Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

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

2015

Open to Public Inspection

MB No. 1545-0047

For the 2015 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Building Everyone's Success Check if applicable: Address change Together in West Africa, Inc. Doing business as BESTWA, 45-5149588 Inc. Name change Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 541262 214-316-0804 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated Grand Prairie TX 75054 4,139,043 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Yes Application pending Andrew Perkins P.O. Box 541262 H(b) Are all subordinates included? Grand Prairie 75054 If "No," attach a list. (see instructions) 501(c)(3) 501(c) ( ) t (insert no.) Tax-exempt status www.bestwa.org Website: U H(c) Group exemption number U X Corporation Year of formation: 2012 M State of legal domicile: Form of organization: Association Other  ${f u}$ Part I Summary 1 Briefly describe the organization's mission or most significant activities: God's people working in partnership to develop spiritual growth and create Governance independence for all Liberian generations. Expressing the love of Christ through feeding, healing and educating Liberia's future leaders. 2 Check this box u 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 2 0 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Current Year 3,521 4,138,843 8 Contributions and grants (Part VIII, line 1h) 905 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, and 11e) 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,521 897 4,138,843 3,280 4,209,179 13 Grants and similar amounts paid (Part IX, column 7), lines 1-3) 785 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 354 28,604 16a Professional fundraising fees (Part IX column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) **u** 17 Other expenses (Part IX, column A), lines 11a–11d, 11f–24e) 55,777 66,633 18 Total expenses. Add lines 18-17 (must equal Part IX, column (A), line 25) 3,347,916 4,304,416 19 Revenue less expenses. Subtract line 18 from line 12 173,981 -165,573 or Beginning of Current Year End of Year 176. 139 10 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 578 918 22 Net assets or fund balances. Subtract line 21 from line 20 561 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Andrew Perkins Executive Director Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid 05/11/16 Elaine L Sommerville, CPA self-employed P00204458 Elaine L Sommerville, CPA Preparer Sommerville & Associates, P.C. 41-2024514 Firm's name Firm's EIN } **Use Only** 3030 Matlock Rd Ste 201 Arlington, 76015-2936 817-795-5046 TXFirm's address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Form	990 (2015) Building Every	one's Success	45-5149588	Page 2
	rt III Statement of Program	Service Accomplishmen		
			o any line in this Part III	<u> </u>
	Briefly describe the organization's mission			
i	od's people working andependence for all hrough feeding, heali	Liberian generat	ions. Expressing t	the love of Christ
2	Did the organization undertake any signifi	cant program services during the	e year which were not listed on the	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on the services of the servic	Sahadula O		Yes X No
	Did the organization cease conducting, or		w it conducts any program	
	services?			Yes X No
	If "Yes," describe these changes on Sche		ita thraa largaat pragram aaniiaaa aa	magazirad bu
	Describe the organization's program servi expenses. Section 501(c)(3) and 501(c)(4 the total expenses, and revenue, if any, for the total expenses is a service of the control of the cont	) organizations are required to re	eport the amount of grants and alloca	
4a	(Code: ) (Expenses \$	4,279,921 including ar	ants of \$ 4,209,179	Nevenue \$
B: L: S: d: s: C:	ESTWA, Inc conducts a iberia. Children are nc. fed 917 children cholarships to 8 indegrees. 400 children chools, many for the redical care. The organizations of food and andigent individuals.	a child feeding given a daily he each day. The cividuals, including from the feeding first time. The anization also is an air shipmen BESTWA, Inc. con	program for malnown ot, nutritious mean organization providing 2 graduates with g program were placed in the control of person of the control	dished children in l. In 2015, BESTWA, es University th advanced ced into elementary ive emergency outled three 40 foot ical supplies to ilding a Birthing
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4b	(Code:) (Expenses \$	including gra	ants of \$	) (Revenue \$
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4c	(Code: ) (Expenses \$	including gra	ants of \$	) (Revenue \$
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	• • • • • • • • • • • • • • • • • • • •			
4d	Other program services (Describe in Scho	edule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses u	4,279,921		

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3.7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
•	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		- 21
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule. Deart V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10		- 21
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in ParX, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part Line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities a Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	46.		37
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments unless to the COO COO as were O If "Ver " as well to O the date F. Dorte Land IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2015) Building Everyone's Success

Part IV Checklist of Required Schedules (continued)

	(Control of the Control of the Contr		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 ex 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule 2, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee or key employee? If "Yes," complete			3.5
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, to see, or key employee (or a family member thereof)			3,7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified	20		<sub>V</sub>
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	assemblate Calcadula N. Davi II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	C 004 7704 0 1004 7704 00 K W 1 1 1 0 1 1 1 D D 1 1	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I	- 33		- 25
54	or IV and Part V line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Port VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	

Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance					X
	Check if Schedule O contains a response or note to any line in this Part	V			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0	o		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority	,			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ${f u}$		····· 64·····			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts				
	(FBAR).	,()	0			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>/</b>	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
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	ie				
	organization solicit any contributions that were not tax deductible as charitable contributions			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 1700.					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods		_		37
	and services provided to the payor?			7a	-	X
D	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?	15		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the	7d				25
u Д	Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit or			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
a .	If the organization received a contribution of qualified intellectual property, did the organization file Fo		as required?	7g		
h	If the organization received a contribution of cars boats, airplanes, or other vehicles, did the organiza			7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
		-	_	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	D. I. I			9a		
b	Did the constant of the state o			Α1.		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	[ ]				
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				77
14a					$\vdash$	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u>: U</u>	<u></u>	14b		

Form 990 (2015) Building Everyone's Success 45-5149588 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? Χ 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 the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken turing the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates?

If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10a Χ affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy of "No," go to line 13 12a Were officers, directors, or trustees, and key employee required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Χ 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16<u>a</u> Χ If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **u** None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website |X| Upon request Upon (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:  ${f u}$ 20

P.O. Box 541262

75054

Andy Perkins

Grand Prairie

# 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	anization nor any	/ rela	ated	orga	nizat	ion c	omp	ensated any current officer	, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for	verage burs per (do no week box, ui list any officer			rson i	s both	an	(D)  Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC) (W-2/1099-MISC)	D' (1121sss mics)	organization and related organizations
(1) Andrew Perkins  Executive Director	40.00	Х		Х				21,780	0	0
(2) Candice Summers Secretary/Director	5.00	X		Х		×	o <sup>í</sup>	4,778	0	0
(3) TJ Ware	5.00	Х	ς.	4	10			0	0	0
(4) Daniel Baucum Director	5.00	Ĭ,	0					0	0	0
(5) Christina Tutt Treasurer/Director	<b>50.00</b>	Х		Х				0	0	0
(6) Zac Steerman	5.00	X						0	0	0
(7)		21						S	<u> </u>	
(8)										
(9)										
(10)										
(11)										
	1	1	1	1	ı	1	ı	1	İ	i

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	I Employees (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	bo off	x, unle	Pos check ess pe nd a	erson i directo	than of south	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	c	(F) Estimate amount other ompens from to	ted t of r ation	
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organization and related organizations		
										.6				
	Board Review Of National Property of the Control of													
									on Or	D <sub>/</sub>				
									Revie					
								•	Boate					
						le	<b>&gt;</b>	0,						
1b	Sub-total							u	26,558					
q C	Total from continuation sheet Total (add lines 1b and 1c)		Secti	ion /	<b>5</b>			u u	26,558					
2	Total number of individuals (increportable compensation from	cluding but not lin	nite	to 1	those	e liste	ed al			\$100,000 of			Yes	No
3	Did the organization list any fo	rmer officer, dire	ctor,	or t	ruste	e, k	еу е	mplo	yee, or highest compensate	ed	ſ		103	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	a 1a, is the sum	of re	porta	able	com	pens	atior	and other compensation fr	om the		3		X
5	individual	a receive or acc	rue (	comp	 oensa	 ation	fron	anı	y unrelated organization or	individual		4		X
<u></u>	for services rendered to the or		es,"	comp	olete	Sch	edule	J f	or such person			5		Χ
1	Complete this table for your five	e highest compe												
	compensation from the organiz	(A) business address	mpe	nsatı	on to	or the	e cal	enda		the organization's tax yeal (B) ion of services	r.	Cou	(C) mpensati	ion
	ivanie anu	business address							Descript	ion of services		Cui	препзан	ion
2	Total number of independent or received more than \$100,000								e listed above) who	0				

Pa	rt V	<b>Statement of Rev</b> Check if Schedule		response o	or note to any line	in this Part VIII		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
žai Our	b	Membership dues	1b					
S, Am	С	Fundraising events	1c					
a it	d	Related organizations	1d					
s, iiii	e	Government grants (contributions)	1e					
Sign	f	All other contributions, gifts, grants,						
bet 4		and similar amounts not included above	1f 4	,138,843				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1	a-1f: \$ 3	,933,055				
<u>පි රි</u>	h	Total. Add lines 1a-1f		u	4,138,843			
Service Revenue				Busn. Code				
ever	2a							
ě	b	• • • • • • • • • • • • • • • • • • • •					-	
ζ	С						10	
Sel	d					,	0	
Program :	е						/	
rog	f	All other program service reve				1/1.		
<u> </u>	g	Total. Add lines 2a–2f				0,0,	T	T
	3	Investment income (including	dividends, intere	est,		eien		
		and other similar amounts)				:0"		
	4	Income from investment of tax				07.		
	5	Royalties			. <			
	_	(i) Real	(ii)	Personal	0)			
	6a	Gross rents			· O.			
	b	Less: rental exps.			80			
	C	Rental inc. or (loss)			A FOI BOard			
	d 7a	Net rental income or (loss) Gross amount from			X			
		sales of assets (i) Securitie	es (I	i) Other	O			
	_	other than inventory						
	b	Less: cost or other		<b>3</b> 200				
		basis & sales exps.		05200				
	l	Gain or (loss)		<del>(</del>				
	l .	Net gain or (loss)		u				
ue	oa		<i>y</i> ) $\sim$					
Ver		(not including \$	, , ,					
æ		See Part IV, line 18	100					
Other Revenue	h	Less: direct expenses	( b					
ŏ	l .	Net income or (loss) from fun	🖵	11				
	l .	Gross income from gaming activities		u				
	•	See Part IV, line 19						
	ь	Less: direct expenses						
	l .	Net income or (loss) from gar		u				
	l	Gross sales of inventory, less						
		returns and allowances						
	ь	Less: cost of goods sold	b					
	l	Net income or (loss) from sale		u				
		Miscellaneous Revenue		Busn. Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instruction	ons.	u	4,138,843	0	0	0

#### Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Management and general expenses Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 4,209,179 4,209,179 individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ...... 26,558 19,602 4,778 2,178 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 330 Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 1,716 Payroll taxes 10 Fees for services (non-employees): Management Legal 1,500 1,500 Accounting Professional fundraising services. See Part IV, line 17 Investment management fees ..... **g** Other. (If line 11g amount exceeds 10% of line 25, column 3,500 (A) amount, list line 11g expenses on Schedule O.) 163 Advertising and promotion 12 <del>37,64</del>0 Office expenses 364 4.011 13 Information technology 535 268 267 14 15 Royalties 6,000 6,000 Occupancy 16 11,234 10,510 724 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 212 212 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization 183 183 22 23 Insurance 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.) Dues & subscriptions 861 501 360 C e All other expenses 4,279,921 6,603 4,304,416 17,892 25 Total functional expenses. Add lines 1 through 24e 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 u

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 16,139 Cash—non-interest bearing 1 10,119 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 1,000 other basis. Complete Part VI of Schedule D \_\_\_\_\_\_\_\_\_10a b Less: accumulated depreciation 10b 817 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 176,139 10,936 16 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 Grants payable
Deferred revenue Accounts payable and accrued expenses 578 17 17 18 18 Deferred revenue
Tax-exempt bond liabilities 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 578 918 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117 (ASC 958), check here  $\mathbf{u} = |\mathbf{X}|$  and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. -1,995Unrestricted net assets 175,561 27 27 Temporarily restricted net assets 12,013

	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	175,561	33	10,018
34	Total liabilities and net assets/fund balances	176,139	34	10,936

Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here u and

Form **990** (2015)

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29

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29

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	1,13	88,8	$\frac{1}{43}$
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	1,30	4,4	116
3	Revenue less expenses. Subtract line 2 from line 1	3		-16	55,5	573
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17	75,5	561
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				30
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1	10,0	18
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were addited on a					
	separate basis, consolidated basis, or both:					
	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 personsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				T	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

Form **990** (2015)

#### SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Building Everyone's Success

Employer identification number 45-5149588

			rogether in	west Allica, inc	٠.		45-514	9588	
Р	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.	
The	orgai	nization is not	a private foundation because	e it is: (For lines 1 through 11, ch	neck only	one box.)			
1	Ň	A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1	)(A)(i).		
2	П	•	·	A)(ii). (Attach Schedule E (Form		` ' '	, , , ,		
3	Н			ce organization described in sec			iii)		
4	Н	•	•	in conjunction with a hospital d			•	enital'e namo	
~	Ш		•	in conjunction with a nospital of	escribed i	ii Sectioi	T TOO DATE THE THE	spilars riame,	
_		city, and state		· · · · · · · · · · · · · · · · · · ·					
5	Ш	•	·	f a college or university owned of	or operate	d by a go	overnmental unit described in		
		section 170	(b)(1)(A)(iv). (Complete Part	II.)					
6	Ш	A federal, sta	ate, or local government or g	overnmental unit described in se	ection 17	0(b)(1)(A)	)(v).		
7	X	An organizati	on that normally receives a s	substantial part of its support fror	m a gover	nmental	unit or from the general public		
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)			<b>NO</b>		
8		A community	trust described in section 1	170(b)(1)(A)(vi). (Complete Part	II.)		00,		
9	П	An organizati	on that normally receives: (1	) more than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, and gros	S	
	ш	•	•	pt functions—subject to certain e					
		•		d unrelated business taxable inc	•				
			=	), 1975. See <b>section 509(a)(2).</b>					
10			•	exclusively to test for public safet		7	3		
10	Н	ŭ	•	•	•	'/6	` ' '		
11	Ш	-	-	exclusively for the benefit of, to p	_				
				ons described in section 509(a)				Check	
				cribes the type of supporting orga	30				
а	Ш			d, supervised, or controlled by it		_			
		the supported	d organization(s) the power to	regularly appoint or elect a ma	jørity of th	e directo	rs or trustees of the supporting		
	_	organization.	You must complete Part IV	V, Sections A and B.					
b		Type II. A su	pporting organization superv	ised or controlled in connection	with its su	upported	organization(s), by having		
		control or ma	nagement of the supporting	organization vested in the same	persons 1	that contr	ol or manage the supported		
		organization(s	s). You must complete Par	t IV, Sections A and C.					
С		,	•	orting organization operated in c	connection	with. an	d functionally integrated with.		
	ш			tions). You must complete Part					
d	$\Box$			supporting organization operated					
u	ш			anization generally must satisfy					
				X O					
_			//	complete Part IV, Sections A					
е	Ш		• • • • • • • • • • • • • • • • • • • •	I a written determination from the			pe i, Type ii, Type iii		
				nctionally integrated supporting of	organizatio	n.			_
Ť			of supported organizations	,.,.,.,,.,,.,,.,,.,,					_
g	Pro	vide the follow	ving information about the su	upported organization(s).					_
(		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	5	(v) Amount of monetary	(vi) Amount of	
	org	anization		(described on lines 1–9 above (see instructions))	listed in you docur	ur governing	support (see instructions)	other support (see instructions)	
				above (see instructions))	docui	HEHL!	iristructions)	instructions)	
					Yes	No			
(A)									_
` ′									
(B)									_
(-,									
(C)									-
(C)									
<u></u>					-				_
(D)									
									_
(E)									
								1	_

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		85,074	198,908	3,521,905	4,138,843	7,944,730
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		85,074	198,908	3,521,905	4,138,843	7,944,730
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)				12016		
6	Public support. Subtract line 5 from line 4.				1/1		7,944,730
Sec	tion B. Total Support			C	(D)	<u>.</u>	
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4		85,074	1987908	3,521,905	4,138,843	7,944,730
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		85,074	Device			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		808				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		edfo				
11	Total support. Add lines 7 through 10						7,944,730
12	Gross receipts from related activities, etc.						
13	First five years. If the Form 990 is for the	- 1	, second, third, four	th, or fifth tax year	as a section 501(	c)(3)	_
_	organization, check this box and stop here						<b>&gt;</b> X
Sec	tion C. Computation of Public S						
14	Public support percentage for 2015 (line 6	column (f) divided	by line 11, column	(f))		14	%
15	Public support percentage from 2014 Sone	dule A, Part II, line	e 14 			15	%
16a	33 1/3% support test—2015. If the organ				3 1/3% or more, ch	eck this	
	box and <b>stop here.</b> The organization qual						▶ ∟
b	33 1/3% support test—2014. If the organicheck this box and stop here. The organization					re,	▶ □
17a	10%-facts-and-circumstances test—20	<ol><li>If the organizati</li></ol>	on did not check a	box on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meet	s the "facts-and-cir	cumstances" test, c	heck this box and	stop here. Explain	n in	
	Part VI how the organization meets the "fa organization		-				▶ □
b	10%-facts-and-circumstances test—20°						
-	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization me				-	licly	
	aumorted ergenization			_		-	▶□
18	Private foundation. If the organization did						
	instructions						▶□

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

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

Sec	tion A. Public Support	quality direct a	tooto notou .	ooion, piedee e	omproto i are in	.,	
	dar year (or fiscal year beginning in) <b>u</b>	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				0,		
6	Total. Add lines 1 through 5				0,		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				11/1/1		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			(c) 2013	?p,		
С	Add lines 7a and 7b			267			
8	Public support. (Subtract line 7c from			7			
<u> </u>	line 6.)			(CO.			
	tion B. Total Support dar year (or fiscal year beginning in) u	(2) 2011	(b) 201220°	(a) 2012	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(a) 2011	(b) 2012	(6) 2013	(u) 2014	( <b>e)</b> 2013	(i) Total
	Gross income from interest, dividends,		. <0				
10a	payments received on securities loans, rents, royalties and income from similar sources	Ċ	ed				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2011					
С	Add lines 10a and 10b	etul.					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	_		•	•	, , ,	
Sec	tion C. Computation of Public St						
<u> </u>	Public support percentage for 2015 (line 8,	<u> </u>	_ <del>_</del>	n (f))		15	%
16	Public support percentage from 2014 Sche						
	tion D. Computation of Investme						
17	Investment income percentage for 2015 (lin			column (f))		17	%
18	Investment income percentage from 2014		II line 17			140	%
19a	33 1/3% support tests—2015. If the organ		eck the box on line	14, and line 15 is	more than 33 1/3%	, and line	
	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2014. If the orga			•		•	, _
	line 18 is not more than 33 1/3%, check thi	•	J		,	•	<b>&gt;</b>
<u> 20</u>	<b>Private foundation.</b> If the organization did	not check a box of	on line 14, 19a, or	19b, check this box	and see instruction	ns	<b>P</b>

#### Supporting Organizations

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

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
	organization was described in section 509(a)(1) or (2).
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
	(b) and (c) below.
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the
	organization made the determination.
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

- purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? 4a "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the organization b 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
- Did the organization support any foreign supported organization that does not have an its 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing documents
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit C from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	C1		
	9b		
	0.0		
	9с		
	10a		
	134		
	10b		
orn		or 990-E	Z) 2015

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Sect	ion 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	1//		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the oganization'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		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	36		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	300 Page <b>6</b>
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.			
other Type III non-functionally integrated supporting organizations must complete Sections			
Section A - Adjusted Net Income	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		, i
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		70	
instructions for short tax year or assets held for part of year):		0,	
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b .	1	
c Fair market value of other non-exempt-use assets	16	D/	
d Total (add lines 1a, 1b, and 1c)	16V 10		
d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d	14		
factors (explain in detail in <b>Part VI</b> ):	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount)			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A line 8, Column A)			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated	Type I	II supporting organization (	see
instructions).		· · · · · · · · · · · · · · · · · · ·	

Schedule A (Form 990 or 990-EZ) 2015

Pan	y Type III Non-Functionally Integrated 509(a)(3) 8	Supporting Organiza	tions (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose			
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	ion is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
_10_	Line 8 amount divided by Line 9 amount			dus.
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2015	Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015		(0)	
	(reasonable cause required-see instructions)		1	
3	Excess distributions carryover, if any, to 2015:	· · · · · · · · · · · · · · · · · · ·	///	
a		0	D'	
<u> </u>		- N		
<u>C</u>	From 2042	10		
	From 2014	Review		
	From 2014	74		
	Total of lines 3a through e			
	Applied to underdistributions of prior years  Applied to 2015 distributable amount	Board		
	Carryover from 2010 not applied (see instructions)	$\Diamond$		
-	Carryover from 2010 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2015 from Section			
7	Distributions for 2015 from Section D, line 7:  Applied to underdistributions of prior years			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
<u>_</u>	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (it amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2005 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (F	form 990 or 990-EZ) 2015 Bullding Everyone's Success 45-5149588 Page <b>8</b>
Part VI	<b>Supplemental Information.</b> 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.)
	O <sub>Q</sub>
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**Schedule B** (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Building Everyone's Success Together in West Africa, Inc.

### Schedule of Contributors

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

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

OMB No. 1545-0047

2015

Employer identification number

45-5149588

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) exempt private foundation  4947(a)(1) nonexempt charitable trust treated as a private foundation  501(c)(3) taxable private foundation				
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
	ion filing Form 990, 990-EZ, or 990-PF that received, dring the year, contributions totaling \$5,000				
or more (in mone contributor's total	ey or property) from any one contributor. Complete Parts I and II. See instructions for determining a				
contributors total	Contributions.				
Special Rules	contributions.				
regulations under 13, 16a, or 16b, a \$5,000 or (2) 2%  For an organization contributor, during literary, or educate Contributor, during contributor, during contributions total during the year for	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. sion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one age the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. sion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one age the year, contributions exclusively for religious, charitable, etc., purposes, but no such alled more than \$1,000. If this box is checked, enter here the total contributions that were received for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the				
·	pplies to this organization because it received nonexclusively religious, charitable, etc., contributions r more during the year \$\Bigsim \\$\$				
990-EZ, or 990-PF), but it	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, it <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Page 1 of 1

Page 2

Name of organization

Building Everyone's Success

Employer identification number 45-5149588

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	World Children's Fund 14402 Edenberry Dr  Lake Oswego OR 97035	\$ 200,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	Mother Teresa Children's Foundation PO Box 481, Windrush Park Rd. Oxfordshire, UK Witney . OX28 9HL	\$ 3,732,855	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	201/10	Type of contribution  Person Payroll Noncash
(a)	(b) Name, address, and ZIP + 4	(c)	(Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	alzeturnasfri	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 1 of 1

Name of organization

Employer identification number

45-5149588

#### Building Everyone's Success Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) Rice and soy meals 1.... \$ 100,000 02/28/15 (a) No. (c) (b) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) Rice and soy meals 1.... 07/01/15 (a) No. (b) from Description of noncash property given Date received Part I Medical supplies . 2.... 10/20/15 (a) No. (d) FMV (or estimate) from Description of noncash property giver Date received Part I (see instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

u 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.

u Attach to Form 990.
U Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Employer identification number Name of the organization Building Everyone's Success Together in West Africa, Inc. 45-5149588 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a **a** Total number of conservation easements Total acreage restricted by conservation easements ..... Number of conservation easements on a certified historic structure included (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year **u**Number of states where property subject to conservation easement is located **u** Does the organization have a written policy regarding periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	Int III Organizations Maintaining (			oseuroe <i>i</i>	or Other Sim		e (contin		age Z
			•				s (COITUIT	ueu)	
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records,	check any of the follow	wing that are	a significant use	OT ITS			
		. 🗆 .							
a	Public exhibition	<b>—</b>	oan or exchange prog	-					
b	Scholarly research	e 🔲 (	Other						
C	Preservation for future generations					. 5 .			
4	Provide a description of the organization's colle	ections and explain i	now they further the or	rganization's	exempt purpose	in Part			
_	XIII.								
5	During the year, did the organization solicit or r		·	•			П.,		٦
	assets to be sold to raise funds rather than to be		irt of the organization's	s collection?			Ye	es _	_ No
Pa	rt IV Escrow and Custodial Arra	_	Farma 000 Day	ut IV / II:n.a. (	\			_	
	Complete if the organization a	answered "Yes"	on Form 990, Par	rt IV, line S	, or reported	an amouni	on Forn	n	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contributions or	other assets	not			_	_
							L Ye	es	_ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table:					_	
					6		Amoun	t	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				\.\	1f			
2a	Did the organization include an amount on Form	m 990, Part X, line 2	21, for escrow or custo	odial account	liability?		L Ye	es _	No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	lanation has been pro	vided on Par	t XIII				
Pa	rt V Endowment Funds.			:.0					
	Complete if the organization a	answered "Yes"	on Form 990, Par	t W, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Ti	nree years back	(e) Fou	r years	back
1a	Beginning of year balance		.8'						
b	Contributions								
	Net investment earnings, gains, and		Kor Boar						
	losses		· · · · · · · · · · · · · · · · · · ·						
d	Grants or scholarships		ΛO,						
е	Other expenditures for facilities and	8							
	programs	(0)	r						
f	Administrative expenses	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>							
	End of year balance	25							
2	Provide the estimated percentage of the curren	t vear end balance	(line 1g. column (a)) h	eld as:	'				
а	Board designated or quasi-endowment $\mathbf{u}$		( 2 3, 22 2 (2,))						
	Permanent endowment <b>u</b> %	<b>O</b>							
	Temporarily restricted endowment <b>u</b>	%							
_	The percentages on lines 2a, 2b, and 2s should	d equal 100%							
3a	Are there endowment funds not in the possessi		on that are held and a	administered t	for the				
ou	organization by:	ion of the organizati	on that are note and a	administered				Yes	No
	,						3a(i)		
	(i) unrelated organizations (ii) related organizations						20(ii)		<del>                                     </del>
h	If "Yes" on line 3a(ii), are the related organization	one lietod ae roquiro	d on Schodulo D2						<del>                                     </del>
4							[30]		
-4 -Da	Describe in Part XIII the intended uses of the curt VI Land, Buildings, and Equip		ment iunus.						
Га			on Form 000 Dor	+ I\/ line 1	10 Coo Form	000 Dort	V line	10	
	Complete if the organization a								
	Description of property	(a) Cost or other ba	, ,		(c) Accumulat	l l	(d) Book	value	
		(investment)	(othe	51)	depreciation				
	Land								
b	Buildings								
	Leasehold improvements			1 000		100			01.
	Equipment			1,000		183			817
	Other								
Total	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part >	K, column (B), line 10c	:.)		u			817

Schedule D (Fo	orm 990) 2015 Building Everyone's St	access	45-5149588	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11b. See Form 990, Part	X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)		Cost or end-of-year ma	
(1) Financial (	derivatives		<u> </u>	
	d equity interests			
(3) Other				
		_		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ı (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>			
Part VIII	Investments—Program Related.			
rait viii		Torm 000 Dort IV line	11a Sasi Dam 000 Bart	V line 12
	Complete if the organization answered "Yes" on I			
	(a) Description of investment	(b) Book value	(c) Method of value	
			Cost or end-of-year ma	arket value
(1)				
(2)			(D)	
(3)		1	3	
(4)		Perien		
(5)		-1/0		
(6)		20		
(7)		74		
(8)		70		
		Board		
<u>(9)</u>	(I) I I I OOO D I V I I (D) I' I I O	80		
	(b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>	<u> </u>		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on I	-orm 990, Part IV, line	e 11d. See Form 990, Part	. X, line 15.
	(a) Desociation			(b) Book value
(1)				
(2)	45			
(3)	70			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4) 4 15 200 5 4 34 1 (5) 11 (7)			
	( )		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11e or 11f. See Form 99	0, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal i	ncome taxes			
(2)				
(3)				
(4)				
(5)		+		
(6)				
(7)				
(8)		1		
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ${f u}$	1		

Schedule D (F	orm 990) 2015	Building Every	one's Success	45-5149588	Page <b>5</b>
Part XIII	Supplementa	I Information (continue	ea)		
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## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Statement of Activities Outside the United States

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

u Attach to Form 990. u Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 **2015** 

Open to Public Inspection

Employer identification number

Together in West Africa, Inc. 45-5149588

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV. line 14b.

Building Everyone's Success

		,				
1	-	~		to substantiate the amount of its	_	
	assistance, the grants or assis		-	ce, and the selection criteria use		X Yes No
2	•			ocedures for monitoring the use of		
_	_	side the United States	-	ocedures for monitoring the use c	or its grants and other	
3	Activities per R	Region. (The following	Part I, line 3 table can	be duplicated if additional space	is needed.)	
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
		region	agents, and independent	region (by type) (e.g., fundraising, program services, investments,	describe specific type of service(s) in region	and investments in region
			contractors in region	grants to recipients located in the region)	00,110,09,011	iii region
Sı	ıb-Saharan	Africa		,		
<u>(1)</u>	1. 0.1.	7.5		Grant		4,209,179
(2)	ıb-Saharan	Africa	1	Program	See Part V	65,412
<del>(-)</del>				*.	0)	03/112
(3)				7	0	
(4)				, Pe		
(4)				NO		
(5)				800		
<b>(6</b> )				Program  Program  Red For Board Revi		
(6)				7		
(7)				160		
<b>/</b> 9\			al Return as			
(8)			703			
(9)			MI.			
10\			000			
10)			3			
11)		Z'I	No			
4.0\						
12)						
13)						
14)						
15)						
16)						
17)						
	ub-total		1			4,274,591
	otal from continuation					
	eets to Part I otals (add					
	nes 3a and 3b)		1			4.274.591

Part I	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
				See Part V	116,324	Cash trans	sfer		Cost	
(1)			Sub-Sahara	n Africa			4,092,855	See Part	V	
(2)						Co				
(3)						0/10				
(4)						WILL				
(5)					6	2/				
					ien d					
(6)					08)					
(7)					100					
(8)					ale					
(9)				\ \( \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}\eqiintite{\sintitita}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}						
(10)				A Return as Filed For Br						
(11)				SFIII						
(12)				110,0						
(13)				2ett						
(14)			110							
(15)			<u> </u>							
(16)										
	er total number of re-	cinient organizations	listed above that a	re recognized as charities by the foreign	an country recognized o	as tay_evemnt		1		
				section 501(c)(3) equivalency letter				u	1	
	er total number of oth	ner organizations or e	entities			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	u	)	
								Schedule	F (Form 990) 2015	

Schedule F (Form 990) 2015 Building Everyone's Success 45-5149588 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (e) Manner of (f) Amount of valuation (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of cash non-cash (g) Description (book, FMV, recipients cash grant disbursement assistance of non-cash assistance appraisal, other) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Pa	art 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)	X 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; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		X No
	Instructions for Form 5713; do not file with Form 990)  Linal Resulting as Filed For Board  Linal Resu	Schedule F (For	m 990) 201

#### Supplemental Information Part V

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

45-5149588

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds
The chairman of the constitution has a constant in the foreign
The chairman of the organization has a presence in the foreign
country and is closely involved with the foreign NGO's operations.
This provides for on site monitoring of the use of the funds
provided for specfic purposes as approved by the board of the filing
organization, which receives monthly reports from the NGO, Additionally,
the US organization obtains an independent audit of the NGO's programs.
Part I, Line 3 - Activities per Region
Pogion Expanditured Investments

Sub-Saharan Africa

Sub-Saharan Africa

Part I, Question 3, Line 2, Solumn (e) - The organization works with an NGO through child feeding programs, education exation of a clinic providing essential medical care.

Part II, Line 1, Column (d) - Goods and funds given to an NGO are designated to be used for the following purposes: \$48,082- Child Feeding program for malnourished children \$18,445- Compensation for in country staff to administer the

programs \$3,495- Construction of a birthing and well baby clinic \$3,732,855 - Medical supplies \$361,810 - Food for indigent individuals

Schedule F (Form 990) 2015

#### Part V Supplemental Information

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

mornation (see mandations).	
\$2,850 - Christmas benevolence	
\$14,095 - Transportation costs	
\$27,547 - Education programs	
Part II, Line 1, Column (h) - The followi	ng noncash assistance is provided:
\$3,732,855 - Medical supplies	······································
\$360,000 - Food inventory	,,010
	10,2,
	evien
,	,8 Pe
\$30 <sup>0</sup> 0	
FOLL	
\$3,732,855 - Medical supplies \$360,000 - Food inventory	
as V.	
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Einai	

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047 2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Building Everyone's Success Together in West Africa, Inc. Employer identification number 45-5149588

Pa	art I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amo	unts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles	X	1	200	Salvage value			
7	Boats and planes				NO			
8	Intellectual property				00,			
9	Securities — Publicly traded				A ( )			
10	Securities — Closely held stock				1/1			
11	Securities — Partnership, LLC,				50			
	or trust interests			, \	D-			
12	Securities — Miscellaneous			, CM				
13	Qualified conservation			Jilo				
	contribution — Historic			20				
	structures			XX				
14	Qualified conservation			Board Review				
	contribution — Other			200				
15	Real estate — Residential			. 🗸				
16	Real estate — Commercial							
17	Real estate — Other		7,					
18	Collectibles		2 Filed P					
19	Food inventory	X	2	200,000	FMV			
20	Drugs and medical supplies	X	1 %	3,732,855	FMV			
21	Taxidermy		~'0	,				
22	Historical artifacts	K.:	11					
23	Scientific specimens	201	<u> </u>					
24	Archeological artifacts	<del>.</del> <del>\</del>						
25	Other <b>u</b> (	<i>₯</i>						
26	Other <b>u</b> (							
27	Other $\mathbf{u}($							
28	Other <b>u</b> (							
29	Number of Forms 8283 received by the	ne organiz	ation during the tax year	for contributions for				
	which the organization completed For	m 8283, I	Part IV, Donee Acknowle	dgement	<b>29</b> 0			
							Yes	No
30a	During the year, did the organization	receive by	contribution any propert	y reported in Part I, lines 1	through			
	28, that it must hold for at least three	years from	m the date of the initial co	ontribution, and which is not	t required			
	to be used for exempt purposes for th	ne entire h	nolding period?			30a		X
b	If "Yes," describe the arrangement in	Part II.						
31	Does the organization have a gift acc	eptance p	oolicy that requires the re	view of any non-standard				
						31		X
32a	Does the organization hire or use thir	d parties	or related organizations t	o solicit, process, or sell no	ncash			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an ar	mount in o	column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II.							

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ.

 ${f u}$  Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number Building Everyone's Success Together in West Africa, Inc. 45-5149588 Form 990, Part V - Additional Information Line 7(h) - Filing of Copy A of Form 1098-C not required per the IRS instructions as vehicle was valued at less than \$500 and line 7 of Form 1098-C was checked. Related Party Information Andrew Perkins Chairman Family relationship Organization's Process to Review Form 990 Line 11b outside CPA firm. Upon its initial The Form 990 is prepared by an Chairman for review and comments. Once completion, it is provided to the Form 990 is prepared for signature and filing. Each board for their review before the Board Chair signs and files the return Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Directors are required to sign a statement disclosing any conflicts of interest when they begin their term of office and annually. They also must sign that they have received a copy of the conflict of interest policy and

will abide by the policy. The policy covers interested persons which is

defined as any director, principal officer, or member of a committee with

governing board delegated powers who has a direct or indirect financial

interest. An interested person is required to disclose the existance of a

Name of the organization

Building Everyone's Success

Employer identification number

45-5149588

conflict to the board. After disclosed, the interested person shall leave the meeting while the determination of a conflict is voted upon by remaining board members. If needed, a committee shall be appointed to investigate alternatives to the proposed transaction. If a more advantageous transaction is not reasonably possible so as to not produce a conflict of interest, the governing board shall determine by a majority vote whether the transaction is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable before it is entered into. If the governing board has reason to believe a member has failed to disclose an actual or possible conflict, they are given an opportunity to explain. If it is determined the disclosure was not made, appropriate disciplinary and corrective action will be taken.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

In determining compensation for the Chairman of the Board, the organization
considers outside comparable data. Once an amount is determined, it is
voted on by independent members of the board of directors and documented in
writing.

Form 990, Part VI, Line 15b - Compensation Process for Officers

In determining compensation for other officers, the organization

considers outside comparable data. Once an amount is determined, it is

voted on by independent members of the board of directors and documented in

writing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The organization makes its governing documents, conflict of interest

BUIL9588 Building Everyone's Success

**Federal Asset Report** 

FYE: 12/31/2015

45-5149588

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<b>Form</b>	990,	Pa	ge	1

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<u>Asset</u>	Description	Date In Service	Cost	Bus Sec % 179		Basis for Depr	Per Conv Meth	Prior	Current
	Depreciation: Renew Projector Set  Total Other Depreciation	1/27/15 _	1,000 1,000		_	1,000 1,000	5 MO S/L	0	183 183
Total ACRS and Other Depreciation			1,000		_	1,000		0	183
	Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	ers - =	1,000 0 0 1,000		_	1,000 0 0 1,000		0 0 0	183 0 0 183

Final Return as Filed For Board Review Ost Nation 18