efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493227014607 OMB No 1545-0047

Open to Public

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

Net unrelated business revenue from Part VIII, column (C), line 12								
Name changed	A F	or the 2016 c		-2017				
Dame change					D Employer	ıdentıf	ication number	
Internal return Calcum/Yearmasted Calcum		_			75-28572	48		
Amended return Application pending		-	Doing business as					
Application pending					F.T.			
City of town, state or promote, country, and ZIP or foreign postal code ALLINGTON, TX - 760066133				e	E Telephone number			
F Nome and address of principal officer					(817) 607	7-5577		
F. Name and address of principal officer MARIE MAYER 1229 CORPORATE DRIVE WEST ARLIMATORIN, X 760066103 Tax-esempt status Significant principal			City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, TX 760066103					
MARIE MAYER 1229 CORPORATE DRIVE WEST ARAIL MGTON, TX 780056103 Tax-exempt status Subordinates Q sol(c)(1) Sol(c)(2) (Index no.) 4947(a)(1) or 527 H(b) Are all subordinates Q sol(c)(2) Sol(c)(3)							099,875	
1229 CORPORATE DRIVE WEST ARRINGTON, TX 760066103 SO1(c)(1)						rn for		
Tax-everment status			1229 CORPORATE DRIVE WEST					
Website: WWW MENSAFOUNDATION ORG						•	☐ Yes ☐No	
Part Summary				•		•	•	
Part Summary	J W	ebsite:▶ WW	/W MENSAFOUNDATION ORG	n(c) Group	exemption n	umber	•	
1 Briefly describe the organization's mission or most significant activities	K Forr	n of organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of format	ion 2004 N	1 State	of legal domicile TX	
1 Briefly describe the organization's mission or most significant activities	Pa	rt I Sum	mary					
SCHOLARSHIPS, AWARDS, RECOGNITION, AND OUTREACH			•					
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)				E OF ALL AGES	THROUGH	EDUCA	TION,	
Total unrelated business revenue from Part VIII, column (C), line 12 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from Form 990-T, line 34 Total unrelated business taxable income from 60, line 34 Total unrelated business taxable income from 60, line 34 Total unrelated business taxable income from 60, line 34 Total unrelated business taxable income from 60, line 34 Total unrelated business taxable income from 900-1, line 34 Total unrelated business taxable income from 900-1, line 34 Total unrelated business taxable income from 900-1, line 34 Total unrelated business taxable income from 900-1, line 34 Total unrelated business taxable income from 900-1, line 34 Total unrelated business taxable income from 900-1, line 34 Total unrelated business	nce	SCHOLAR.	SHIFS, AWARDS, RECOGNITION, AND OUTREACH					
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B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	A		<u> </u>	0				
Prior Year Current Year		1	• • • • • • • • • • • • • • • • • • • •			_	0	
8 Contributions and grants (Part VIII, line 1h)		D Net unite	acca pasiness taxable income non-rollings of plane strike strike.		r Year	1,5		
9 Program service revenue (Part VIII, line 2g)		8 Contribut	rions and grants (Part VIII line 1h)	1.110		8		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	Ē.					+		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	ďΛċ						•	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	œ				•	+		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1			•		949,068	
14 Benefits paid to or for members (Part IX, column (A), line 4)						_	153 257	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0						+	193,237	
16a Professional fundraising fees (Part IX, column (A), line 11e)	"	1				4—		
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	See	1				_		
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	<u>@</u>					+		
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 435,385 556,85 19 Revenue less expenses Subtract line 18 from line 12 925,729 392,20 8 geinning of Current Year End of Year 20 Total assets (Part X, line 16)	ă	1			320.82	7	403 602	
19 Revenue less expenses Subtract line 18 from line 12 925,729 392,20		1						
Beginning of Current Year End of Year							•	
	\ <u>8</u> &			Beginning o			<u>`</u>	
	sets alanc	20 Total ass	ets (Part X. line 16)		4.185.28	1	4.624 907	
	AB dB						200,931	
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					.,510,17		1, 123,370	

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Signature of officer GUY CONTI TREASURER Type or print name and title Print/Type preparer's name KAREN A GRIES CPA Preparer's signature KAREN A GRIES CPA

Paid Preparer **Use Only**

Firm's name CLIFTONLARSONALLEN LLP Firm's address ▶ 5001 SPRING VALLEY ROAD SUITE 600W DALLAS, TX 75244

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

Form	990 (2	2016)					Page 2				
Par	t III	Statement of	f Program Service	Accomplis	hments						
		Check If Schedu	ile O contains a respor	se or note to	any line in this Part III		🗆				
1	Briefly	describe the org	janization's mission								
THE	MENSA	FOUNDATION BE	NEFITS SOCIETY BY I	NSPIRING AND	EMPOWERING INTELLE	ECTUALLY GIFTED PEOPLE					
_	5 1.11										
2		-	, -		vices during the year wh	nich were not listed on	☐ Yes ☑ No				
		or Form 990 or 9					⊔ Yes ⊻ No				
_	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program										
3		-	icts, any program	П., П.,							
	servic	🗌 Yes 🗹 No									
4		•	changes on Schedule		-k- 6k6 .k- kk	l					
•	Section	on 501(c)(3) and		ns are required	I to report the amount o	largest program services, as meas f grants and allocations to others,					
4a	(Code) (Expenses \$	190,331	including grants of \$	143,557) (Revenue \$	0)				
	See Ad	dditional Data									
4b	(Code) (Expenses \$	124,343	ıncludıng grants of \$	9,700) (Revenue \$	60,691)				
	See Ad	dditional Data									
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)				
4d	Other	program service:	s (Describe in Schedul	e O)							
		enses \$	•	ding grants of	\$) (Revenue \$)				
4e	Total	program servic	ce expenses >	314,6	74						
		_		·			Form 990 (2016)				

or X as applicable

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11f

12a

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Yes

Yes

Yes

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Yes

Yes

Page 3

No

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Nο

Nο

No

Nο

Nο

No

No

Nο

Form **990** (2016)

Part IV Checklist of Required Schedules

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

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Section 501(c)(3) organizations.

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?

for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

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

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

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

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

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

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

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

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

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

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

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

to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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No

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No

No

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25b

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28a

28b

28c

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32

33

34

35a

35h

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37

Yes

Yes

Yes

Form 990 (2016)

Yes

Page 4

Part IV	Checklist of Required Schedules	(continued)

			Yes	No
1	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21		No

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

column (A), line 2? If "Yes," complete Schedule I, Parts I and III current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

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

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

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

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

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

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

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

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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

23

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

orm	990 (2016)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b			
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
L	this return	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	25		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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 service provided to the payor?	7a		No
b	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			
е	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		
92	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	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	1		
	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
٦-	Carties 4047/aV(1) was assessed about the transfer factor of the form 200 m law of factor 10412	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
3	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	2.5a		
	Enter the amount of reserves on hand	1		
С	Enter the amount of reserves of fluid 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			l
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

01111	330 <u>(</u> 2	010)			rage c		
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	' respo	nse to li	nes		
		Check if Schedule O contains a response or note to any line in this Part VI			✓		
Se	ction	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 a					
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 9					
2	Did an	y officer, director, trustee, or key employee have a family relationship or a business relationship with any other , director, trustee, or key employee?	2		No		
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did th	e organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		No		
6	Did th	e organization have members or stockholders?	6	Yes			
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint one or more ters of the governing body?	7a	Yes			
b	Are ar	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7b	Yes			
8	Did th	e organization contemporaneously document the meetings held or written actions undertaken during the year by					
а		overning body?	8a	Yes			
Ь	_	committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is the	re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
		ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No_		
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code				
				Yes	No		
		e organization have local chapters, branches, or affiliates?	10a		No		
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes			
Ь	Descri	be in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes			
c		e organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in ule O how this was done</i>	12c	Yes			
13	Did th	e organization have a written whistleblower policy?	13	Yes			
14		e organization have a written document retention and destruction policy?	14	Yes			
15	Did th	e process for determining compensation of the following persons include a review and approval by independent ins, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	•	rganization's CEO, Executive Director, or top management official	15a		No		
		officers or key employees of the organization	15b		No No		
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)	135				
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a e entity during the year?	16a		No		
b	If "Yes	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	status	t venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?	16b				
Se		C. Disclosure					
17		e States with which a copy of this Form 990 is required to be filed					
18	Sectio availa	n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ble for public inspection Indicate how you made these available. Check all that apply					
	□∘	wn website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)					
19		be in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , and financial statements available to the public during the tax year					
20	State	the name, address, and telephone number of the person who possesses the organization's books and records					

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 (F) (A) (B) (C) (D) (E) Name and Title Position (do not check more Reportable Average Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization any hours organizations from the for related (W- 2/1099-(W- 2/1099organization and individual to or director Highest compensated employee organizations MISC) MISC) related Institutional below dotted organizations employ line) trustee Ď 20.00 (1) MARIE MAYER Х Х 0 PRESIDENT 1 00 20 00 (2) JIM WERDELL 0 0 Χ VICE PRESIDENT 0 00 20 00 (3) GUY CONTI Х 0 0 O TREASURER 0 00 20.00 (4) ELDON ROMNEY Χ 0 0 SECRETARY 0 00 10 00 (5) JANE HANSON 0 0 TRUSTEE 0.00 10.00 (6) PHYLLIS MILLER 0 0 TRUSTEE 0.00 10 00 (7) DAVE REMINE 0 0 TRUSTEE 0 00 10.00 (8) LESSA SCHERRER TRUSTEE 0 0.00 10 00 (9) JOANNE SOPER 0 TRUSTEE 0 00 10.00 (10) CHARLIE STEINHICE 0 Х 0.00

Part VII

(F)

Page 8

	(A) Name and Tıtle	me and Title Average hours per week (list any hours forwards forwards for a forwards for a forwards f				I W-	ated f other sation the							
		organizations below dotted line)	Individual trustee or director	In stitutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-MI3C)	2/1099-MISC	-) (organizat relat organiza	ed
												+		
												_		
c	Sub-Total Total from continuation sheets to P	•	nΑ.				*			0		0		(
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos				e) who	rec	eived mo	re than \$1	00,000	•		
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .								ghest co		employee on		Yes	No
4	For any individual listed on line 1a, is organization and related organization individual	the sum of rep	ortable :	comp	ensa	atıor	n and c	ther	r compen	sation from	the	4		No No
5	Did any person listed on line 1a receivervices rendered to the organization											5		No
S	ection B. Independent Contract											<u> </u>		
1	Complete this table for your five high from the organization Report compe	est compensate nsation for the o	d indep calendar	endei year	nt co end	ntra ling	actors with o	that r wit	received thin the c	more than organization	\$100,000 of co n's tax year	mpens	ation	
	Name	(A) and business addre	ess							Desc	(B) ription of services		(C Comper	

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 \blacktriangleright 0

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

		(2016)										Page 9
Part '	VII											
		Check if Schedul	le O contains a	respo	onse or note to any	ine in th (A Total re	()	(I Relat exe fund	ed or mpt	(C) Unrelated business revenue	1	(D) Revenue excluded from under sections 512-514
s s	1 a	a Federated campaig	ns	1a								
ant	1	b Membership dues		1 b								
5 6	•	c Fundraising events		1c								
ffs. ⊏A	•	d Related organizatio	ons	1 d	57,200							
<u>1</u> 9.	•	e Government grants (co	ontributions)	1e								
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions, and similar amounts n above		1f	722,866							
Contrib and Oth	!	g Noncash contribution in lines 1a-1f \$		_								
<u>ة ت</u>	h	Total.Add lines 1a-1	lf				80,066					
护					Business							
Service Revenue		PUBLICATIONS				511120		3,845	•	845		
ož ⊥	D	COLLOQUIUM				900099		26,846	26,	840		
<u>ي</u> ج	c			-								
₹	d			-								
ran	e	, -		-								
Program		All other program se				60,691						
_		Total. Add lines 2a-2i			<u> </u>							
		Investment income (ii similar amounts) .	ncluding divider	nds, i	interest, and other	ļ	102,684					102,684
		Income from investme			ond proceeds \blacktriangleright							
	5	Royalties										
			(ı) Real		(II) Personal							
	6a	Gross rents										
	b	Less rental expenses		5,892 3,358								
	C	Rental income or (loss)	52	2,534								
	d	Net rental income o	r (loss)			 	52,534					52,534
			(i) Securitie		(II) Other	<u> </u>	·					<u> </u>
	7a	Gross amount			, ,							
		from sales of assets other than inventory	3,078	3,221								
	b	Less cost or other basis and sales expenses		7,449								
		Gain or (loss)		9,228		ļ	40.000					40.000
		Net gain or (loss)			•		-49,228					-49,228
Revenue	Od	Gross Income from form form form form form for the contributions reported See Part IV, line 18	of ed on line 1c)									
ě	h	Less direct expense		ь								
7		: Net income or (loss)			ents 🕨	J						
Other	9a	Gross income from g		5								
0		See Part IV, line 19		_								
	L		_	a								
		Less direct expense Net income or (loss)		b ctivit	les	J						
		Gross sales of invent		CC: * 1 C	les >							
		returns and allowand		a								
	b	Less cost of goods s	sold	b								
	C	Net income or (loss)		rvent								
	- 1 1	Miscellaneous			Business Code 900099		2 221					2 221
	11	-aMISCELLANEOUS RI	EVENUE		900099		2,321					2,321
	b	·										
	c	:										
		AH 12										
		All other revenue .										
		e Total. Add lines 11a					2,321					
	12	! Total revenue. See	Instructions .		· · · · •		949,068		60,691		0	108,311
												orm 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all	columns All other orga	anızatıons must comp	elete column (A)	
Check if Schedule O contains a response or note to ar	ny line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Par IV, line 22	137,257	137,257		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	16,000	16,000		
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)	5			
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)				
a Management				
b Legal	5,269	5,025	179	65
c Accounting	9,675	3,483	4,547	1,645
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	14,312		14,312	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	234,000	71,280	93,060	69,660
12 Advertising and promotion				
13 Office expenses	31,007	24,775	2,879	3,353
14 Information technology	10,403	10,271	132	
15 Royalties				
16 Occupancy				
17 Travel	88,214	44,977	25,902	17,335
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				
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 MISCELLANEOUS	8,207	393	3,798	4,016
b SUPPLIES	1,302		1,302	

1,213

556,859

c LOCAL GROUP REIMBURSEME

25 Total functional expenses. Add lines 1 through 24e

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)

e All other expenses

d

1,213

314,674

146,111

96,074

Form **990** (2016)

	1	Cash-non-interest-bearing			87,433	1	21,871
	2	Savings and temporary cash investments .				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			59,180	4	40,695
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L				5	
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and f section 501(c)(9)		6		
et	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges			1,782	9	10,270
	10a	Land, buildings, and equipment cost or other	10a	510.794			

s		voluntary employees' beneficiary organizations Part II of Schedule L		6			
sset	7	Notes and loans receivable, net		7			
		Inventories for sale or use	•		8		
A	9	Prepaid expenses and deferred charges	1,782	9	10,270		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	510,794			
	ь	Less accumulated depreciation	10 b	234,189	288,772	10 c	276,605
	11	Investments—publicly traded securities .		3,748,114	11	4,275,466	
	12	Investments—other securities. See Part IV. line		12			

et	7	Notes and loans receivable, net		7			
SS	8	Inventories for sale or use		8			
٨	9	Prepaid expenses and deferred charges	expenses and deferred charges				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	510,794			
	ь	Less accumulated depreciation	10b	234,189	288,772	10 c	276,605
	11	Investments—publicly traded securities .	3,748,114	11	4,275,466		
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		15			
	16	Total assets.Add lines 1 through 15 (must equ	ial line 3	4)	4,185,281	16	4,624,907

14,438

109,650

51.047

175,135

2,400,090

1,250,937

359,119

4,010,146

4.185.281

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

13,525

156,850

30.556

200.931

2,732,745

1,332,112

4,423,976

4.624.907

Form **990** (2016)

359.119

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

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

check here ▶ 🔲 and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

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

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

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

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

17

18

19

20

21

23

24

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

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				
	Tabel more frame frame Dark / MM ask man (A) line 12)				040.060
1	Total revenue (must equal Part VIII, column (A), line 12)	1			949,068
2	Total expenses (must equal Part IX, column (A), line 25)	2			556,859
3	Revenue less expenses Subtract line 2 from line 1	3			392,209
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	,010,146
5	Net unrealized gains (losses) on investments	5			21,621
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		4	,423,976
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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle			

За

3b

No

Form **990** (2016)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 75-2857248 Name: MENSA EDUCATION AND RESEARCH FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

SCHOLARSHIPS AND AWARDS - THE FOUNDATION PRESENTS AWARDS FOR EXCELLENCE TO RESEARCHERS BASED ON OUTSTANDING RESEARCH ON HUMAN INTELLIGENCE, INTELLECTUAL GIFTEDNESS AND RELATED FIELDS OTHER AWARDS GIVEN BY THE FOUNDATION ARE DISTINGUISHED TEACHER OF THE YEAR, COPPER

BLACK AWARD FOR CREATIVE ACHIEVMENT, INTELLECTUAL BENEFITS AWARD, LAURA JOYNER AWARD FOR OUTSTANDING WORK IN HUMAN INTELLIGENCE AND LIFETIME

ACHIEVEMENT AWARD FOR RESEARCH ON INTELLIGENCE AND GIFTEDNESS. THE FOUNDATION AWARDS SCHOLARSHIPS TO COLLEGE STUDENTS. THE FOUNDATION AWARDED 195 SCHOLARSHIPS AND AWARDS DURING THE FISCAL YEAR ENDED MARCH 31, 2017

JOURNAL AND PUBLIC EDUCATION - THE FOUNDATION PUBLISHES THE "MENSA RESEARCH JOURNAL" AT LEAST THREE TIMES PER YEAR THIS JOURNAL HIGHLIGHTS SCHOLARLY ARTICLES AND RECENT RESEARCH RELATED TO INTELLIGENCE THE SUPPORT OF GIFTED YOUTH IS A FOCAL POINT FOR THE FOUNDATION THE FOUNDATION HAS INCREASED FUNDING FOR GIFTED YOUTH PROGRAMS A KEY RESOURCE IS THE WEB SITE WWW MENSAFORKIDS ORG, WHICH OFFERS EDUCATIONAL GAMES AND

ARTICLES FOR YOUTH THE FOUNDATION HOSTS COLLOQUIUMS THAT ARE OPEN TO THE PUBLIC COLLOQUIUMS OFFER AN IN-DEPTH LOOK AT A PARTICULAR TOPIC AND

OFFER A CLIMATE OF INTELLECTUAL EXCITEMENT IN WHICH CONCEPTS ARE EXPLORED. DIALOGUES ARE STARTED AND IDEAS ARE GENERATED

Form 990, Part III, Line 4b:

efile	e GR/	APHIC prin	1t - DO NO	T PROCESS	As Filed Data -				3493227014607
(Form 990 or Complete if the 990EZ)		plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o mpt charitable 990 or Form 99	organization of trust. 0-EZ.	ort r a section	2016		
i iterna	Reven	the Treasury		ormation abou	ıt Schedule A (Form <u>www.irs.g</u> e	990 or 990-EZ <u>ov/form990</u> .) and its instru	ictions is at	Open to Public Inspection
ame	of th	ie organiza [.]	tion SEARCH FOUN	DATION				Employer identific	ation number
-		Danas d	ia - Dublia	Chaulte Ctate	(+- +b+ \ (75-2857248	
	r t I rganiz				us (All organization: it is (For lines 1 thro			see instructions.	
1	_	A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2	$\overline{\Box}$	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperati	ve hospital serv	vice organization descr	ribed in section	 170(b)(1)(A)(iii).	
4			esearch orga and state _	nızatıon operate	ed in conjunction with	a hospital descri	bed in section	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operate (iv). (Comple		t of a college or univer	sity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	۱)(v).	
7	✓	section 17	0(b)(1)(A)	(vi). (Complete	·		-	init or from the genera	al public described in
8		A communi	ty trust descr	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in 170(b)(1) ee instructions Enter t				ege or university or a
0		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/3% ctions—subject to cert ess taxable income (lemplete Part III)	aın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1					exclusively to test for	r public safety S	ee section 509	(a)(4).	
2		more public	ly supported	organizations of	i exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting or n(s) the power	ganızatıon oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting o	rganızatıon sup	ervised or controlled in ation vested in the san				
С		Type III fo	unctionally i	i <mark>ntegrated.</mark> A s	supporting organization ons) You must com				ted with, its
d		functionally	ıntegrated [*]	The organization	d. A supporting organi n generally must satisf t IV, Sections A and	fy a distribution i	requirement and		
е		Check this	box if the org	janization receiv	ved a written determin integrated supporting	ation from the II		pe I, Type II, Type II	I functionally
f	Enter			l organizations	g. area supporting	gaation			
g	Provid	de the follow	ıng ınformatı	on about the su	pported organization(s)			
i)Na	ame of	f supported o	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
otal			A N		structions for	Cat No 11285	-	 Schedule A (Form 9	

Sch	nedule A (Form 990 or 990-EZ) 2016						Page 2
	Support Schedule for (Complete only if you che III. If the organization fa	ecked the box o	n line 5, 7, 8, oi	r 9 of Part I or i	f the organization	on failed to quali	
•	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	328,923	567,160	382,530	1,160,328	780,066	3,219,007
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	328,923	567,160	382,530	1,160,328	780,066	3,219,007
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)			·		·	1,814,621
6	Public support. Subtract line 5 from line 4						1,404,386
-	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f) ⊤otal
7	Amounts from line 4	328,923	567,160	382,530	1,160,328	780,066	3,219,007
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	157,615	157,499	160,166	147,138	155,218	777,636

4	Total. Add lines 1 through 3	328,923	567,160	382,530	1,160,328	780,066	3,219,007
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)						1,814,621
6	Public support. Subtract line 5 from line 4						1,404,386
	Section B. Total Support						
-	Calendar year						
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e)2016	(f) ⊤otal
7		(a)2012 328,923	(b) 2013 567,160	(c)2014 382,530	` '	` '	
7	(or fiscal year beginning in) ► Amounts from line 4	L , ,	` '	` '	1,160,328	780,066	

6	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						1,814,621
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) Total
7	Amounts from line 4	328,923	567,160	382,530	1,160,328	780,066	3,219,007
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	157,615	157,499	160,166	147,138	155,218	777,636
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	8,345	15,062	42,520	31,122	2,321	99,370

13 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,

16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

4,096,013

224,876

34 290 %

33 590 %

12

14

15

Schedule A (Form 990 or 990-EZ) 2016

(Explain in Part VI)

organization

instructions

supported organization

11

Total support. Add lines 7 through

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 Schedule A, Part II, line 14

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

(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.)

Section A. Public Support

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
	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						
5	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year						
8	Add lines 7a and 7b Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9	(or fiscal year beginning in) ► Amounts from line 6						
L0a	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						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VII)						
	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	Total support. (Add lines 9, 10c, 11, and 12)	n the quarter	No finet accord to	and former and co	h tay yar	stron F01/-1/2)	
14	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo	r the organizatior	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) o	· —
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here		, ,	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) o	rganization,
Se	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public 9	Support Perce	entage	, 	h tax year as a se		· —
Se 15	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public 9 Public support percentage for 2016 (line)	Support Perce	entage ivided by line 13,	, 	h tax year as a se	15	· —
S 6 15 16	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public 9 Public support percentage for 2016 (line Public support percentage from 2015)	Support Perce le 8, column (f) d chedule A, Part I	entage Ivided by line 13, II, line 15	, 	h tax year as a se		· —
Se 15 16	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public 9 Public support percentage for 2016 (line)	Support Perce le 8, column (f) d ichedule A, Part I ment Income	entage ivided by line 13, II, line 15 Percentage	column (f))	, 	15	· —
S 6 15 16	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public 9 Public support percentage for 2016 (line Public support percentage from 2015 Section D. Computation of Investigation 1.	Support Perce le 8, column (f) d ichedule A, Part I ment Income 16 (line 10c, colu	entage ivided by line 13, II, line 15 Percentage mn (f) divided by	column (f))	, 	15 16	· —
Se 15 16 Se 17	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public Public support percentage for 2016 (line Public support percentage from 2015 Section D. Computation of Investigation of Investment income percentage for 2016)	Support Perce le 8, column (f) d ichedule A, Part I ment Income 16 (line 10c, colu 015 Schedule A,	entage Ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17	column (f)) line 13, column (f	, ()))	15 16 17 18	▶□

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

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

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

 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

6

7

10a

provide detail in Part VI.

answer line 10b below

Sections A and D. and complete Part V) Section A. All Supporting Organizations Yes Nο

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		

describe the designation. It historic and continuing relationship, explain	1	
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
below	3a	

_	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın 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	
			$\overline{}$

	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?		
С	If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	hecked 12a or 12b in Part I, answer (b) and (c) below		

	the public support tests under section 305(d)(L) If 765, describe in Full 12 men and non-tire organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın 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	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes." explain in Part VI what controls the organization used to ensure that all support		

	Did the organization have distinute control and discretion in deciding whether to make grants to the foreign supported		i I	
	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		
5а	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	i I	

```
Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"
8
     complete Part I of Schedule L (Form 990 or 990-EZ)
                                                                                                                                     8
     Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as
```

6

7

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

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

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

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes."

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

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

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

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

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

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

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

the organization had excess business holdings)

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

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

Pa	Irt IV Supporting Organizations (continued)						
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
_	governing body of a supported organization?	11a					
h	A family member of a person described in (a) above?						
		11b					
·	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
5	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or						
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part						
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the						
	organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such						
	powers during the tax year	1					
2	Did the erganization energia for the benefit of any cumperted erganization other than the cumperted erganization(e) that						
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit						
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting						
	organization	2					
_							
5	ection C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees 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)						
- 2	ection D. All Type III Supporting Organizations						
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the						
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing						
	documents in effect on the date of notification, to the extent not previously provided?						
		1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization						
	(s) or (II) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization						
	maintained a close and continuous working relationship with the supported organization(s)	\vdash					
_		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					
S	ection 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 instruction)	ons)					
	a						
	b						
			_L \				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstrud	ctions)				
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					
3	Parent of Supported Organizations Answer (a) and (b) below.	igsquare					
	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? <i>Provide details in Part VI</i> .	$\vdash \vdash \vdash$					
	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	2h					
	the state of the s	. an '					

3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2016

e Excess from 2016. . . .

chedule A (Form 990 or 990-EZ) 2016 Page 8
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 A (Form 990 or 990-F7) 2016

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

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

As Filed Data -

Supplemental Financial Statements

OMB No 1545-0047

DLN: 93493227014607

Open to Public

Schedule D (Form 990) 2016

Cat No 52283D

Department of the Treasury

(Form 990)

▶ 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.

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>. Name of the organization Employer identification number

Inspection

MEN	NSA EDUCATION AND RESEARCH FOUNDATION				· ·		· ·
D.	art I Organizations Maintaining Donor	Advised Eugde on Oth	ou Cimilau Euro		2857248		
26	Organizations Maintaining Donor Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 6.	us or Acc	counts.		
		(a) Donor advised for		(b)	Funds and other acco	unts	
	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
ļ	Aggregate value at end of year						
;	Did the organization inform all donors and donor funds are the organization's property, subject to			or advised		Vac	
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	and donor advisors in writing benefit of the donor or don	ng that grant funds or advisor, or for a	can be ny other p	urpose	Yes	No
Pa	rt III Conservation Easements. Complet	te if the organization and	swered "Yes" on	Form 990), Part IV, line 7.		
	Purpose(s) of conservation easements held by the	e organization (check all th	at apply)				
	\square Preservation of land for public use (e g , rec	creation or education)	Preservation o	of an histor	rically important land a	area	
	Protection of natural habitat		Preservation o	of a certifie	d historic structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	held a qualified conservatio	n contribution in th	e form of a			
_	easement on the last day of the tax year Total number of conservation easements			2a	Held at the End o	f the Y	fear
a b	Total acreage restricted by conservation easemen	nts		2a 2b			
c	Number of conservation easements on a certified		n (a)	2c			
d	Number of conservation easements included in (c		` '				
3	structure listed in the National Register Number of conservation easements modified, traitax year Tax year	nsferred, released, extingui	shed, or terminated	d by the or	ganization during the		
	·		. L				
	Number of states where property subject to cons			_			
•	Does the organization have a written policy regar and enforcement of the conservation easements	rding the periodic monitorin it holds?	g, inspection, hand	ling of viol	ations, \[\begin{aligned} \b	□ N	lo
,	Staff and volunteer hours devoted to monitoring,	inspecting, handling of viol	ations, and enforcii	ng conserv	ation easements durin	ng the y	/ear
,	Amount of expenses incurred in monitoring, inspect ▶ \$	ecting, handling of violation	s, and enforcing co	nservation	easements during the	year	
3	Does each conservation easement reported on line and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the re	quirements of section	on 170(h)((4)(B)(ı)	□ N	lo
)	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the orga					
ar	Organizations Maintaining Collect Complete of the organization answere	tions of Art, Historica		Other Si	milar Assets.		
.a	If the organization elected, as permitted under SI art, historical treasures, or other similar assets his provide, in Part XIII, the text of the footnote to it	FAS 116 (ASC 958), not to eld for public exhibition, edi	report in its revenu ucation, or research	ın further			f
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items						
((i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(i	ii)Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of art, following amounts required to be reported under			fınancıal g	gain, provide the		
а	Revenue included on Form 990, Part VIII, line 1				> \$		
b	Assets included in Form 990, Part X				▶ \$		

Pai	rt III Organizations Maintaining Coll	ections of Art, I	Histori	cal Tı	eas	ures, or Other	Similar Assets	(continued)	
3	Using the organization's acquisition, accession items (check all that apply)	, and other records	, check	any of	the f	ollowing that are a	significant use of i	ts collection	
а	Public exhibition		d		Loar	n or exchange prog	rams		
b	Scholarly research		е		Oth	er			
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII								
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermed	liary for	contril	outio	ns or other assets (not 🗌 Y	es 🗆 No	
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table			Amount		
С	· · ·	•	,			1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2 a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow	or c	ustodial account lia	ıbılıty?	es 🗆 No	
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatı	on has	beei	n provided in Part)			
Pa	art V Endowment Funds. Complete if	the organization	answer	ed "Ye	es" c	n Form 990, Par	t IV, line 10.		
		(a)Current year	(b) P	rıor yea	-	(c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	1,086,847		1,029	\rightarrow	980,646	935,336		
b	Contributions	32,893			,521	30,202	•		
С	Net investment earnings, gains, and losses	30,654		42	,341	36,197	34,170	29,537	
d	Grants or scholarships								
е	Other expenditures for facilities and programs	15,660		14	,829	17,231	16,065	16,059	
f	Administrative expenses								
g	End of year balance	1,134,734		1,086	,847	1,029,814	980,646	935,336	
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment >	nt year end balance 67 280 %	(line 1	g, colui	mn (a	a)) held as			
b	Permanent endowment ► 31 650 %								
С	Temporarily restricted endowment ► 1 0	70 %							
	The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%							
За	Are there endowment funds not in the possess organization by	sion of the organizat	tion that	t are h	eld a	nd administered fo	the	Yes No	
	(i) unrelated organizations						_	Ba(i) No	
b	(ii) related organizations If "Yes" on 3a(ii), are the related organization	s listed as required	 on Sche	dule R	· .			3b No	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	funds				<u> </u>	
Pa	ort VI Land, Buildings, and Equipmer								
	Complete if the organization answ Description of property (a) Cost or oth (investme	er basıs (b)Cost	m 990, or other					ne 10. (d)Book value	
	`								
	Land				4,091			94,091	
	Buildings				1,257		159,416	171,841	
	Leasehold Improvements			8	5,446	5	74,773	10,673	
d	d Equipment								
	Other								
Tot	al. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colur	mn(B)	line	10(c))	>	276,605	

Part VII	Investments—Other Securities. Complete if the ord See Form 990, Part X, line 12.	ganization ans	wered 'Yes' on	Form 990, Part IV, line 11b.	
	(a) Description of security or category (including name of security)	(b) Bool		(c)Method of valuation st or end-of-year market value	
	derivatives			ze or end or year market talae	
(2) Closely-l (3) Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the o See Form 990, Part X, line 13.	rganization ar	nswered 'Yes' o	n Form 990, Part IV, line 11c	c.
	(a) Description of investment	(b) Book value		(c) Method of valuation st or end-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990, F	art IV, line 11d	See Form 990, Part X, line 15 (b) Book v	value
(1)	(2)			(2,233)	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	imn (b) must equal Form 990, Part X, col (B) line 15)			>	
Part X	Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25.	ered 'Yes' on F	orm 990, Part	IV, line 11e or 11f.	
1.	(a) Description of liability	(b)	Book value		
(1) Federal	income taxes				
(2)					
(3)					
(4)				1	
(5)				1	
(6)				1	
(7)				1	
(8)				-	
(9)				-	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		-	
	or uncertain tax positions. In Part XIII, provide the text of the f		organization's fin	ancial statements that reports the	

Page 4

542.547

14,312

556,859

Schedule D (Form 990) 2015

Schedule D (Form 990) 2016

2

b

3

4

b

C 5

Part XIII

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Other losses .

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements . 542,547

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

2a

2b

2c 2d

4a 4b

Explanation

2e 3

4c

14,312

chedule D (Form 990) 2015	Page
Part XIII Supplemental Information (contin	ued)
Return Reference	Explanation

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 75-2857248

Name: MENSA EDUCATION AND RESEARCH FOUNDATION

dile. MENSA EDUCA

Supplemental	Informatio

Supplemental Information	
Return Reference	Explanation
,	THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PROTECT THE PRINCIPAL BA LANCE, MANAGE CASH FLOW TO MEET ALL EXPECTED AND UNEXPECTED FUTURE FUNDING REQUIREMENTS, A ND MAXIMIZE RETURN WITH MINIMAL RISK

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL R EVENUE CODE AS A SECTION 501(A) ORGANIZATION WITHIN THE MEANING OF SECTION 509(A) THE INT ERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS A PUBLICLY SUPPORTED ORGANIZAT ION THE FOUNDATION FILES AS A TAX-EXEMPT ORGANIZATION THE FOUNDATION'S TAX RETURNS ARE S UBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES

Consider a sector Live Commentions

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493227014607 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. **Open to Public** ▶ Attach to Form 990. ▶ See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** MENSA EDUCATION AND RESEARCH FOUNDATION 75-2857248 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 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 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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g, program service, describe for and investments and independent fundraising, program specific type of ın reaion region contractors in services, investments, grants service(s) in region region to recipients located in the region) (1) FUROPE 0 0 GRANTS TO RECIPIENTS SCHOLARSHIPS 4,000 (2) SUB-SAHARAN AFRICA 0 GRANTS TO RECIPIENTS SCHOLARSHIPS 2,000 0 (3) EUROPE 0 0 GRANTS TO RECIPIENTS MENSA FOUNDATION 10,000 PRIZE (4) (5) 3a Sub-total 16,000 b Total from continuation sheets to Part I 16.000 c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

Page 3

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	e (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	EUROPE	3	4,000	WIRE TRANSFER			
(2) SCHOLARSHIPS	SUB-SAHARAN AFRICA	. 2	2,000	WIRE TRANSFER	1		
(3) MENSA FOUNDATION PRIZE	EUROPE	1	10,000	WIRE TRANSFER	'		
(4)			· · · · · · · · · · · · · · · · · · ·		1		
(5)			-		1		
(6)							
(7)			· · · · · · · · · · · · · · · · · · ·				
(8)					1		
(9)			· · · · · · · · · · · · · · · · · · ·				
(10)			-				
(11)			· · · · · · · · · · · · · · · · · · ·		1		
(12)			· · · · · · · · · · · · · · · · · · ·		1		
(13)			·				

(3)	
(10)	
(11)	
(12)	

(14) (15) (16) (17) (18)

Sche	chedule F (Form 990) 2016 Pa		
Par	t IV 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	☑ 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)		
	Instructions for Forms 3320 and 3320-M	☐Yes	✓ 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)		
	Corporations (see Instructions for Form 5471)	☐Yes	✓ 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	☑ 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	✓ 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)	☐ Yes	✓ No

Schedule F (Form 990) 2016 Page					
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting 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 any additional information (see instructions).					
Return Referenc	- 1	Explanation			
PART I, LINE 2		SCHOLARSHIP RECIPIENT AWARDS ARE DISBURSED TO THE STUDENT AFTER THE STUDENT HAS PROVIDED PROOF OF ENROLLMENT IN A COLLEGE OR UNIVERSITY TO THE FOUNDATION			

Return Reference	Explanation
ORM 990 SCHEDULE F ART III	THE MENSA FOUNDATION PRIZE IS AWARDED BIENNIALLY FOR THE BEST SCIENTIFIC DISCOVERY IN THE FIELD OF INTELLIGENCE OR CREATIVITY

Return Reference	Explanation
FORM 990 SCHEDULE F ADDITIONAL INFORMATION	THE FOUNDATION PROVIDES \$6,000 IN SCHOLARSHIPS TO STUDENTS OUTSIDE OF THE UNITED STATES FOR ONE OF THOSE SCHOLARSHIPS, TOTALING \$1,000, THE GRANT GOES TO A FOREIGN STUDENT THAT WILL BE STUDYING IN THE UNITED STATES THE OTHER FOUR SCHOLARSHIPS TOTALING \$5,000 ARE FOR FOREIGN STUDENTS STUDYING OUTSIDE THE UNITED STATES

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493227014607 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number MENSA EDUCATION AND RESEARCH FOUNDATION 75-2857248 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) (1)(3)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Page 2

	recipients	casii granc	Holl cash assistance	Triv, appraisal, other)	
(1) SCHOLARSHIPS	190	131,507		N/A	N/A
(2) AWARDS FOR EXCELLENCE	7	3,500		N/A	N/A
(3) COPPER BLACK	1	500		N/A	N/A
(4) DISTINGUISHED TEACHER	1	250		N/A	N/A
(5) LIFETIME ACHIEVEMENT	1	1,000		N/A	N/A

N/A

SCHOLARSHIP RECIPIENT AWARDS ARE DISBURSED TO THE STUDENT AFTER THE STUDENT HAS PROVIDED PROOF OF ENROLLMENT IN A COLLEGE OR UNIVERSITY

N/A

500

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

1

Part III can be duplicated if additional space is needed

Explanation

Schedule I (Form 990) 2016

(6) LAURA JOYNER AWARD

Part III

(6)

(7)

Part IV

PART I, LINE 2

TO THE FOUNDATION COPPER BLACK AWARD RECIPIENTS MUST BE NOMINATED FOR A CREATIVE ACHIEVEMENT WITHIN THE PAST 3 YEARS AND WILL BE SELECTED FROM A COMMITTEE OF JUDGES DISTINGUISHED TEACHER AWARD RECIPIENTS ARE SELECTED FROM A MENSA MEMBER'S ESSAY DETAILING THE TEACHER'S IMPACT ON HIS/HER LIFETIME ACHIEVEMENT AWARD RECEIPIENTS MUST BE NOMINATED FOR AN EXCEPTIONAL BODY OF WORK BY A LIVING PERSON OVER A PERIOD OF NOT LESS THAN 15 YEARS IN RESEARCH, THEORY, AND/OR OTHER SCHOLARLY WORK, AND/OR AS AN EDUCATOR AND/OR PRACTITIONER IN THE FIELD OF GIFTEDNESS, BRAIN FUNCTION, HUMAN INTELLIGENCE, CREATIVITY, OR THE FIELD OF INTELLIGENCE TESTING AND WILL BE SELECTED BY A COMMITTEE OF JUDGES LAURA JOYNER AWARD RECIPIENTS WILL BE SELECTED BY THE FOUNDATION'S BOARD, AND WILL BE AN ENTITY IN THE COLLOQUIUM LOCALE AREA THAT SHOWS SIGNIFICANT ACHIEVEMENT RELATIVE TO THE MISSION OF THE FOUNDATION EXCELLENCE IN RESEARCH AWARD RECIPIENTS CAN SUBMIT UP TO 3 PAPERS IN WHICH THEY ARE THE FIRST AUTHOR OF ORIGINAL RESEARCH FINDINGS OR THEORETICAL PAPERS PROPOSING NEW DIRECTIONS IN RESEARCH IN A VARIETY OF FIELDS

Schedule I (Form 990) 2016

efile GRAPH	IC print	- DO NOT PROCESS	As Filed Data -		DLN:	93493227014607			
SCHEDUL	E 0	Sunnlament	tal Informatio	n to Form 990 or 9	990-F7	OMB No 1545-0047			
(Form 990 or 990)- EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.									
Internal Revenue for Name of the org MENSA EDUCATION	fication number								
990 Schedule	e O, Sup	plemental Informatio	n						
Return Reference	Explanation								
FORM 990, PART VI, SECTION A,	T, SECR	ETARY AND TREASUREF	R, WHO ARE ON THE	E WHICH CONSISTS OF THE I GOVERNING BOARD OF TRU THE BOARD OF TRUSTEES BI	ISTEES THE EXE	CUTIVE COMM			

LINE 1

BOARD OF TRUSTEES

Return Explanation

FORM 990, PART VI, SERVING ON THE AMERICAN MENSA COMMITTEE AS A VOTING MEMBER, SHALL SERVE AS A VOTING MEMBER SECTION A, LINE 6

Return Explanation

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

FORM 990,	THE VOTING MEMBERS HAVE THE RIGHT TO APPROVE OR DISAPPROVE ANY RECOMMENDED CHANGES TO THE
PART VI,	BYLAWS OF THE FOUNDATION
SECTION A,	
LINE 7B	

Return Explanation

FORM	990,	THE FOUNDATION'S FINANCE COMMITTEE WILL REVIEW THE DRAFT FORM 990, RECOMMEND CHANGES IF NE
PART	/I,	EDED AND PROVIDE AN APPROVED FORM 990 TO THE FULL BOARD PRIOR TO FILING WITH THE IRS
SECTION	ON B,	
LINE 1	1B	

Doturn

Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHERE ALL MEMBERS OF THE BOARD OF DIREC TORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT MAY GIVE RISE TO CONFLI CT. THE ORGANIZATIONS MONITORS THE POLICY AT THE MANAGEMENT AND BOARD LEVEL WITH DETERMINA TIONS MADE BY REMAINING MEMBERS WHO ARE NOT IN CONFLICT WITH THE TRANSACTION INDIVIDUALS WITH A CONFLICT ARE NOT ALLOWED TO PARTICIPATE IN DISCUSSIONS AND MUST ABSTAIN FROM VOTING ON THE MATTER ALL PROCEEDINGS ARE DOCUMENTED IN THE MEETING MINUTES OR AS OTHERWISE APPR OPRIATE

Evolunation

Return Explanation
Reference

FORM 990, PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

LINE 19

Return Explanation
Reference

FORM 990, ADMINISTRATIVE FEES PROGRAM SERVICE EXPENSES 71,280 MANAGEMENT AND GENERAL EXPENSES 93,0 60 FUNDRAISING EXPENSES 33,660 TOTAL EXPENSES 198,000 DEVELOPMENT CONSULTANT PROGRAM S ERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 36,000 TOTAL E XPENSES 36,000

Return Explanation

FORM 990, PART XII, LINE 2C

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493227014607 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. **Open to Public** Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** MENSA EDUCATION AND RESEARCH FOUNDATION 75-2857248 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (If applicable) of disregarded entity		(b) Primary activi	ty	(c) Legal domici or foreign co		(d) Total inco	ome	(e) End-of-year ass	sets	(f) Direct con entit	trolling
-											
Port II Identification of Delated Toy Freeway Overwinstian	Camanla	£ kla a			/a a II a a a G		Davit IV	/ line 24 has			
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	is Complet	e ir the organi:	zation a	answered "\	res" on Fe	orm 990,	Part IV	, line 34 bec	ause	it nad one or r	nore
(a) Name, address, and EIN of related organization		(b) ry activity	Legal do	(c) micile (state	Exempt Co			(e) charity status	Dii	(f) rect controlling	(g) Section 512(b)

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the organ	zation answered "	Yes" on Form 990,	Part IV, line 34 be	cause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b) ontrolled tity?
(1)AMERICAN MENSA LTD	MEMBERSHIP ORGANIZATION	NY	501(C)(4)	N/A		Yes	No No
1229 CORPORATE DRIVE WEST	MEMBERSHIP ORGANIZATION	INT	501(C)(4)	N/A	l		INO
ARLINGTON, TX 76006 11-1986754					N/A		
							<u> </u>
For Paperwork Reduction Act Notice, see the Instructions for Form S	990.	Cat No 50135	<u> </u> Y		Schedule R (Form	990) 20	016

(a) Name, address, and EIN o related organization	Name, address, and EIN of		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	d, total income		Disprop	h) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or I	(k) Percenta ownersh
					<u>'</u>			Yes	No		Yes	No	
Identification of Related Organ because it had one or more relate						ızatıon ansv	vered "Yes	" on F	orm 9	90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	do (state	(c) egal micile or foreign		entity (Cid	(e) pe of entity corp, S corp, or trust)	(f) Share of total Income		(g) e of end- year assets	-of- Percei	ntage	(13	(ı) ection 5: 3) contr entity
		COL	untry)					+				<u> </u>	Yes
								+				+	
								1				+	
	- 											_	
												\perp	\perp

Schedule R (Form 990) 2016		Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	,	No
c Gift, grant, or capital contribution from related organization(s)	. 1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1 d	1	No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	r	No
g Sale of assets to related organization(s)	1 g	,	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1 k	:	No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1r	1 Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
c. Other transfer of each or property from related organization(c)	16	:T	No

k Lease of facilities, equipment, or other assets from related organization(s)					ITK NO
I Performance of services or membership or fundraising solicitations for related organization(s) \cdot					1l No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .					1m Yes
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n Yes
o Sharing of paid employees with related organization(s)					1o Yes
p Reimbursement paid to related organization(s) for expenses					1p Yes
q Reimbursement paid by related organization(s) for expenses					1q Yes
r Other transfer of cash or property to related organization(s)					1r No
f s Other transfer of cash or property from related organization(s)					1s No
2 If the answer to any of the above is "Yes," see the instructions for information on who must compl-	lete this line	e, including covered r	relationships and trai	nsaction thresholds	
(a) Name of related organization		(b) Transaction	(c) Amount involved	(d) Method of determining am	ount involved

С

57,200

75,892

198,000

COST

COST

COST

(1)AMERICAN MENSA LTD

(2)AMERICAN MENSA LTD

(3)AMERICAN MENSA LTD

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropitiona allocations?	te	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner [:]	or g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

