efile	e GRAPHIC	print - DO NOT PROCESS	As Filed Data -			DLN	1: 93493319188207	
_ (990	Return of Org	anization Exemp	ot From	lncome	Тах	OMB No 1545-0047	
Form [.]	550	Under section 501(c), 527	•				2016	
29		foundations)	al security numbers on this f	orm as it ma	- av be made pul	alic		
	ment of the Treasu l Revenue Service	Information about	it Form 990 and its instructio				Open to Public Inspection	
A Fe	or the 2016 c	alendar year, or tax year begin	ning 01-01-2016 ,and e	nding 12-3	1-2016			
	ck if applicable	C Name of organization SAHANA SOFTWARE FOUNDATION				D Employer I	dentification number	
	dress change me change					27-059656	2	
In: Fin	tial return	Doing business as						
Detur	n/terminated	Number and street (or P O box if ma	ail is not delivered to street addre	ess) Room/su	lite	E Telephone ni	umber	
	nended return plication pending	350 SOUTH FIGUEROA STREET NO 4	137			(213) 972-	4033	
- //p	produción periority	City or town, state or province, coun LOS ANGELES, CA 90071	itry, and ZIP or foreign postal coc	e				
		F Name and address of principa	1 - 55			G Gross receip		
		DEVIN BALKIND				a group returr dinates?	n for Yes 🗹 No	
		350 SOUTH FIGUEROA STREET N LOS ANGELES, CA 90071	NO 437		H(b) Are al	subordinates		
I Ta:	x-exempt status	✓ 501(c)(3) 501(c)() ((nsert no) = 4947(a)(1) or	527	includ If "No		(see instructions)	
J W	ebsite:► SAF	HANAFOUNDATION ORG				exemption nui		
					-			
K Forr	n of organızatıon	Corporation 🗆 Trust 🗆 Asso	ciation 🔲 Other 🕨		L Year of forma	tion 2009 M	State of legal domicile CA	
Pa	rt I Sum	marv						
	1 Briefly des	scribe the organization's mission oi						
e Ce	ASSIST CO	OMMUNITIES TO PREPARE FOR OR	RESPOND TO DISASTERS					
Governance								
/en								
65		is box > if the organization dis of voting members of the governin				of its net asse	ts 3 7	
		of independent voting members of				_	4 7	
ě		nber of individuals employed in cal		. ,			5 0	
Activities &		nber of volunteers (estimate if nec		6 0				
Act		elated business revenue from Part					7a 0	
		lated business taxable income from					7b 0	
			,			or Year	Current Year	
a .	8 Contributions and grants (Part VIII, line 1h)						83,587	
ŝnu	9 Program	8 Contributions and grants (Part VIII, line 1h) 466 9 Program service revenue (Part VIII, line 2g)						
enneven	10 Investme	ent income (Part VIII, column (A),	lines 3, 4, and 7d)			0	0	
Œ	11 Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			0	0	
	12 Total reve	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		466,180	83,587	
	13 Grants ar	nd sımılar amounts paıd (Part IX, c	column (A), lines 1–3)..			0	0	
	14 Benefits p	paid to or for members (Part IX, co	olumn (A), lıne 4)			0	0	
8	15 Salaries,	other compensation, employee be	nefits (Part IX, column (A), I	ines 5–10)		0	0	
SUS.	16a Professio	onal fundraising fees (Part IX, colu	mn (A), line 11e)	• •		0	0	
Expenses	b Total fundr	raısıng expenses (Part IX, column (D), lı	ne 25) Þ0					
ш	17 Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			70,759	323,737	
	18 Total exp	enses Add lines 13-17 (must equ	al Part IX, column (A), line 2	:5)		70,759	323,737	
	19 Revenue	less expenses Subtract line 18 fro	om line 12	• •		395,421	-240,150	
Net Assets or Fund Balances					Beginning	of Current Year	End of Year	
alar	20 Total asse	ets (Part X, line 16)				402,328	162,178	
A B		ulities (Part X, line 26)				02,520	0	
E E		ts or fund balances Subtract line 2				402,328	162,178	
Par		ature Block				,		
		erjury, I declare that I have exam						
	ledge and belie nowledge	f, it is true, correct, and complete	Declaration of prepa					
	*****	*						
Sign	, -	ure of officer						
Here	DEVIN	BALKIND PRESIDENT						
	I	r print name and title						
n - '	W	rint/Type preparer's name VILLIAM SKODY	Preparer's signature WILLIAM SKODY					
Paic	ן ג בן ג	irm's name 🕨 SKODY SCOT & CO CPA						
-	parer –	irm's address ► 520 EIGHTH AVE SUITE						
use	Only	NEW YORK, NY 10018						
	1	NEW FORK, NE TOUTO						

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

Form	990 (2016)					Page 2
Par	t IIII Statement	of Program Service	Accomplis	hments		
	Check If Sche	edule O contains a respon	se or note to a	any line in this Part III .		🗆
1		organization's mission				
ASSI	ST COMMUNITIES TO	PREPARE FOR OR RESPO	ND TO DISAS	TERS		
2	Did the organization	undertake any significan	t program serv	rices during the year which	were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	,	ese new services on Sche				
3	Did the organization	any program				
						🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule	0			
4	Section 501(c)(3) ar		s are required	to report the amount of gra	est program services, as measure ants and allocations to others, the	
4a	(Code) (Expenses \$	320,483	including grants of \$) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program serve	ices (Describe in Schedule	20)			
	(Expenses \$		ding grants of	\$) (Revenue \$)
4e	Total program con	vice expenses >	320,4	83		

Part IV Checklist of Required Schedules

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I \cdot .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99	0 (2016)

Form	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		50		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			<u> </u>
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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 other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

Form **990** (2016)

Part VI Generators, Management, and Disclassef, processo, or charge in Schedule O. See instructions. Desk of Schedul 0 contains a response or note to any line in the Part VI. Ver No. Section A. Coverning Body and Management Imagement Schedul O. See instructions. Ver No. In Enter the number of voting members of the governing body at the end of the tax year. Imagement Schedul O. Ver No. In Enter the number of voting members of the governing body at the end of the tax year. Imagement Schedule O. Ver No. In Enter the number of voting members included in ine 1a, above, who are indescretent. Imagement Schedule O.	Form	990 (2016)			Page 6	
Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body. Image: Comparison of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body. Image: Comparison of the comparison of the governing body at the end of the tax year Image: Comparison of the governing body at the end of the tax year Image: Comparison of the comparison of the governing body at the end of the tax year Image: Comparison of the comparison of the comparison of the organization is a member of tool the end of the tax of tax periods of the comparison of the organization have members of tax of the proving body at the end of the tax year of a sentification (diversion of the organization have members or tax of the diversion of the organization is a members of tax of the proving body? No 3 Did the organization have members of the comparization reserved to (or subject to appoint the or more members of the governing body? No 5 Did the organization have members of tax of the organization reserved to (or subject to appoint the or more members) of the governing body? No 6 Did the organization networks and the comparison of the organization reserved to (or subject to appoint the or more members) of the governing body? No 9 Each commune with any block childrer? No So So So 9 Each commune with any block childrer? No So So So So	Par	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	,	nse to li		
Ia Enter the number of voting members of the governing body at the ond of the tax year information tax, evaluat in Schedule 0 Ia Ia <th></th> <th></th> <th><u> </u></th> <th></th> <th>✓</th>			<u> </u>		✓	
1a There are material differences in vettor paths among members of the govering body degreds bead authority to an executive committee or similar committee, explain in Schedule 0 b. Enver the number of voting members included in line 1a, above, who are independent the origination of the explain in Schedule 0 b. Enver the number of voting members included in line 1a, above, who are independent the origination displays control were anagement dubes customarily performed by or under the direct supervisor of differer, director, trustee, or key employees to a management company or other perior 7. 3 Due the organization make are yen splicar dimension, customarily performed by or under the direct supervisor of the organization have members or touckees, or other periors or touckees, or key employees to a significant diversion of the organization is asset? b. Cet the organization have members, discholders? C. Did the organization have members, discholders? C. Did the organization have members, discholders? D. Cet the organization have members, discholders? D. Cet the organization have members, discholders? D. Cet the organization contemporaneusly document the meetings held or written actions undertaken during the year of a significant diversion of the schedule 0 p. Prosing didferences and provide the annes and addresses in Schedule 0 p. Rote organization contemporaneusly document the meetings held or written actions undertaken during the year of a significant diversion of the governing body? D. Cet the organization have written placities of the governing body? D. Cet the organization have written placities of the gov	Se	ction A. Governing Body and Management		Vac	No	
bit	1a	Enter the number of voting members of the governing body at the end of the tax year 1a		res		
Lpd any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, or trustees, or key employees to a management company or other person? 2 No 2 No 3 No 4 Did the organization delages control over management dubes customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 No 5 Did the organization have members or stockholders? 4 No 6 Ut any operance decisions of the operangito decisions a sets? 6 Yes 7 Did the organization have members or stockholders? 7 No 8 Did the organization nake may appreciate the approvalue of the governing bidy? 7 No 9 The governing bidy? 8 Yes 7 9 The governing bidy? 8 Yes 8 9 Each commutes with automity to act on behalf of the governing bidd? 8 Yes 9 9 Each commutes with automity to act on behalf of the governing bidd? 8 Yes 9 No 10 Each commutes with automity the reganization about policies not requinced bid the apprecins and accesing adveces in diverses of auto		body, or if the governing body delegated broad authority to an executive committee or				
officer, director, trustee, or key employee? 2 No 3 Dot the organization delegate control over management dues customarily performed by or under the direct supervision of difficers, directors or trustees, or key employees to a management company or other person? 3 No 4 Did the organization make any synfricant changes to its governing documents ince the park may some members or atochiclers? 5 No 5 Did the organization have members or atochiclers? 6 Yes 7 7 Did the organization have members, stackholders, or other persons who had the power to elect or appoint one or more members of tackholders, or other persons who had the power to elect or appoint one or more members of tackholders, or other persons who had the power to elect or appoint one or more members of tackholders, or other persons who had the power to elect or appoint one or more members or atochicled the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 7 No 8 Use organization fave enders, branches, or affiliates? 8 Yes 8 No 9 Did the organization have enders, differed trustee, or key employee listed in Park VII, Section A, who cannot be reached at the organization have a written optices and procedures governing the activities, affiliates, and branches to enure their operations are occusstent writh the organization are enserved? 10 No 10 Did the organization have a w	b					
a forfices, directors or trustees, or key employees to a management company or other person? 3 10 4 Did the organization make any significant changes to its governing documents since the prior form 900 was filed? 4 No 5 Did the organization have members or stockholders? 6 Yes 6 Yes 7a Did the organization have members or stockholders? 6 Yes 7b No 7b Did the organization have members or stockholders? 7 6 Yes 7b No 8 Did the organization nave members or stockholders? 7 7b No 7b No 9 Persons of the governing body? 7 7b No 7b No 9 Did the organization centemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes 8b Yes 8a Yes 8a Yes 8b Yes 8b Yes 8a Yes 8b Yes 8a Yes 8a Yes 8a Yes 8a Yes <td< td=""><td>2</td><td></td><td>2</td><td></td><td>No</td></td<>	2		2		No	
 b. A better of a significant diversion of the organization's assets? b. Did the organization have members' or stockholders? c. Did the organization have members, stockholders? c. Did the organization have members, stockholders? d. Did the organization have members, stockholders? d. A better any governance decisions of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a. The governing body? b. Are any governance of the governing body? b. Are any officer, directry, truste, or key employee listed in Part VII. Section A, who cannot be reached at the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. Bach committee with authority to act on behalf of the governing body? b. If "Nes," of a hore 13. b. If "Nes," of a hore 13.<td>3</td><td></td><td>3</td><td></td><td>No</td>	3		3		No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No 6 Did the organization have members or stockholders?	4		4		No	
6 Did the organization have members or stockholders? 6 Yes 7a Did the organization have members, stockholders? or other persons who had the power to elect or appoint one or more members of the governing body? 7a Ves b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b No 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes 9 Is there any officer, directry, ruske, or key employee listed in Part VII. Section A, who cannot be reached at the organization fave local chapters. <i>Provide the names and addresses in Schedule O</i> 9 No 9 Is there any officer, directry, ruske, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10a No 10a Did the organization have local chapters, branches, or affiliates? 10a No 11a No 10a No 12a Did the organization have awritten policies and procedures governing body? 12a Yes 10a 12a Did the organization have a written policies and procedures governing body. 11a No 10a 12a <	5		-			
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Yes 7a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 7a Yes 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes 9 Each committee with authority to act on behalf of the governing body? 8b Yes 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 9 10a Did the organization have local chapters, branches, or affiliates? 10a No 10a Did the organization have local chapters, branches, or affiliates? 10a No 10a Did the organization have local chapters, branches, or affiliates? 10a No 10a Did the organization have a written opclices and procedures governing the activities of such chapters, effiliates, and branches to ensure there operations are consistent with the organization's exempt purposes? 10a No 11a Has the organization have a written conflict of interest policy? If No," go to line 13 12a Yes 12b Oth eorganization have a written whistelbower policy? 12a Yes 13 Did the organization have a written opticy or trop management official 12b Yes 13 Did the organization have	-			Yes		
members of the governing body? Image: constraints of the gover	-	-		105		
a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b a The governing body? bb Yes b b Each committee with authority to act on behalf of the governing body? bb Yes b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, "provide the names and addresses in Schedule 0 y No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a No 10a No 11a Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 11a No 10a No 12a Did the organization negularity and consistent with the organization to review this Form 990 12a Yes 10a 11a No 12b did the organization have a written oplicy? 13 No 12a Yes 12b Yes 12c Yes 12b Yes 12b Yes 12b Yes 12b		members of the governing body?		Yes	No	
a The governing body? Ba Yes b Each committee with authority to act on behalf of the governing body? Ba Yes b Each committee with authority to act on behalf of the governing body? Ba Yes b Each committee with authority to act on behalf of the governing body? Ba Yes b Each committee with authority to act on behalf of the governing body? Ba Yes b Each committee with authority to act on behalf of the governing body? No Ba Yes committee with authority to act on behalf of the governing body? No No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is seempt purposes? 10a 10b 11a No Do bescribe in Schedule O the process, if any, used by the organization to review this form 990 12a Yes 12a Ves No 12a Yes 12a Yes 12b Were officers, director, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Yes 12c Yes 12b Yes </td <td></td> <td>persons other than the governing body?</td> <td></td> <td></td> <td></td>		persons other than the governing body?				
b Each committee with authority to act on behalf of the governing body? Image: Section 2 and Se	-	the following				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,'' provide the names and addresses in Schedule O 9 No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? Yes No bit f 'Yes,'' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10a No 11 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a No 12a Did the organization have a written conflict of interest policy? If 'No,'' go to line 13 12a Yes 12a 10 bit the organization have a written whistleblower policy? 11a No 12a Visit the organization have a written whistleblower policy? 12a Yes 12a Yes 12a Yes 13 Did the organization have a written document retention and destruction policy? 13 No 14 No 5.5. 14 No <td c<="" td=""><td></td><td></td><td>8a</td><td>Yes</td><td></td></td>	<td></td> <td></td> <td>8a</td> <td>Yes</td> <td></td>			8 a	Yes	
organization's mailing address? If "Yes," provide the names and addresses in Schedule 0			8 b	Yes		
10a Did the organization have local chapters, branches, or affiliates? Yes No 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10a No 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a No 12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	9		9		No	
10a Did the organization have local chapters, branches, or affiliates? 10a No b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a No 12a Did the organization negative a written conflict of interest policy? <i>If "No," go to line 13</i> 12a Yes 12a 12a 12a Yes 12a Yes 12a Yes 12a Yes 12a Yes 12a Yes 12b Yes 12a Yes 12b 12b 12b	Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	-	
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Schedule Ö how this was done 12c Yes 13 Did the organization have a written whistleblower policy? 13 No 14 Did the organization have a written document retention and destruction policy? 14 No 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 14 No a The organization's CEO, Executive Director, or top management official 15a No b Other officers or key employees of the organization 15b No 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a No b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemption status with respect to such arrangements? 16a No 17 List the States with which a copy of this Form 990 is required to be filed CA 18 Section 6.104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply <	b		12b	Yes		
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persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a No a The organization's CEO, Executive Director, or top management official	14	Did the organization have a written document retention and destruction policy?	14		No	
a The organization's CEO, Executive Director, or top management official 15a No b Other officers or key employees of the organization 15b No If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 15b No If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a No b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 16b Section C. Disclosure 16b 16b 16b 16b 17 List the States with which a copy of this Form 990 is required to be filed CA 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 16b	15	Did the process for determining compensation of the following persons include a review and approval by independent				
b Other officers or key employees of the organization 150 No If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 15b No 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a No b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a No 17 List the States with which a copy of this Form 990 is required to be filed CA 18 Section 6104 requires an organization indicate how you made these available Check all that apply Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	а		15a		No	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Image: construction of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a No b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a No Section C. Disclosure If "Is the States with which a copy of this Form 990 is required to be filed CA 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest Image: conflict of interest	Ь	Other officers or key employees of the organization	15b		No	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a No b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a No Section C. Disclosure 16b 16b 16b 17 List the States with which a copy of this Form 990 is required to be filed► CA 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply Ohno website Qupon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest Interest						
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 17 List the States with which a copy of this Form 990 is required to be filed ► CA 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt				
CA 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	Se					
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19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	18	available for public inspection Indicate how you made these available Check all that apply				
	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest				

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION 350 SOUTH FIGUEROA STREET NO 437 LOS ANGELES, CA 90071 (213) 972-4033

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle: ficer	ss pers and a	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organızatıon and related organızatıons	
(1) DEVIN BALKIND PRESIDENT	1 00	х		x				0	0	1,901	
(2) MARTIN THOMSEN CHAIRMAN	1 00	x		x				0	0	0	
(3) MARK PRUTSALIS TREASURER	1 00	x		x				0	0	0	
(4) FRANCIS BOONE DIRECTOR	5 00	х						0	0	59,712	
(5) NUWAN WAIDYANATHA DIRECTOR	5 00	х						0	0	31,815	
(6) CHAMINDRA DE SILVA SECRETARY	1 00	х		x				0	0	0	
(7) BRENT WOODWORTH DIRECTOR	1 00	x						0	0	0	
										Form 990 (2016)	

Par	t VII Section A. Officers, Direct	tors, Trustees	, Key l	Emp	loye	es,	and	High	nest Cor	npensat	ed Employees	(con	tinued)	
	(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more Rep than one box, unless person comp is both an officer and a fro director/trustee) organiz							(D) (E) portable Reportable consation compensation om the from relate zation (W- organizations		w-	(F Estima amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	.)	organızat relat organız	ed
С	Sub-Total . Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	art VII, Sectio	nA.		•	•	► ► ►			0		0		93,428
2	Total number of individuals (including of reportable compensation from the	, but not limited	to thos				e) who	rece	eived mo		.00,000			
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule 2</i>						oyee, d	or hig	ghest cor	npensated	l employee on	3	Yes	No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than \$									n the	4		No
5	Did any person listed on line 1a receir services rendered to the organization									tion or ind	ividual for	5		No
Se	ection B. Independent Contract	ors												_
1	Complete this table for your five high from the organization Report comper											mpen	isation	
	Name a	(A) and business addre	255							Des	(B) cription of services		(Compe	
101 1	HI SYSTEMS NORTH HAVEN ST 301 IMORE, MD 21224										GY CONTRACT SERV	ICES		205,038

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

Form	000	(2016)	

	990 (2016)								Page 9
Part	VIII Statement of Revenue						_		-
	Check if Schedule O contains	a respo	onse or n	ote to any	(this Part VII. (A) revenue	I	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns	1a							
unts	b Membership dues	1 b							
ons, Gifts, Grants Similar Amounts	c Fundraising events	1c							
Ę,	d Related organizations	1d							
Gif	e Government grants (contributions)	1e							
ns,	f All other contributions, gifts, grants,								
tioi.	and similar amounts not included above	1f		83,587					
tributic Other	g Noncash contributions included								
Cont	h Total.Add lines 1a-1f			•		83,587			
le.	Γ			Business	Code				
พา	2a	_							
à	b ———								
ЛСЕ	c								
Ser	d								
E	e ———								
Program Service Revenue	f All other program service revenue	9	l						
ά	gTotal.Add lines 2a-2f		•						
	3 Investment income (including divid		nterest,						
	similar amounts)			• • • • • •	<u> </u>				
	4 Income from investment of tax-exits 5 Royalties	-			├ ──				
	(I) Rea		· · ·	ersonal					
	6a Gross rents		(, .		1				
					4				
	b Less rental expenses								
	c Rental income or				1				
	(loss)				1				
	d Net rental income or (loss)		• •	•	<u> </u>				
	(I) Securi 7a Gross amount	ties	(11)	Other	-				
	from sales of assets other								
	than inventory								
	b Less cost or				1				
	other basis and sales expenses								
	C Gain or (loss)]				
	d Net gain or (loss)			•					
đu	8a Gross income from fundraising ev (not including \$	ents of							
'nu	contributions reported on line 1c)								
e ve	See Part IV, line 18				-				
ď	b Less direct expenses	Ь							
Other Revenue	c Net income or (loss) from fundrai		ents .	• •					
ŏ	9a Gross income from gaming activit See Part IV, line 19	162							
		а							
	b Less direct expenses	Ь							
	c Net income or (loss) from gaming	activiti	les .	•					
	10aGross sales of inventory, less returns and allowances								
		а							
	${f b}$ Less cost of goods sold ${f .}$.	b							
	c Net income or (loss) from sales o	fınvent	ory .	. ►					
	Miscellaneous Revenue		Busin	ess Code					
	11a								
	b								
	с								
	d All other revenue								
	e Total. Add lines 11a–11d	• •	• •	•					
	12 Total revenue. See Instructions			• •		83,58	7	0 0) 0

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)

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

	Check if Schedule O contains a response or note to any	line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraısıngexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			;	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ä	a Management				
I	• Legal • • • • • • • • • •				
Ċ	: Accounting				
C	l Lobbying				
•	e Professional fundraising services See Part IV, line 17				
ſ	Investment management fees				
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	317,948	317,948		
12	Advertising and promotion				
13	Office expenses	2,248		2,248	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,535	2,535		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	566		566	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a BANK CHARGES	440		440	
	b				
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	323,737	320,483	3,254	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX 🔒			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		402,328	1	162,178
	2	Savings and temporary cash investments 🛛 .			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali	ted employees Complete Part		5	
s		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	tions of section 501(c)(9)		6	
Assets	7	Notes and loans receivable, net			7	
A SS	8	Inventories for sale or use			8	
~	9	Prepaid expenses and deferred charges	· · · ·		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	e11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	402,328	16	162,178
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F			21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	officers, directors, trustees,			
ab		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25		
	26	Total liabilities.Add lines 17 through 25 .		0	26	0
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets		402,328	27	162,178
3a1	28	Temporarily restricted net assets			28	
1 pi	29	Permanently restricted net assets			29	
Fund		Organizations that do not follow SFAS 117	(ASC 958),			
or	30	check here > and complete lines 30 th Capital stock or trust principal, or current funds			30	
ets	31	Paid-in or capital surplus, or land, building or ec			31	<u> </u>
Assets	32	Retained earnings, endowment, accumulated in			32	
	33	Total net assets or fund balances		402,328	33	162,178
Net	34	Total liabilities and net assets/fund balances		402,328	34	162,178
	54			.02,020		Form 990 (2016)

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•		•	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			83,587
2	Total expenses (must equal Part IX, column (A), line 25)			323,737	
3	Revenue less expenses Subtract line 2 from line 1	3			-240,150
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $$. $$.	4			402,328
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			162,178
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C)		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ured	Зb		

Additional Data

Software ID: Software Version: EIN: 27-0596562 Name: SAHANA SOFTWARE FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

ASSISTS GOVERNMENTS, CHARITABLE ORGANIZATIONS, AND COMMUNITIES TO PREPARE AND RESPOND TO DISASTERS THRU THE DEVELOPMENT OF FREE AND OPEN SOURCE SOFTWARE SOLUTIONS THAT SOLVE PROBLEMS IN DISASTER RESPONSE

SC	HED m 99	ULE A	nt - DO NO Con	Public Charity Status and Public Support				OMB No 1545-0047	
		the Treasury	► Inf	ormation abou	Attach to Form It Schedule A (Form www.irs.a			uctions is at	Open to Public Inspection
Nam	e of th	ne Service he organiza TWARE FOUND			<u></u>			Employer identif	
JANA	NA 301	TWARE FOONE	ATION					27-0596562	
	rt I				us (All organization and is (For lines 1 thro			See instructions.	
1 ne c	nganiz		•		· ·	-		(
					sociation of churches			(A)(I).	
2					1)(A)(ii). (Attach Sch				
3		•		•	vice organization desc				
4			esearch orga and state	nization operate	ed in conjunction with	a hospital descri	bed in section	170(b)(1)(A)(iii).	Enter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ribed in section 170
6		A federal, s	state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(/	4)(v).	
7	\checkmark			mally receives (vi). (Complete		s support from a	governmental ι	unit or from the gene	ral public described in
8		A commun	ty trust desc	ribed in sectior	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				llege or university or a
10		from activit	ies related to	o its exempt fun unrelated busin	(1) more than 331/3% actions—subject to cer ess taxable income (le implete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its s	5
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509)(a)(4).	
12		more publi	cly supported	organizations of		09(a)(1) or se	ction 509(a)(2). See section 509	the purposes of one or (a)(3). Check the box
а		Type I. A solution	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organı	zation(s), typically b	y giving the supported anization You must
b		Type II. A manageme	supporting o nt of the sup	rganization sup	ervised or controlled i ation vested in the sar				
с		Type III f	unctionally	integrated. A s	supporting organizatio ions) You must com				rated with, its
d		Type III n functionally	on-function	ally integrate	,	zation operated fy a distribution i	in connection w	th its supported orga	anization(s) that is not quirement (see
e		Check this	box if the org	anization receiv	ved a written determir	ation from the I	RS that it is a Ty	уре I, Туре II, Туре I	II functionally
f	Enter	-		on-functionally organizations	integrated supporting	organization			
g	Provi	de the follow	ung informati	on about the su	pported organization(s)		-	
(i) N	lame o	f supported	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(i Is the organiz your governir	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No	1	
Tota	I					1		1	1

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) and	I 170(b)(1)(A)	(vi)
	(Complete only if you ch						under Part
	III. If the organization fa	ils to qualify un	ider the tests lis	ted below, pleas	se complete Part	III.)	
	Section A. Public Support		1	1	Г		
	Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b)2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				466,180	83,587	549,767
2	include any "unusual grant ") Tax revenues levied for the						
-	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				466,180	83,587	549,767
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						04.000
	supported organization) included on						94,903
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						454.064
	line 4						454,864
	ection B. Total Support	1	1	1	1 1		
	Calendar year (or fiscal year beginning in) Þ	(a)2012	(b)2013	(c) 2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4				466,180	83,587	549,767
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI) Total support. Add lines 7 through						
	10						549,767
12	Gross receipts from related activities, e	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	urd, fourth, or fifth	n tax year as a sect	on 501(c)(3) organ	nization,
	check this box and stop here					• 🗆	
S	ection C. Computation of Public						
	Public support percentage for 2016 (lir			column (f))		14	82 740 %
	Public support percentage for 2015 Sci					15	91 810 %
16a	33 1/3% support test—2016. If the	organization did i	not check the box	on line 13, and lin	ne 14 is 33 1/3% or	more, check this b	
	and stop here. The organization quali						\blacktriangleright
Ŀ	33 1/3% support test—2015. If the	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 1/3	3% or more, check	
	box and stop here. The organization						▶□
17a	10%-facts-and-circumstances test is 10% or more, and if the organization						
	in Part VI how the organization meets						
	organization			2		,	
b	10%-facts-and-circumstances tes	t —2015. If the o	rganization did no	t check a box on l	ine 13, 16a, 16b, or	17a, and line	
	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organizatio	n meets the mact	s-and-circumstand	les test The orga	mization qualifies as	a publiciy	
10	supported organization Private foundation. If the organization	on did not check a	hox on line 13 1	6a 16b 17a or 1	7h check this box	and see	▶□
18	-	an and not check a	, 50x on line 15, 1	53, 100, 178, 01 I	., by check this box	anu 366	
	Instructions				Schodula	A (Form 990 or	P00-E7) 2016

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

C .	ction A Public Support	quality under t		below, please co	inplete Fait II.	1	
	ection A. Public Support Calendar year						
	(or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
F	Amounts included on lines 2 and 3						
U	received from other than disgualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
	ection B. Total Support			1	1	1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
4.2	regularly carried on Other income Do not include gain or			+			
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, ti	hird, fourth, or fift	h tax year as a se	ection 501(c)(3) of	
	check this box and stop here						▶□
S	ection C. Computation of Public						
15	Public support percentage for 2016 (lin	e 8, column (f) d	ivided by line 13,	column (f))		15	
16	Public support percentage from 2015 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest	ment Income	Percentage				
17	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2			,		18	
	331/3% support tests—2016. If the			on line 14 and lir	e 15 is more that		e 17 is not
та9							
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2015. If the	-					
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	ganization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	
	-				Schedul	e A (Form 990 o	r 990-E7) 2016

(Complete only if you checked a box on line 12 of 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)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described	1		
	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			
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	Зb		
Ľ	If "Yes," explain in Part VI what controls the organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
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			
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
U	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
с	 supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support 	10		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	(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		
Ь	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		
	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? <i>If "Yes," provide detail in Part VI.</i>	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		
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		
Ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	98		
2	organization had an interest? If "Yes," provide detail in Part VI.	9 b		
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.			
10~	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9c		
104	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		<u> </u>
-	the organization had excess business holdings)	10b		

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the а governing body of a supported organization?
- b A family member of a person described in (a) above?
- 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 С

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint o elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa **VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		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 E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) 1

The organization satisfied the Activities Test Complete line 2 below

3

- b The organization is the parent of each of its supported organizations Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) С

2 Activities Test Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of 3a the supported organizations? Provide details in Part VI.

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

Schedule A (Form 990 or 990-EZ) 2016

3b

	Yes	No
11a		
11b		
11 c		

		Yes	No
or			
or art			
	1		
	2		

Yes

1

No

Т

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

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

Section A - Adjusted Net Income

- 1 Net short-term capital gain
- 2 Recoveries of prior-year distributions
- з Other gross income (see instructions)
- Add lines 1 through 3 4
- 5 Depreciation and depletion
- 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)

7	Other	expenses	(see instructions)	
	Other	CAPCINGCO .	(See maduucions)	

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	

- a Average monthly value of securities
- **b** Average monthly cash balances
- c Fair market value of other non-exempt-use assets

Section B - Minimum Asset Amount

- d Total (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- Subtract line 2 from line 1d 3
- Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

(B) Current Year

(optional)

(A) Prior Year

1a

1b

1c 1d

2

3

4

5

6

7 8

Schedule A (Form 990 or 990-EZ) 2016

Fage 7			
Part V Type III Non-Functionally Integrate	ed 509(a)(3) Supporting	Organizations (continu	ed)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accompli	sh exempt purposes		
 Amounts paid to perform activity that directly further excess of income from activity 	s exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organizat	ions	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval requi	red)		
6 Other distributions (describe in Part VI) See instructi	ons		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to details in Part VI) See instructions	which the organization is respor	isive (provide	
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
	1	1	1
Section E - Distribution Allocations (see	(i)	(ii)	(iii)

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			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013			
d From 2014			
e 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			
\$			
 Applied to underdistributions of prior years 			
b Applied to 2016 distributable amount			
c 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 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
а			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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Part VI Supplemental Information.

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

Facts And Circumstances Test

Schedule & (Form 000 or 000-E7) 2016

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at	2016
Department of the Treasury www.irs.gov/form990.	2016 Open to Public Inspection
Internal Revenue Cervice Employer identific Name of the organization SAHANA SOFTWARE FOUNDATION	ation number
27-0596562	

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION WAS FORMED AS A MEMBERSHIP ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS ELECT THE DIRECTORS OF THE ORGANIZATION AT THE ANNUAL MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW FINANCIAL AND AU DIT MATTERS PRIOR TO FILING THE FINAL FORM 990 (FILED WITH THE IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR INSPECTION IN ADDITION, UPON REQUEST OF ANY BOARDMEMBER , A COPY WILL BE PROVIDED IF THERE ARE ANY MATERIAL CHANGES, AN AMENDED FORM 990 WILL BE FILED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING KNOWN RELATIONSHIP S, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED INFORMATION ANY CONFLICT IS REVIEW ED BY THE BOARD BEFORE A DECISION IS MADE AS TO WHETHER TO APPROVE THE TRANSACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OUTSIDE CONTRACTORS - PROGRAM PROGRAM SERVICE EXPENSES 317,948 MANAGEMENT AND GENERAL EX PENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 317,948