		<u> </u>
Secti	on 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		165	INO
•	organization's tax year. (i) a written notice describing the type and amount of support provided during the prior			44, 4
	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		
Section	on 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 ins	tructio	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	inatrua	tional	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	msuuc	Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		İ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1.0		
	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. <i>Answer (a) and (b) below.</i>		.	
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		

301eddie A (1 0111 990 01 990-EZ) 2010			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	IS	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount .		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	i.		
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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		11.16.6	
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		TOT ORDER WAS INCOME.
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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-functionally		ted Type III supporting of	organization (see
- Land Street, there is the section of the street, and the str		71 11	•

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Part		Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	ted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	
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	n the organization is resp	oonsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if	'		
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:		:	
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			
			Cahadula	1 (Form 990 or 990-E7) 2016

Part VI St

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

SCHEDULE A, PART II	- OTHER INCO	ME			ATTACHMENT 1	
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME	5,608.	6,971.	9,798.	9,458.	14,074.	45,909.
TOTALS	5,608.	6,971.	9,798.	9,458.	14,074.	45,909.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2016

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY 13-3795391 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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 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. Don't complete any of the parts unless the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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) (2016)

Name of organization THE GILDER LEHRMAN INSTITUTE
OF AMERICAN HISTORY

Employer identification number 13-3795391

Part	Contributors (See instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GILDER FOUNDATION 475 TENTH AVE., 12TH FL. NEW YORK, NY 10018	\$1,100,000.	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
2	THE LEHRMAN INSTITUTE ONE FAWCETT PLACE, SUITE 130 GREENWICH, CT 06830	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROCKEFELLER FOUNDATION 420 FIFTH AVE NEW YORK, NY 10018	\$\$.	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	BANK OF AMERICA CORPORATION 100 NORTH TRYON STREET CHARLOTTE, NC 28255	\$\$	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	BRITTON, JOHN D, II 45 GREENE STREET, APT. 3 NEW YORK, NY 10013	\$\$.	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
6	GRIFFIN, KENNETH C/O CITADEL 131 S DEARBON STREET CHICAGO, IL 60603	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE GILDER LEHRMAN INSTITUTE
OF AMERICAN HISTORY

Employer identification number 13-3795391

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 7 KOCH FOUNDATION, CHARLES X Person Payroll 1320 N. COURTHOUSE ROAD SUITE 500 250,000. Noncash (Complete Part II for ARLINGTON, VA 22201 noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 PRIZEO Х Person Payroll 895,392. 11601 WILSHIRE BLVD. STE 210 Noncash (Complete Part II for LOS ANGELES, CA 90025 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 SAN FRANCISCO GOLDEN GATE Person Payroll 1182 MARKET STREET, SUITE 200 257,270. Noncash (Complete Part II for SAN FRANCISCO, CA 94102 noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 10 SILICON VALLEY COMMUNITY FOUNDATION Χ Person **Payroll** 250,000. 2440 WEST EL CAMINO REAL SUITE 300 Noncash (Complete Part II for MOUNTAIN VIEW, CA 94040 noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution Name, address, and ZIP + 4 No. Х 11 TIDES FOUNDATION Person Payroll 813,000. PO BOX 29903 Noncash (Complete Part II for SAN FRANCISCO, CA 94129-0903 noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Pavroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY

Employer identification number 13-3795391

Part II	Noncash Property (See instructions). Use duplicate copies	s of Part II if additional space is n	eeded.
(a) No. from 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. from 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. from 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

Name of organization THE GILDER LEHRMAN INSTITUTE
OF AMERICAN HISTORY

Employer identification number 13-3795391

the cor	following line entry. For organization tributions of \$1,000 or less for the duplicate copies of Part III if additions.	ons completing Part III, year. (Enter this inforr	enter the total	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, and	I ZIP + 4	Relatio	nship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of		nship of transferor to transferee
a) No.				
Part I	(b) Purpose of gift	(c) Use of gif		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

THE GILDER LEHRMAN INSTITUTE

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

OMB No. 1545-0047

Open to Public Inspection

13-3795391 OF AMERICAN HISTORY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 4 Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ _ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1.......... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1............. Assets included in Form 990, Part X..... ▶ \$

_		•
Pag	е	4

Pa	rt III Organizations Maintain	ing Collections of	f Art, Historical	Treasures	, or Otl	ner Similar Ass	ets (continued)
3	Using the organization's acquisiti		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	collection items (check all that app	oly):		•			
а	X Public exhibition			n or exchan		ms	
b	X Scholarly research		e X Oth	er <u>K-12</u> S	CHOOLS		
С	X Preservation for future gene	erations					
4	Provide a description of the orga	nization's collection	s and explain hov	v they furth	er the org	ganization's exemp	ot purpose in Part
	XIII.						
5	During the year, did the organizati						
	assets to be sold to raise funds rat		ained as part of th	e organizati	on's collec	tion?	Yes X No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		s" on Form 990,	Part IV, line	e 9, or re	ported an amour	nt on Form
1a	Is the organization an agent, trusto	ee, custodian or oth	er intermediary fo	contribution	ns or other	assets not	
	included on Form 990, Part X?					[Yes No
b	If "Yes," explain the arrangement	in Part XIII and com	olete the following	able:			
						Amount	
C	Beginning balance				<u>c </u>	***************************************	
d					d		
е	Distributions during the year				_		
f	Ending balance			1	1		
2a	· · · · · · · · · · · · · · · · · · ·						Yes No
	If "Yes," explain the arrangement i	n Part XIII. Check no	ere if the explanati	on nas been	provided o	оп Рап XIII	
Fa	rt V Endowment Funds. Complete if the organizat	ion answered "Vec	" on Form 990	Part IV line	. 10		
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two ye	·····	(d) Three years back	(e) Four years back
		22,235,547.	25,307,806		6,523.	27,847,624.	30,304,720
1a	0 0 1	11,300,374.	2,764,975		4,826.	4,925,726.	2,087,389
b	Contributions				2,02.01	2,000,000	2,00,,000
С	Net investment earnings, gains,						23,686.
	and losses						
	Other expenditures for facilities						
е	and programs	7,046,020.	5,837,234	4,28	3,543.	5,166,827.	4,568,171.
f	Administrative expenses					•	
g	End of year balance	26,489,901.	22,235,547	. 25,30	7,806.	27,606,523.	27,847,624.
2	Provide the estimated percentage	of the current year e	end balance (line 1	r column (a)) held as:		
a	Board designated or quasi-endowm	ent ▶ 32.7647	%	g, 00.a (a.,	,		
b	Permanent endowment ▶	%					
C	Temporarily restricted endowment	► 67.2353 %					
	The percentages on lines 2a, 2b, a						
3 a	Are there endowment funds not in t	the possession of th	e organization tha	t are held a	nd adminis	stered for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
	If "Yes" on line 3a(ii), are the relate	-	· ·			• • • • • • • • •	3b
4	Describe in Part XIII the intended ut VI Land, Buildings, and Equi		ion's endowment i	irias.			
Jac. II	Complete if the organizat	ion answered "Yes	" on Form 990,	Part IV, line	11a. Se	e Form 990, Par	t X, line 10.
	Description of property	(a) Cost or o		or other basis other)	(c) Accu) Book value
1a	Land		incirc)	ouici)	depiec	14141	
b	Buildings	F					
	Leasehold improvements			105,116.	8	4,940.	20,176.
	Equipment			221,134.		6,653.	24,481.
	Other			89,828.		4,042.	15,786.
	. Add lines 1a through 1e. (Column	(d) must equal Form	990, Part X, colun	n (B), line 1	Oc.)		60,443.

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990) Part IV line 11b See Form 990). Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion:
(1) Financi	al derivatives			
	-held equity interests			
		HAPTE III III III III III III III III III I		
(A)				
(B)		***************************************		
(C)		V44		
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			The second secon
	Investments - Program Related.		L	
. a.c.viii	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion:
(1)		<u></u>		
(2)				
(3)				· · · ·
(4)				,
(5)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			TO 1 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990	Part X, line 15.
	(a) Des	cription		(b) Book value
(1)				·········
(2)				
(3)				
(4)				
(5)				MA-1-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(6)				DOWNSTEEL STATE OF THE STATE OF
(7)				
(8) (9)				
	mn (b) must equal Form 990, Part X, col. (B) lin	ne 15)	>	
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federa	Il income taxes	3		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	Thousand and the seco			
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>		

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

Part	Reconciliation of Revenue per Audited Financial Statements V Complete if the organization answered "Yes" on Form 990, Part I			n.	
1	Total revenue, gains, and other support per audited financial statements			1	14,320,858
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	498,796	•	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	195,167		
е	Add lines 2a through 2d			2e	693,963
3	Subtract line 2e from line 1			3	13,626,895
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			<i>-</i> 2 1	
b	Other (Describe in Part XIII.)	4b	742.	1	50 240
	Add lines 4a and 4b			4c	59,340.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,686,235.
Part .	Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered "Yes" on Form 990, Part I			1	0.000 700
1	Total expenses and losses per audited financial statements			1	9,098,780.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 -	İ		
	Donated services and use of facilities	t			
	Prior year adjustments	2b			
	Other losses		195,167.		
d	Other (Describe in Part XIII.)	20		i 1	195,167.
	Add lines 2a through 2d			2e	8,903,613.
	Subtract line 2e from line 1	• • •		3	0,000,010.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	58,598.		
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		742.		
	Add lines 4a and 4b			4c	59,340.
-	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	8,962,953.
	Supplemental Information.				
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	rovide	any additional inform	nation.	
			over and a second		
***************************************				*********	

Part XIII Supplemental Information (continued)

PART III - LINE 4

THE GILDER LEHRMAN COLLECTION SERVES AS A REPOSITORY FOR MANUSCRIPTS AND OTHER SELECTED MATERIALS THAT DOCUMENT THE HISTORY OF UNITED STATES. THROUGH ITS SERVICES, THE COLLECTION SUPPORTS THE EDUCATIONAL MISSION OF THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY AND, SECONDARILY, ACADEMIC RESEARCH AND PUBLICATION.

THE GILDER LEHRMAN INSTITUTE

COLLECTION INCLUDES OVER 60,000 PRIMARY SOURCE DOCUMENTS RELATING TO AMERICAN HISTORY, OF WHICH 90-95% ARE DIGITIZED AND 20% AVAILABLE ON THE GLI WEBSITE.

PART V - LINE 4

THE GILDER LEHRMAN INSTITUTE HAS TWO BOARD-RESTRICTED ENDOWMENTS. THE FIRST IS TO FUND ITS EDUCATIONAL PROGRAMS AND THE SECOND IS FOR PURCHASE OF HISTORICAL DOCUMENTS AND CONSERVATION OF THE COLLECTION.

THE TEMPORARILY RESTRICTED FUNDS ARE TO BE USED FOR AMERICAN HISTORY EDUCATION PROGRAMS THAT ARE TO OCCUR IN FUTURE FISCAL YEARS.

PART XI - LINES 2D & 4B

2D. GROSS UP OF DIRECT SPECIAL EVENT: 167,796.

2D. COST OF GOODS SOLD: 27,371.

4B. FOREIGN TAXES PAID: 742.

Part XIII Supplemental Information (continued)

PART XII - LINES 2D & 4B

- 2D. GROSS UP OF DIRECT SPECIAL EVENT EXPENSES: 167,796.
- 2D. COST OF GOODS SOLD: 27,371.
- 4B. FOREIGN TAXES PAID: 742.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE GILDER LEHRMAN INSTITUTE

Employer identification number

13-3795391 OF AMERICAN HISTORY General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total (a) Region expenditures for offices in the employees, region (by type) (such as, a program service, fundraising, program services, describe specific type of and investments region agents, and independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) EUROPE PROGRAM SERVICES TEACHER DEVELOPMENT 152,978. 3,000. (2) EAST ASIA AND THE PACIFIC GRANTMAKING 3,000. GRANTMAKING (3) EUROPE (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16) (17)158,978. 3a Sub-total..... Total from continuation sheets to Part I

158,978.

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2016 Part II

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(D)								
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9 Enfort both or modern of animal contractions			:					

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

Enter total number of other organizations or entities. က

Schedule F (Form 990) 2016

THE GILDER LEHRMAN INSTITUTE

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

13-3795391

ימספסיים ביינים משמיים ביינים							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP	EUROPE/ICELAND/GREENLAND	1.	3,000.		THE STATE OF THE S		Stevens
(2) ГЕЦТОМЅНІР	EAST ASIA/PACIFIC	.1	3,000.				
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(18)							
						d o'C	Schodule E (Form 990) 2016

Schedule F (Form 990) 2016

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

Schedule F (Form 990) 2016

Part V

Supplemental Information

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

PART I - LINE 1

THE GILDER LEHRMAN INSTITUTE UK: HELD TWO TEACHER DEVELOPMENT SEMINARS IN THE SUMMER OF 2016. TOTAL EXPENSES: \$152,978. PAID TO INDEPENDENT CONTRACTORS AND TWO UNIVERSITIES.

IN ADDITION, THERE WERE APPROXIMATELY 160 AFFILIATE SCHOOLS OUTSIDE OF THE US WHO RECEIVE EDUCATIONAL MATERIALS FROM THE INSTITUTE (TOTAL INT'L AFFILIATE COST IS UNDER \$200).

TWO (2) OF TEN (10) \$3,000 FELLOWSHIPS TO STUDY AT ARCHIVES IN NEW YORK CITY WERE GIVEN TO INTERNATIONAL WINNERS (UK AND AUSTRALIA). MUST SUBMIT PRE AND POST REPORTS ON ALL ACTIVITIES. THE FELLOW IS ALSO REQUIRED TO VISIT THE INSTITUTE'S OFFICE AT LEAST ONE TIME WHILE CONDUCTING THEIR WORK IN NY.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service THE GILDER LEHRMAN INSTITUTE Employer identification number Name of the organization OF AMERICAN HISTORY 13-3795391 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Solicitation of non-government grants Mail solicitations е Х Internet and email solicitations f Solicitation of government grants h Х X Special fundraising events C Phone solicitations X In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 ATTACHMENT 1 3 5 6 8 9 10 57,000 1,049,472. 1,106,472. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, CA, CO, DE, DC, GA, IL, IA, KS, LA, MD, MA, MI, MN, MO, NE, NJ, PA, SC, TX, VT, VA, WI,

Schedule G (Form 990 or 990-EZ) 2016 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with

			(a) Event #1 GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,106,472.			1,106,47
ď	2	Less: Contributions	1,078,827.			1,078,82
	3	Gross income (line 1 minus line 2)	27,645.			27,64
	4	Cash prizes				
	5	Noncash prizes			4.12.00.00.000.000	
nses	6	Rent/facility costs	1,860.			1,860
Direct Expenses	7	Food and beverages	85,352.			85,352
Direct	8	Entertainment	59,808.			59,808
	9	Other direct expenses	20,776.			20,776
- 1	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1 Gaming. Complete if the orga	0 from line 3, column (d)	<u> </u>	167,796 -140,151
		than \$15,000 on Form 990-E		es on rolli 990, ra	Triv, fille 19, or rep	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
å	1			i :		
		Gross revenue				
ses		Cash prizes				
Expenses	2					
Direct Expenses	2	Cash prizes				
Direct Expenses	2 3 4	Cash prizes				
었	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		Yes%	Yes%	
헎	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	No	No	
헎	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No through 5 in column (d)	No	No P	
Direct Direct	2 3 4 5 6 7 8 Er	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2	Yes% No through 5 in column (d) ct line 7 from line 1, column conducts gaming activities in each	No Jumn (d) ivities: of these states?	No	. Yes No

THE GILDER LEHRMAN INSTITUTE

Does the organization conduct gaming activities with nonmembers? 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? Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books a records: Name Address Does the organization have a contract with a third party from whom the organization receives gain	Page 3
formed to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in: a The organization's facility	
a The organization's facility	Yes No
b An outside facility	
 14 Enter the name and address of the person who prepares the organization's gaming/special events books a records: Name ►	3a %
records: Name ▶ Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gain	3b %
Address >	and
15 a Does the organization have a contract with a third party from whom the organization receives ga	
revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ an	id 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 proce	eds to
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organize	
or spent in the organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).	

Schedule G (Form 990 or 990-EZ) 2016

FUNDRAISER
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AMOUNT PAID TO (OR RETAINED BY ORGANIZATION	1,049,472.
AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	.000,
GROSS RECEIPTS FROM ACTIVITY	1,106,472.
DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	×
ACTIVITY	FUNDRAISING CONSULTANT
NAME AND ADDRESS OF FUNDRAISER	STETWIN CONSULTING STETWIN CONSULTING LLC 708 THIRD AVENUE, 6TH FLOOR NEW YORK NY 10017

SCHEDULEI (Form 990)

OF AMERICAN HISTORY

Department of the Treasury Name of the organization Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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	▶ Information about Schedule I (Form 990

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OMB No. 1545-0047

Open to Public Inspection

1990.

Employer identification number 13-3795391 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and THE GILDER LEHRMAN INSTITUTE Part General Information on Grants and Assistance

7	בי מינים לו מינים לו מינים לו מינים לו מינים לו מינים לו מינים לו מינים לו מינים לו מינים לו מינים לו מינים לו
the	the selection criteria used to award the grants or assistance?
2 De] }]
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Community Community is the control of the Community of the
	990. Part IV. line 21 for any recipient that received more than \$5 000 Bart II can be disclined it additional answered "Yes" on Form

(1) ABRAHAM LINCOLN HIGH SCHOOL	(a) and did i.)	grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2800 OCEAN PKWY, BROOKLYN, NY 11235 GOVERNMENT 5	501(C)(3)	16,500.				PIGGME GOW PHOMICSER
(2) ACADEMY OF AMERICAN STUDIES						OTHER WAS DESCRIPTION OF THE PARTY OF THE PA
28-01 41ST AVE LONG ISLAND CITY, NY 11101 GOVERNMENT 5	501 (C) (3)	33,467.				THOSE ROLL BECKER
(3) ALL HALLOWS HIGH SCHOOL					- Annual Control of the Control of t	OTAGEN NOT GEOMOGEN
111 EAST 164TH ST, BRONX, NY 10452 GOVERNMENT 5	501 (C) (3)	28,000.				CTGRMG GOR SRORIIOSER
(4) ANDOVER HIGH SCHOOL						
1744 N. ANDOVER RD ANDOVER, KS 67002 GOVERNMENT 5	501 (C) (3)	14,728.				STORME GOT SECULIA
(5) CONSTITUTION HIGH SCHOOL						OTATION OF THE PROPERTY.
18 SOUTH 7TH ST, PHILADELPHIA, PA 19106 GOVERNMENT 5	501(C)(3)	8,000.				CLOSME GOS SACGHOSHS
(6) HIGH SCHOOL OF AMERICAN STUDIES						OTHER WILLIAM
2925 GOULDEN AVE, BRONX, NY 10468 GOVERNMENT E	501 (C) (3)	18,000.				STORES STORES
(7) MUSEUM OF THE CITY OF NEW YORK						OTHER WATER CONTRACTOR
1220 FIFTH AVE, NEW YORK, NY 10029 13-1624098 5	501(C)(3)	18,500.				RESOURCES FOR BMRDIC
(8) NEW DORP HIGH SCHOOL		The state of the s				
465 NEW DORP LM, STATEN ISLAND, NY 10306 GOVERNMENT	501 (C) (3)	20,450.				CTARME SON SAUSINGER
(9) NEW YORK HISTORICAL SOCIETY						
2 WEST 77TH ST, NEW YORK, NY 10024 13-1624124	501(C)(3)	15,000.				CIRRE ROW RECRUE
(10) NOTRE DAME SCHOOL						
327 WEST 13TH ST, NEW YORK, NY 10014 GOVERNMENT	501(C)(3)	24,001.				RESOURCES FOR AMERIC
(11) PATCHOGUE MEDFORD SCHOOLS					Tri de de la companya	
181 BUFFALO AVE, MEDFORD, NY 11763 GOVERNMENT	501(C)(3)	5,453.				STABME HOW SHORTH
(12) SALESIAN HIGH SCHOOL						
148 MAIN ST, NEW ROCHELLE, NY 10801 GOVERNMENT 501(C)(3)	501(C)(3)	20,188.		,		RESOURCES FOR AMERIC
2 Enter total number of section 501(c)(3) and government organiza	organizations lis	inizations listed in the line 1 table.	e		A	

3 Enter total number of other organizations listed in the line 1 table..... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

JSA 6E1288 1.000

SCHEDULEI (Form 990) Department of the Treasury

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

•	www.irs.gov/form990.
	s at
Attach to Form 990.	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov
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Atta	E
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	ut Schedule I
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	Information

OMB No. 1545-0047

Open to Public

RESOURCES FOR SATURD GEORGE WASHINGTON BO Ŷ (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Employer identification number X Yes 13-3795391 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 25,000. 15,000. (c) IRC section (if applicable) 501(C)(3) 501(C)(3) THE GILDER LEHRMAN INSTITUTE the selection criteria used to award the grants or assistance? General Information on Grants and Assistance GOVERNMENT 52-0591691 (b) EIN 101 S. WATER ST. CHESTERTOWN, MD 21620 1 (a) Name and address of organization or government 5301 N. HILLSIDE WICHITA, KS 67219 OF AMERICAN HISTORY (2) HEIGHTS HIGH SCHOOL (1) WASHINGTON COLLEGE Name of the organization Part II Part I

(3)

(4)

(9)

(5)

5

(8)

6)

(10)

. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table..... Enter total number of other organizations listed in the line 1 table . .

(11)

(12)

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000

sedule I (Form 990) (2016) Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional (e) Method of valuation (book, FMV, appraísal, other) (d) Amount of non-cash assistance 20,300. 13,200. 49,000. 10,000. 24,000. 50,000. 50,000. (c) Amount of cash grant (b) Number of recipients 50. θ, 22. 49. GEORGE WASHINGTON BOOK PRIZE AWARD WINNER STATE HISTORY TEACHER OF YEAR AWARDS (a) Type of grant or assistance STUDENT ESSAY PRIZE AWARDS 4 NATIONAL HTOY AWARD information. ONLINE COURSE GRANT 6 MILITARY BOOK PRIZE 5 FELLOWSHIPS Part IV N က

- LINE 2 PART

ON SCHEDULE I, PART II, THE INSTITUTE GIVES GRANTS TO SCHOOLS AND

ORGANIZATIONS TO RUN AMERICAN HISTORY PROGRAMS AND SATURDAY ACADEMIES OF

AMERICAN HISTORY. STRONG OVERSIGHT IS EXERCISED BY PROVIDING WRITTEN

GRANT LETTERS OUTLINING STANDARDIZED PROCEDURES, POLICIES AND OUTCOMES

REQUIRED. OTHER MEASURES INCLUDE SITE VISITS, PROGRESS AND FINAL REPORTS

FROM ORGANIZATION ON PERFORMANCE, STATISTICS AND FINANCE, AND IN SOME

A PROGRAM CASES, DOCUMENTATION VIA ACTUAL RECEIPTS OF FUNDS SPENT.

OFFICER IS ASSIGNED TO EACH ORGANIZATION AND COMMUNICATION IS MADE

THROUGHOUT THE GRANT PERIOD,

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

OF AMERICAN HISTORY

THE GILDER LEHRMAN INSTITUTE

Employer identification number

13-3795391

Par	tl Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			LEGANIZATI DISCOSTRACI
_	explain	1b	44701544	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			and the second
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	3575	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Volume			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	ariodania rasada.	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b	MANAGEST :	X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			v
a	The organization?	6a		$\frac{x}{x}$
b	Any related organization?	6b	Moistain o	<u>^</u>
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		Х
	payments not described on lines 5 and 6? If "Yes," describe in Part III	1		
8	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8 did the organization also follow the rebuttable presumption procedure described in			ggani

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

Regulations section 53.4958-6(c)?

9 Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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 aren't 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.

O. 1,249. 32,092. 183,615. O. 1,526. 33,129. 203,351. O. 1,526. 33,129. 0. O. 1,626. 33,129.		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	oldovotaol (C)	1 - 2 - 1 - 1 - 1	
TOTAL PARTIENTS OPERATING OFFICER (a) OPERATING OFFICER (b) OPERATING OFFICER (c) OPERA	(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	(C) Nortaxable benefits	(E) rotal of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Comparison (ii)	R. BAILEY		0	0	3	32,092.	183.615	
The Kang Operators (in the foliation of the foliation o	OF EDUCATION			0.			0	
OPERATING OFFICER (4)	TINE KANG			0	1,	33,129.	203.351	
	OPERATING			0				
		(i)		- Address - Addr				
		(0)					***************************************	
		(ii)						
		6					- things	, , , , , , , , , , , , , , , , , , , ,
		(11)						
		8						
		(ii)						3
		(5)						
(1)		(ii)						
		(1)						
1		(ii)		ANNA TARABANA				
(ii) (iii) ((i)						
		(11)						
(ii) (iii) ((1)						
		(11)						
(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)		(1)		The state of the s				100
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(i) (ii) (ii) (iii)		(E)						
(i)		(ii)						
(i) (ii)		(1)						
		(ii)						
(ii)		(E)						TATELON TO THE PROPERTY OF THE
		(ii)						The state of the s

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Employer identification number

13-3795391

	AMERICAN HISTORI				3 3173371			
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont	(d) f dete tributi	rminin on am	g ounts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles				1			
7	Boats and planes							
8	Intellectual property			20 424	TOMAT			
9	Securities - Publicly traded	X	7.	38,434.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							-
12	Securities - Miscellaneous		***************************************					
13	Qualified conservation							
	contribution - Historic structures							
14	Qualified conservation							-
14								
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received				29			
	which the organization completed F	orm 8283, F	Part IV, Donee Acknowledge	ement	23		Yes	No
20-	During the year, did the organization	on roccive k	ny contribution any proper	ty reported in Part I lines	s 1 through [
sua	28, that it must hold for at least th	roo voore fr	om the data of the initial of	contribution and which is	n't required			
	to be used for exempt purposes for t					30a		Х
	If "Yes," describe the arrangement in		naing periods				:	7
	Does the organization have a		ance noticy that requires	s the review of any r	nonstandard			
	contributions?					31		X
	Does the organization hire or use							
	contributions?				1	32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	is checked,			
	describe in Part II.							

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I

THE GILDER LEHRMAN INSTITUTE HAS PURCHASED AND HAS RECEIVED DONATIONS OF DOCUMENTS OF NATIONAL HISTORICAL SIGNIFICANCE. THE DOCUMENTS ARE PRIMARILY MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE, RATHER THAN FOR FINANCIAL GAIN.

IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY MUSEUMS, THE VALUE OF THE HISTORICAL DOCUMENTS HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION, AND GIFTS OF HISTORICAL DOCUMENTS ARE EXCLUDED FROM REVENUE IN THE STATEMENT OF ACTIVITIES. PURCHASES OF HISTORICAL DOCUMENTS ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENT OF ACTIVITIES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

THE GILDER LEHRMAN INSTITUTE

OF AMERICAN HISTORY

Employer identification number 13-3795391

PART III - LINE 1

FOUNDED IN 1994 BY PHILANTHROPISTS RICHARD GILDER AND LEWIS E. LEHRMAN, THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY (THE INSTITUTE") IS THE NATION'S LEADING AMERICAN HISTORY ORGANIZATION DEDICATED TO K-12 EDUCATION. THE INSTITUTE'S MISSION IS TO PROMOTE THE KNOWLEDGE AND UNDERSTANDING OF AMERICAN HISTORY THROUGH EDUCATIONAL PROGRAMS AND RESOURCES. AT THE INSTITUTE'S CORE IS THE GILDER LEHRMAN COLLECTION, ONE OF THE GREAT ARCHIVES IN AMERICAN HISTORY. DRAWING THE 65,000 DOCUMENTS IN THE GILDER LEHRMAN COLLECTION AND AN EXTENSIVE NETWORK OF EMINENT HISTORIANS, THE INSTITUTE PROVIDES TEACHERS, STUDENTS, AND THE GENERAL PUBLIC WITH DIRECT ACCESS TO UNIQUE PRIMARY SOURCE MATERIALS.

PART III - LINE 4D

OTHER PROGRAMS: NATIONAL HISTORY TEACHER OF THE YEAR AWARD, HISTORY SCHOLAR AWARDS, NATIONAL BOOK PRIZES, CONFERENCES OUTREACH AND SCHOLARLY FELLOWSHIP.

PART VI, SECTION A. - QUESTION 2

DR. JAMES G. BASKER (PRESIDENT AND TRUSTEE), IS A PAID CONSULTANT TO THE GILDER FOUNDATION, WHICH IS DIRECTED BY RICHARD GILDER (CO-CHAIR, E.V.P. & TREASURER), AND WHICH DONATES ANNUALLY TO THE INSTITUTE.

RICHARD GILDER ENGAGED IN A BUSINESS TRANSACTION WITH LEWIS LEHRMAN (CO-CHAIR & EXECUTIVE V.P.).

INSTITUTE, ARE MEMBERS OF GGH.

RICHARD GILDER AND SHAIZA RIZAVI (TRUSTEE) ENGAGED IN A BUSINESS

TRANSACTION. THE INSTITUTE MAINTAINS AN ACCOUNT AT GILDER GAGNON HOWE &

CO LLC (GGH). RICHARD GILDER AND SHAIZA RIZAVI, TRUSTEES OF THE

PART VI, SECTION B. - QUESTION 11B

DR. JAMES G. BASKER (PRESIDENT AND TRUSTEE), AND CHRISTINE KANG (CHIEF

OPERATING OFFICER) REVIEWED THE FORM 990 BEFORE IT WAS FILED. A COPY WAS

FURNISHED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING.

PART VI, SECTION B. - QUESTION 12C

THE CONFLICT OF INTEREST POLICY IS SUPPLIED TO ALL TRUSTEES AND COMPLETED

ON AN ANNUAL BASIS.

PART VI, SECTION B. - QUESTION 15A

WHEN HIRING THE CHIEF OPERATING OFFICER, THE INSTITUTE USED A RECRUITING

FIRM, WHO PROVIDED COMPETITIVE SALARY RESEARCH TO LIKE-ORGANIZATIONS

PRIOR TO DETERMINATION OF CHIEF OPERATING OFFICER'S SALARY.

PART VI, SECTION B. - QUESTION 15B

THE CHIEF OPERATING OFFICER'S COMPENSATION IS REVIEWED USING

COMPARABILITY DATA BY AT LEAST ONE MEMBER OF THE BOARD OF TRUSTEES.

PART VI, SECTION C. - QUESTION 19

THE INSTITUTE'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND

CONFLICT OF INTEREST POLICY WILL BE MADE AVAILABLE TO THE PUBLIC UPON

Name of the organization THE GILDER LEHRMAN INSTITUTE

OF AMERICAN HISTORY

Employer identification number

13-3795391

REQUEST.

Form **8879-EO**

					izativii
an	Exem	pt (Org	aniza	tion

_ , 2016, and ending 06/30 For calendar year 2016, or fiscal year beginning 07/01

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Form **8879-EO** (2016)

THIR CIT DED TRIDANN THOMTON	Employer identification number
THE GILDER LEHRMAN INSTITUTE Name and title of officer	13-3795391
realle and the of officer	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amou	int if any from the return If yo
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being file	d with this form was blank, the
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0-	on the return, then enter -0- o
the applicable line below. Do not complete more than 1 line in Part I.	
1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 13686235
2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line	
5a Form 8868 check here ▶ 🔲 b Balance Due (Form 8868, line 3c)	5b
Port II Declaration and Signature Authorization of Officer	
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examin organization's 2016 electronic return and accompanying schedules and statements and to the best of m	ned a copy of the
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown or	the copy of the
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or elec	tronic return originator (FRO)
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receive transmission (b) the receive for any delay in precessing the actual series of the series of	pt or reason for rejection of
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any r authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal	etund. It applicable, I
financial institution account indicated in the tax preparation software for payment of the organization's fe	deral taxes owed on this
return, and the financial institution to debit the entry to this account. To revoke a payment. I must contac	t the U.S. Treasury Financial
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also au	thorize the financial institutions
involved in the processing of the electronic payment of taxes to receive confidential information necessaresolve issues related to the payment. I have selected a personal identification number (PIN) as my signa	iry to answer inquiries and
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	active for the organization's
Officer's PIN: check one box only	
X lauthorize CONDON O'MEARA MCGINTY & DONNEL to enter my PIN 2 6	6 5 9 as my signature
TDOS	re numbers, but
	nter all zeros
on the organization's tax year 2016 electronically filed return. If I have indicated within this return	that a copy of the return is
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I a	lso authorize the aforementioned
ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax ye	ar 2016 electronically filed return
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
/D7()//	-11.0
Officer's signature ► Country	/15/18
Part III Certification and Authentication	
RO's EFIN/PIN. Enter your six-digit electronic filing identification	011011212161
umber (EFIN) followed by your five-digit self-selected PIN.	0 1 8 1 3 3 6 2
cortify that the above numeric entry is my DINL which is my signature on the 2010 alcohomically filed and	do not enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed ret dicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 41	urn for the organization 63 Modernized e-File (MeF)
formation for Authorized IRS e-file Providers for Business Returns.	11, modernized on the (Mich)
	MAY 1 1 2018
RO's signature ▶	t. e 2. e 4 g . e 6 4 ()
EDO Musé Dataia Thia Danie A	
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So	

For Paperwork Reduction Act Notice, see back of form.