Form 990

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

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

DLN: 93493317072967 OMB No 1545-0047

2016

	iounidacions)
Department of the Treasury Internal Revenue Service	<ul> <li>Do not enter social security numbers on t</li> <li>Information about Form 990 and its instri</li> </ul>

-	ment of the Treast l Revenue Service	n Information about Form	rity numbers on this form as it r 990 and its instructions is at <u>wi</u>			0	pen to Public Inspection				
A Fo	or the 2016 c	alendar year, or tax year beginning 0	1-01-2016 , and ending 12-	31-2016							
	ck if applicable	C Name of organization	<i>,</i>		D Employer	dentific	cation number				
	dress change	Global Association of Risk Professionals Inc			02-0571577						
☐ Nar	me change	% PRISCELLA CERVANTES				/ /					
	tial return	Doing business as									
Fin. ⊡detur	ai n/terminated	Number and street (or D.O. hove formal is not	delivered to street address \ Decom	a.u.ta	E Telephone r	umber					
☐ Am	ended return	Number and street (or P O box if mail is not 111 Town Square Place Suite 14th Fl	delivered to street address) Room/	suite	(201) 710	7210					
☐ App	plication pending	City or town, state or province, country, and	ZIP or foreign postal code		(201) 719	-/210					
		Jersey City, NJ 07310	211 of foreign postal code		6.6	+ 20	206.042				
		F N		1	<b>G</b> Gross recei		,206,943				
		F Name and address of principal office Richard Apostolik	r	H(a)	Is this a group retur	n for					
		111 Town Square Place 14th F			subordinates?		□Yes 🗹 No				
		Jersey City, NJ 07310			Are all subordinates included?		☐ Yes ☐No				
I Tax	k-exempt status	☐ 501(c)(3) <b>☑</b> 501(c) ( 6 ) <b>◄</b> (insert r	$(a_0)$ $(a_0)$ 4947(a)(1) or $(a_0)$ 527	1	If "No," attach a list	(see ii	nstructions)				
J W	ebsite:▶ ww			H(c)	Group exemption nu	ımber 🕽	<b>&gt;</b>				
<b>K</b> Form	n of organization	✓ Corporation ☐ Trust ☐ Association	Other ►	L Year of	f formation 2002 M	State o	f legal domicile NJ				
Pai	rt T Sum	mary									
		scribe the organization's mission or most	significant activities								
		ssion is to advance the risk profession th		ne promotic	on of best practices	globally	/				
)ce					•						
nai	-										
Governance											
30)		is box $\blacktriangleright$ if the organization discontinu				ets   <b>3</b>	17				
S e		4	15								
Ě	<b>5</b> Total nur	5	101								
Activities &	<b>6</b> Total nur	6	0								
Ă	<b>7a</b> Total uni	elated business revenue from Part VIII, c	olumn (C), line 12			7a	47,848				
	<b>b</b> Net unre	ated business taxable income from Form	990-T, line 34			7b	-1,902				
					Prior Year		Current Year				
O.	8 Contribu	nons and grants (Part VIII, line 1h) .			(		0				
ň	9 Program	service revenue (Part VIII, line 2g) .			25,116,032	2	28,177,754				
Rəvenue	10 Investme	ent income (Part VIII, column (A), lines 3,		203,487 -4							
~					<u>'</u>	+	375,400				
ш.					468.45	51					
ш	11 Other re	venue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		468,455 25,787,974						
<u> </u>	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equa	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12)		25,787,974	1	28,507,065				
	<ul><li>11 Other rev</li><li>12 Total rev</li><li>13 Grants a</li></ul>	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equa nd similar amounts paid (Part IX, column	8c, 9c, 10c, and 11e)  Il Part VIII, column (A), line 12)  (A), lines 1–3 )		25,787,97 <sup>2</sup> 22,500	1	28,507,065 26,500				
	<ul><li>11 Other rev</li><li>12 Total rev</li><li>13 Grants a</li><li>14 Benefits</li></ul>	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equa nd similar amounts paid (Part IX, column paid to or for members (Part IX, column (	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4)		25,787,974 22,500	1	28,507,065 26,500 0				
	<ul><li>11 Other red</li><li>12 Total rev</li><li>13 Grants a</li><li>14 Benefits</li><li>15 Salaries,</li></ul>	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equa nd similar amounts paid (Part IX, column paid to or for members (Part IX, column ( other compensation, employee benefits (	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10		25,787,97 <sup>2</sup> 22,500	1	28,507,065 26,500 0 12,117,286				
	<ul><li>11 Other red</li><li>12 Total rev</li><li>13 Grants a</li><li>14 Benefits</li><li>15 Salaries,</li></ul>	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equa nd similar amounts paid (Part IX, column paid to or for members (Part IX, column (	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10		25,787,974 22,500	1	28,507,065 26,500 0				
	<ol> <li>Other rev</li> <li>Total rev</li> <li>Grants a</li> <li>Benefits</li> <li>Salaries,</li> <li>Profession</li> <li>Total fund</li> </ol>	renue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equal of similar amounts paid (Part IX, column could to or for members (Part IX, column (other compensation, employee benefits (anal fundraising fees (Part IX, column (A)) raising expenses (Part IX, column (D), line 25)	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) , line 11e)		25,787,974 22,500	1	28,507,065 26,500 0 12,117,286 0				
Expenses   F	<ol> <li>Other rev</li> <li>Total rev</li> <li>Grants a</li> <li>Benefits</li> <li>Salaries,</li> <li>Profession</li> <li>Total fund</li> </ol>	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equand similar amounts paid (Part IX, column paid to or for members (Part IX, column (other compensation, employee benefits (anal fundraising fees (Part IX, column (A))	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) , line 11e)		25,787,974 22,500	1	28,507,065 26,500 0 12,117,286				
	<ol> <li>Other ref</li> <li>Total rev</li> <li>Grants a</li> <li>Benefits</li> <li>Salaries,</li> <li>Profession</li> <li>Total fund</li> <li>Other ex</li> </ol>	renue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equal of similar amounts paid (Part IX, column could to or for members (Part IX, column (other compensation, employee benefits (anal fundraising fees (Part IX, column (A)) raising expenses (Part IX, column (D), line 25)	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10; , line 11e)  0 Ld, 11f–24e)		25,787,974 22,500 ( 11,292,564	1	28,507,065 26,500 0 12,117,286 0				
	<ol> <li>Other red</li> <li>Total rev</li> <li>Grants a</li> <li>Benefits</li> <li>Salaries,</li> <li>Profession</li> <li>Total fund</li> <li>Other ex</li> <li>Total exp</li> </ol>	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equand similar amounts paid (Part IX, column poald to or for members (Part IX, column (other compensation, employee benefits (anal fundraising fees (Part IX, column (A), raising expenses (Part IX, column (A), lines 25) penses (Part IX, column (A), lines 11a-11	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) , line 11e)  0 Ld, 11f–24e) IX, column (A), line 25)		25,787,97 <sup>2</sup> 22,500 ( 11,292,56 <sup>4</sup> ( 12,091,618	1 0 0 1 1 1 0 0 2	28,507,065 26,500 0 12,117,286 0 13,372,509				
Expenses	<ol> <li>Other red</li> <li>Total rev</li> <li>Grants a</li> <li>Benefits</li> <li>Salaries,</li> <li>Profession</li> <li>Total fund</li> <li>Other ex</li> <li>Total exp</li> </ol>	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equand similar amounts paid (Part IX, column coaid to or for members (Part IX, column cother compensation, employee benefits (anal fundraising fees (Part IX, column (A), raising expenses (Part IX, column (D), line 25) penses (Part IX, column (A), lines 11a–11 enses Add lines 13–17 (must equal Part	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) , line 11e)  0 Ld, 11f–24e) IX, column (A), line 25)		25,787,974 22,500 (11,292,564 (12,091,618 23,406,682	1 0 0 1 1 1 1 2 2	28,507,065 26,500 0 12,117,286 0 13,372,509 25,516,295				
Expenses	<ol> <li>Other red</li> <li>Total rev</li> <li>Grants a</li> <li>Benefits</li> <li>Salaries,</li> <li>Profession</li> <li>Total fund</li> <li>Other ex</li> <li>Total exp</li> </ol>	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equand similar amounts paid (Part IX, column coaid to or for members (Part IX, column cother compensation, employee benefits (anal fundraising fees (Part IX, column (A), raising expenses (Part IX, column (D), line 25) penses (Part IX, column (A), lines 11a–11 enses Add lines 13–17 (must equal Part	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) , line 11e)  0 Ld, 11f–24e) IX, column (A), line 25)		25,787,974 22,500 (11,292,564 (12,091,618 23,406,682 2,381,292	1 0 0 1 1 1 1 2 2	28,507,065 26,500 0 12,117,286 0 13,372,509 25,516,295 2,990,770				
Expenses	11 Other ref 12 Total rev 13 Grants a 14 Benefits 15 Salaries, 16a Profession b Total fund 17 Other ex 18 Total exp 19 Revenue	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equand similar amounts paid (Part IX, column coaid to or for members (Part IX, column cother compensation, employee benefits (anal fundraising fees (Part IX, column (A), raising expenses (Part IX, column (D), line 25) penses (Part IX, column (A), lines 11a–11 enses Add lines 13–17 (must equal Part	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4)  Part IX, column (A), lines 5–10) , line 11e)  O Ld, 11f–24e)  IX, column (A), line 25) 12		25,787,974 22,500 (11,292,564 (12,091,618 23,406,682 2,381,292	1 0 1 1 1 1 1 1 2 2 2	28,507,065 26,500 0 12,117,286 0 13,372,509 25,516,295 2,990,770				
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Net Assets or Expenses	11 Other ref 12 Total rev 13 Grants a 14 Benefits 15 Salaries, 16a Profession b Total fund 17 Other ex 18 Total exp 19 Revenue  20 Total ass 21 Total liab 22 Net asse 111 Sign penalties of p	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equal of similar amounts paid (Part IX, column poid to or for members (Part IX, column (other compensation, employee benefits (inal fundraising fees (Part IX, column (A), raising expenses (Part IX, column (D), line 25) penses (Part IX, column (A), lines 11a–11 enses Add lines 13–17 (must equal Part less expenses Subtract line 18 from line ets (Part X, line 16)	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) (Part IX, column (A), lines 5–10) , line 11e)  O Ld, 11f–24e) IX, column (A), line 25) 12	Begin	25,787,974 22,500 (11,292,564 (12,091,618 23,406,682 2,381,292 nning of Current Year 27,749,861 10,154,433 17,595,428 es and statements, a	4	28,507,065 26,500 0 12,117,286 0 13,372,509 25,516,295 2,990,770 End of Year 31,118,294 10,471,028 20,647,266				
Net Assets or Expenses	11 Other rev 12 Total rev 13 Grants a 14 Benefits 15 Salaries, 16a Profession b Total fund 17 Other ex 18 Total exp 19 Revenue  20 Total ass 21 Total liab 22 Net asse till Sign penalties of pedge and belie	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equal of similar amounts paid (Part IX, column poid to or for members (Part IX, column (other compensation, employee benefits (inal fundraising fees (Part IX, column (A), raising expenses (Part IX, column (D), line 25) penses (Part IX, column (A), lines 11a–11 enses Add lines 13–17 (must equal Part less expenses Subtract line 18 from line ets (Part X, line 16)	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) (Part IX, column (A), lines 5–10) , line 11e)  O Ld, 11f–24e) IX, column (A), line 25) 12	Begin	25,787,974 22,500 (11,292,564 (12,091,618 23,406,682 2,381,292 nning of Current Year 27,749,861 10,154,433 17,595,428 es and statements, a	4	28,507,065 26,500 0 12,117,286 0 13,372,509 25,516,295 2,990,770 End of Year 31,118,294 10,471,028 20,647,266				
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Met Assets or Expenses using Balances	11 Other rev 12 Total rev 13 Grants a 14 Benefits 15 Salaries, 16a Profession b Total fund 17 Other ex 18 Total exp 19 Revenue  20 Total ass 21 Total liab 22 Net asse till Sign repenalties of pedge and belief nowledge	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equal of similar amounts paid (Part IX, column paid to or for members (Part IX, column (a) other compensation, employee benefits (anal fundraising fees (Part IX, column (A), lines 13 penses (Part IX, column (D), line 25) penses (Part IX, column (A), lines 11a–11 penses Add lines 13–17 (must equal Part less expenses Subtract line 18 from line pets (Part X, line 16)	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) (Part IX, column (A), lines 5–10) , line 11e)  O Ld, 11f–24e) IX, column (A), line 25) 12	Begin	25,787,974 22,500 (11,292,564 (12,091,618 23,406,682 2,381,292 nning of Current Year 27,749,861 10,154,433 17,595,428 es and statements, a sed on all information	4	28,507,065 26,500 0 12,117,286 0 13,372,509 25,516,295 2,990,770 End of Year 31,118,294 10,471,028 20,647,266				
Met Assets or Expenses using Balances	11 Other rev 12 Total rev 13 Grants a 14 Benefits 15 Salaries, 16a Profession 17 Other ex 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asse 111 Sign penalties of pedge and belien nowledge    Signat	venue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equal of similar amounts paid (Part IX, column point to or for members (Part IX, column point to or for members (Part IX, column (A), other compensation, employee benefits (anal fundraising fees (Part IX, column (A), lines 13, column (B), lines 11a—11 thenses (Part IX, column (A), lines 11a—11 thenses Add lines 13—17 (must equal Part less expenses Subtract line 18 from lines ets (Part X, line 16)	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) (Part IX, column (A), lines 5–10) , line 11e)  O Ld, 11f–24e) IX, column (A), line 25) 12	Begin	25,787,974 22,500 (11,292,564 (12,091,618 23,406,682 2,381,292 nning of Current Year 27,749,861 10,154,433 17,595,428 es and statements, a sed on all information 2017-11-13 Date	and to t	28,507,065 26,500 0 12,117,286 0 13,372,509 25,516,295 2,990,770 End of Year 31,118,294 10,471,028 20,647,266				
H Salances Expenses of Expense	11 Other rev 12 Total rev 13 Grants a 14 Benefits 15 Salaries, 16a Profession b Total fund 17 Other ex 18 Total exp 19 Revenue  20 Total ass 21 Total liab 22 Net asse 111 Sign redge and belief nowledge  RICHA Type of	renue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equal and similar amounts paid (Part IX, column paid to or for members (Part IX, column (other compensation, employee benefits (simal fundraising fees (Part IX, column (A), raising expenses (Part IX, column (D), line 25) conses (Part IX, column (A), lines 11a–11 enses Add lines 13–17 (must equal Part less expenses Subtract line 18 from line ets (Part X, line 16)	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4)  Part IX, column (A), lines 5–10) , line 11e)  O Ld, 11f–24e)  IX, column (A), line 25) 12  I line 20  Is return, including accompanying ration of preparer (other than of	Beging schedule	25,787,974 22,500 (11,292,564 (12,091,618 23,406,682 2,381,292 nning of Current Year 27,749,861 10,154,433 17,595,428 es and statements, a sed on all information 2017-11-13 Date  Check	4 DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	28,507,065 26,500 0 12,117,286 0 13,372,509 25,516,295 2,990,770 End of Year 31,118,294 10,471,028 20,647,266				
Parish Pa	11 Other rev 12 Total rev 13 Grants a 14 Benefits 15 Salaries, 16a Profession b Total fund 17 Other ex 18 Total exp 19 Revenue  20 Total ass 21 Total liab 22 Net asse till Sign redge and belien nowledge	renue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equal and similar amounts paid (Part IX, column paid to or for members (Part IX, column (other compensation, employee benefits (simal fundraising fees (Part IX, column (A), raising expenses (Part IX, column (D), line 25) conses (Part IX, column (A), lines 11a–11 enses Add lines 13–17 (must equal Part less expenses Subtract line 18 from line ets (Part X, line 16)	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) , line 11e)  O Ld, 11f–24e) IX, column (A), line 25) 12  Is return, including accompanying ration of preparer (other than of other signature)	Beging schedule	25,787,974 22,500 (11,292,564 (12,091,618 23,406,682 2,381,292 nning of Current Year 27,749,861 10,154,433 17,595,428 es and statements, a sed on all information 2017-11-13 Date PTI	and to t	28,507,065 26,500 0 12,117,286 0 13,372,509 25,516,295 2,990,770 End of Year 31,118,294 10,471,028 20,647,266				
Pare Fund Balances  Expenses  Fund Balances	11 Other rev 12 Total rev 13 Grants a 14 Benefits 15 Salaries, 16a Profession b Total fund 17 Other ex 18 Total exp 19 Revenue  20 Total ass 21 Total liab 22 Net asse 111 Sign redge and belief nowledge  RICHA Type of	renue (Part VIII, column (A), lines 5, 6d, enue—add lines 8 through 11 (must equal and similar amounts paid (Part IX, column paid to or for members (Part IX, column (a) other compensation, employee benefits (anal fundraising fees (Part IX, column (A), raising expenses (Part IX, column (D), line 25) becauses (Part IX, column (A), lines 11a–11 enses Add lines 13–17 (must equal Part less expenses Subtract line 18 from line ets (Part X, line 16)	8c, 9c, 10c, and 11e) al Part VIII, column (A), line 12) (A), lines 1–3) (A), line 4) Part IX, column (A), lines 5–10) , line 11e)  O Ld, 11f–24e) IX, column (A), line 25) 12  Is return, including accompanying ration of preparer (other than of other signature)	Beging schedule	25,787,974 22,500 (11,292,564 (12,091,618 23,406,682 2,381,292 nning of Current Year 27,749,861 10,154,433 17,595,428 es and statements, a sed on all information 2017-11-13 Date  Check	1	28,507,065 26,500 0 12,117,286 0 13,372,509 25,516,295 2,990,770 End of Year 31,118,294 10,471,028 20,647,266				

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

Cat No 11282Y

☑ Yes ☐ No

Form	990 (20	016)				Page <b>2</b>					
Par	t III	Statement	of Program Service A	ccomplishments							
		Check If Sched	ule O contains a response	or note to any line in this Part III		🗹					
1	Briefly	describe the or	ganızatıon's mıssıon								
MEM FROM PROM OUR	BERSHIF 1 ENTRY ESSION EDUCAT	P ASSOCIATION LEVEL TO BOA IAL DESIGNATIONAL PROGRA	I FOR RISK MANAGERS GARD LEVEL IN THE AREAS ON WITH THE FRM (FINAN) AMS, SPECIALIZED CONTE	ÀRP'S GOAL IS TO HELP CREATE A OF FINANCIAL AND ENERGY RISK I CIAL RISK MANAGER) AND ERP (EN NT, IN-PERSON OR ONLINE EVENTS	GANIZATION AND THE ONLY GLOBA CULTURE OF RISK AWARENESS WI' MANAGEMENT, GARP SETS THE GLO VERGY RISK PROFESSIONAL) CERTI S, AND CHAPTER PROGRAM, GARP I ER DEVELOPMENT FOR RISK MANA	THIN ORGANIZATIONS, DBAL STANDARD IN FICATIONS THROUGH PROMOTES BEST					
2				rogram services during the year wh	nich were not listed on						
	the pri		🗌 Yes 🗹 No								
		•	se new services on Schedu								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	service	🗌 Yes 🗹 No									
	If "Yes	," describe thes	se changes on Schedule O								
4	Section	n 501(c)(3) and		ire required to report the amount o	largest program services, as measu f grants and allocations to others, tl						
4a	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)					
	See Ad	ditional Data									
4b	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)					
	See Ad	ditional Data									
4c	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)					
	See Ad										
	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)					
	CONNE	CTING THE RISK	COMMUNITY (SCH O, PAGE 1)								
4d			es (Describe in Schedule O	•							
	(Exper	nses \$	ıncludın	g grants of \$	) (Revenue \$	)					
4e	Total	program serv	ice expenses ►								

or X as applicable

Section 501(c)(3) organizations.

Yes

Page 3

No

Νo

Nο

Νo

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

No

Nο

Form **990** (2016)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 

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

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

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

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

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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

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

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

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

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

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

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

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

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

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

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . .

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

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

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

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

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

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

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

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

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

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14h

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2016)						
Par	t IV Checklist of Required Schedules (continued)					
			Yes	No		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes			
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		No		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					

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

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

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

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

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

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

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

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

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

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

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

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

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

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

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

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

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

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . 🛸 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

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instructions for applicable filing thresholds, conditions, and exceptions)

24b

24c

24d

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25b

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28b

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Yes

Form 990 (2016)

Yes

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Nο

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Nο

Nο

Nο

Nο

Νo

Nο

	990 (2016)			Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	٠,		<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 142			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶UK , CH			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments $^{7}$ If "No," provide an explanation in Schedule O	14b		
			orm 00	0 (2016)

Section A. Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 75 below, and for a "No" response to lines 8.85, or 10 below, decide the circumstance, processes, or Change in Schedule O See anthructions.  Check if Schedule D contents a response or nete to any line in this Part VI.  Let a first the number of volong members of the governing body at the end of the iax year.  If see are in atoms differences in coring rights among members of the governing body and the end of the iax year.  If see are in atoms differences in coring rights among members of the governing body and authority to an excellation committee or similar committee, evolution in School, the second of		990 (2010)	_		Page <b>0</b>				
Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year  1if 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 Schodulo 0  1b Enter the number of voting members included in line 1a, above, who are independent  1	Par		" respo	nse to li	nes				
Section A. Governing Body and Management   1					<b>.</b>				
Yes   No	Sa			• •					
1a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting nights among members of the governing body or five governing body of the governing body?  5 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Ves 10 Did the organization have members or stockholders?  7 Did body of the governing body?  8 Are any governance discious on of the organization have members, stockholders, or other persons other than the governing body?  9 Did the governing body?  10 Did the governing body?  11 Did the governing body?  12 Did the governing body?  13 Did the governing body?  14 Did the governing body?  15 Did the governing body?  16 Did the governing body?  17 Did the governing body?  18 Did the governing body?  19 Did the governing body?  20 Did the governing body?  21 Did the governing body?  22 Did the governing body?  23 Did the governing body?  24 Did the governing body?  25 Did the governing body?  26 Did the governing body?  27 Did the governing body?  28 Did the governing body?  28 Did the governing body?  29 Did the governing body?  20 Did the governing body?  20 Did the governing body?  20 Did the governing body?  21 Did the governing body?  22 Did the governing body?  23 Did the governing body?  24 Did the governing body?  25 Did the governing body?  26 Did the governing body?  27 Did the governing body?  28 Did the governing b	36	ection A. Governing body and Management		Vec	No				
body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0  b Chief the number of voting members included in line 1a, above, who are independent 1  2 Did any officer, functor, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  3 Did the organization delegate control over management duce automatify 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 become aware during the year of a significant diversion of the organization is assets?  5 Nio Did the organization have members or stockholders?  6 Ves 10 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the operant about reserved to (or subject to approval by) members, stockholders, or persons of the flow operant about powers are decisions of the organization between than the governing body?  8 Did the organization contemporaneously occurrent the meetings held or written actions undertaken during the year by the following that the stockholders of the governing body?  9 Is the organization contemporaneously document the meetings held or written actions undertaken during the year?  9 Is Bear camments with authority to act on behalf of the governing body?  10 Each camments with authority to act on behalf of the governing body?  11 Each be organization and the process, if we prophysee listed in Part VII, Section A, who cannot be reached at the grant and the process of the organization and the process of section B. Pollicies (This Section B Pollicies (This Section B Pollic	1a	Enter the number of voting members of the governing body at the end of the tax year 17		103					
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  2 No  No  Dut the organization degree control over management dubes customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 No  Dut the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 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?  6 Did the organization ontermiporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization ontermiporaneously document the meetings held or written actions undertaken during the year by the following:  9 Is here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization making addresse? If Yes, I provide the names and addresses in Schedule O.  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization to review this form \$90\$.  11a Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and bran		body, or if the governing body delegated broad authority to an executive committee or							
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of officers, directors or trustees, or key employee's to a management company or other person?  4	2		2		No				
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6   Ves   7a   Did the organization have members or stockholders? 7a   Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  b   Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5   Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a   The governing body?  b   Each committee with authority to act on behalf of the governing body?  b   Each committee with authority to act on behalf of the governing body?  b   Each committee with authority to act on behalf of the governing body?  c   Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a   Did the organization have local chapters, branches, or affiliates?  b   If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a   Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization body before filling the form?  11a   Possible   Secretical Contents   Possible   Possible	4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
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b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? if "Yes," provide the names and addresses in Schedule 0 .	8								
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 No Section B. Policies (This Section B requests information about policies in Schedule O	а	The governing body?	8a	Yes					
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10a Did the organization have local chapters, branches, or affiliates?  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b III a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11b Did the organization have a written conflict of interest policy? If "No," go to line 13  12c Ves  12d Ve	9		9		No				
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b Describe in Schedule O the process, if any, used by the organization to review this Form 990	b		10b						
12a	11a		11a	Yes					
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c No  13 Ves  14 Did the organization have a written whistleblower policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15a No  15a Yes  15b No  15b No  15b No  15c No  15c No  15c No  15c No  15c No  15d No  1	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
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Schedule Ö how this was done	b		12b	Yes					
14  No  15  Did the organization have a written document retention and destruction policy?	С		12c		No				
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	13	Did the organization have a written whistleblower policy?	13	Yes					
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	14	Did the organization have a written document retention and destruction policy?	14		No				
b Other officers or key employees of the organization	15								
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	а	The organization's CEO, Executive Director, or top management official	15a	Yes					
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	15b		No				
taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a		16a		No				
Section C. Disclosure  17 List the States with which a copy of this Form 990 is required to be filed▶  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records	b								
List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 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			16b						
<ul> <li>Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         <ul> <li>□ Own website. □ Another's website. ☑ Upon request. □ Other (explain in Schedule O).</li> </ul> </li> <li>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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records.</li> </ul>									
Own website Another's website Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records		Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)							
<ul> <li>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</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records</li> </ul>									
20 State the name, address, and telephone number of the person who possesses the organization's books and records	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest							
	20	State the name, address, and telephone number of the person who possesses the organization's books and records							

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

(C) (A) (B) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former Q#||5€| organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

Talon Professional Services,

compensation from the organization ▶ 3

202 Carnegie Center PRINCETON, NJ 08540

Part VII

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

(E)

Page 8

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, i an of tor/t	ot che unles fficer trust	<u> </u>	son a	Repo compe fron organiza	D) ortable ensation n the ation (W- 9-MISC)	Reportable compensation from related organizations (*2/1099-MISC**	w-	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033		2,1033-11150		relat organiz	ted	
See /	Addıtıonal Data Table														
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					T			$\Box$				$\top$			
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1b S	Sub-Total	<del></del>	<del></del>	-			<u> </u>	_				Ľ			
c T	Fotal from continuation sheets to F Fotal (add lines 1b and 1c)  .   .	Part VII, Section	nA.				<b>&gt;</b>		5.0	058,388		0		189,793	
2	Total number of individuals (including of reportable compensation from the	ng but not limited	to thos				-	rec				<u> </u>			
													Yes	No	
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>						loyee, d		-	npensated	employee on			 	
4	For any individual listed on line 1a, is				-	_		_		sation from	n the	3	+	No	
	organization and related organization	ns greater than \$		00? <i>If</i>	"Yes			te Sc				4	Yes		
5	Did any person listed on line 1a rece										vidual for	-	163	<del>                                     </del>	
	services rendered to the organization	า?If "Yes," compl	lete Sch	redule	∍ J fo	or su	ıch pei	rson				5		No	
<b>S</b> e	ection B. Independent Contrac Complete this table for your five high	hest compensate										npen	sation		
	from the organization Report compe	ensation for the c	:alendar	- year	· enc	ling	with o	r wit	thin the or	rganızatıor	n's tax year (B)	<del></del>	(0	-1	
Wabil.	Name ent Technology Inc,	and business addre	ess		—					Desci IT Services	ription of services		Compe		
225 O	Pakland Road TH WINDSOR, CT 06074								ľ	II Services				221,403	
Mark ' RAINS PFAFF	Wallace Risk Services, STRASSE 11C FIKON, 0								F	Rısk Progran	n			192,000	
SZ	Professional Sequence				—					IT Conucos				164 027	

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

(C)

(D)

IT Services

(B)

164,927

	90 (2016)							Page <b>9</b>
Part								
	Check if Schedul	e O contains a resp	onse or note to any l	ine in this Part VI (A) Total revenue	Rela ext fun	B) ted or empt ction enue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
s	1a Federated campaign	ns 1a						
ınts	<b>b</b> Membership dues .	. 1b						
Gra	<b>c</b> Fundraising events	1c						
S. A	<b>d</b> Related organization	ns 1d						
Gif	e Government grants (co	<del></del>	<u> </u>					
ons, Gifts, Grants Similar Amounts	<b>f</b> All other contributions,							
tion S	The second control of	ot included 1f						
tributio Other	g Noncash contribution	ns included						
Contributions, Gifts, Grants and Other Similar Amounts	ın lınes 1a-1f \$							
Cont and	h Total.Add lines 1a-1	f	•	0				
<u>+</u>			Business	Code				
พา	2a EXAM AND COURSE MAT	ERIALS		900099 23	,864,075	23,864,	075	
æ	<b>b</b> COUNTRY SPECIFIC PRO	GRAMS			,610,570	1,610,		
Seruce Revenue	c INSTRUCTIONAL SEMINA	ARS			,598,779	1,598,		
Ser	d MEMBERSHIP DUES			900099 1	,104,330	1,104,	330	
an	e							
Program	f All other program ser	vice revenue	78 1°	 77,754			1	
Δ	<b>gTotal.</b> Add lines 2a-2f		<b>&gt;</b>					
	<b>3</b> Investment income (in similar amounts).		interest, and other	177,2	55			177,265
	4 Income from investme	· · · · · · · · · · · · · · · · · · ·	ond proceeds	<u> </u>	0			, , , , , , , , , , , , , , , , , , ,
	<b>5</b> Royalties			10,0	94			10,094
		(ı) Real	(II) Personal					
	<b>6a</b> Gross rents							
	<b>b</b> Less rental expenses							
	,							
	c Rental income or (loss)	0	0					
	d Net rental income or	(loss)			0			
		(ı) Securities	(II) Other					
	<b>7a</b> Gross amount from sales of	476,524						
	assets other than inventory	470,324						
	·							
	<b>b</b> Less cost or other basis and	699,878						
	sales expenses <b>c</b> Gaın or (loss)	-223,354						
	<b>d</b> Net gain or (loss) .		<b>&gt;</b>	-223,3	54			-223,354
	8a Gross income from fu							
Other Revenue	(not including \$ contributions reporte	of d on line 1c)						
Š P	See Part IV, line 18		0					
Re	<b>b</b> Less direct expenses		0					
her	c Net income or (loss)		ents •		0			
Off	<b>9a</b> Gross income from g See Part IV, line 19							
		а	0					
	<b>b</b> Less direct expenses		0					
	c Net income or (loss)		ies <b>&gt;</b>		0			
	10aGross sales of invent returns and allowand							
		а	0					
	<b>b</b> Less cost of goods s	old b	0					
	c Net income or (loss)				0			
	Miscellaneous	Revenue	Business Code 900099	159,9	85			159,985
	11aWEB SEMINAR		900099	159,9	55			139,963
	h		900099	07.5	55			97,555
	b NEWSLETTER INCOM	1E	900099	97,5	ود			97,555
			00000	F0.00	no	E0 000		
	© INFORMATION EXCH	ANGE	900099	58,0	υδ	58,008		
	1.00			40 =	F0		43.0:-	
	d All other revenue .			49,7	80		47,848	1,910
	e Total. Add lines 11a-		•	365,3	06			
	12 Total revenue. See	Instructions	· · · •	28,507,0	55	28,235,762	47,848	
								Form 990 (2016)

Forr	n 990 (2016)				Page <b>10</b>
	It IX Statement of Functional Expenses tion $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	lumns All other orga	nızatıons must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	16,500	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	10,000	0		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,171,619			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	100,732			
7	Other salaries and wages	7,345,025			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	211,180			
9	Other employee benefits	288,730			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
ä	a Management	0			
ı	Legal	186,836			
	Accounting	139,701			
	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	601,254			
12	Advertising and promotion	1,054,044			
13	Office expenses	286,591			
	Information technology	770,265			
	Royalties	206,997			
	Occupancy	803,539			
	Travel	343,965			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	13,279			
	Interest	0			-
	Payments to affiliates	0			-
	Depreciation, depletion, and amortization	909,333			
	Insurance	0			
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a EXAM COSTS	5,547,783			
	b PAYROLL SERVICE FEE	1,522,126			
	c SEMINAR COSTS	554,203			
	d	0			
	e All other expenses	432,593			
25	Total functional expenses. Add lines 1 through 24e	25,516,295	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form **990** (2016)

Form 990 (2016)

11

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13 14

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33

34

Liabilities 22

Fund Balances

Assets or 30

Net

check in Schedule O contains a response of note to any line in this rait ix		•	
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	2,042,071	1	2,489,569
2 Savings and temporary cash investments	15,580,830	2	19,598,962
3 Pledges and grants receivable, net	0	3	0
4 Accounts receivable, net	268,950	4	550,250

3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	268,950	4	550,250
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
6	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	0	6	0

Part II of Schedule L Assets Notes and loans receivable, net . . 0 Inventories for sale or use . . 0 8 0 1.118.558 Prepaid expenses and deferred charges . 9 1,188,735 10a Land, buildings, and equipment cost or other

5,667,506

2,585,900

3,919,909

4.757.835

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0 14

0 18

0 21

0 22

0

1.739.323

10,154,433

17.595.428

17,595,428

27.749.861

61.708

27,749,861

4,331,578

4,083,532

10c

11 0 12

13

15

16

17

19

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3,081,606

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1.569.611

10,471,028

20,647,266

20,647,266

31.118.294

Form **990** (2016)

0

63.738

31,118,294

4.744,704

4,156,713

10a

10b

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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

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

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

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11 . . . . .

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

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

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

and complete lines 30 through 34.

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

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

Retained earnings, endowment, accumulated income, or other funds

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

consolidated basis, or both

Consolidated basis ☐ Both consolidated and separate basis Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Yes

3b

Nο

Form 990 (2016)

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

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

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

## **Additional Data**

Software ID:

Software Version:

**EIN:** 02-0571577

Name: Global Association of Risk Professionals Inc.

Form 990 (2016)

FINANCE PROFESSIONALS GLOBALLY TO PROMOTE A RISK-AWARE CULTURE

Form 990, Part III, Line 4a:

PROFESSIONAL CERTIFICATION & EDUCATIONAL PROGRAMS CERTIFICATION GARP SETS THE GLOBAL STANDARD IN PROFESSIONAL CERTIFICATION WITH THE FRM (FINANCIAL RISK MANAGER) AND ERP (ENERGY RISK PROFESSIONAL) CERTIFICATIONS IT OFFERS THESE EXAMS ANNUALLY THESE PROGRAMS ARE RIGOROUS AND VERY WELL RESPECTED ACROSS THE GLOBE BY DEMONSTRATING EXPERTISE AND COMMITMENT TO BETTER RISK MANAGEMENT PRACTICES. CERTIFIED FRMS AND ERPS STAND APART IN THEIR RESPECTIVE ORGANIZATIONS EDUCATION AND AWARENESS EVERYONE HAS AN IMPORTANT ROLE TO PLAY IN SUPPORTING A ROBUST RISK CULTURE WHETHER IT IS EDUCATING AN ENTERPRISE, OR EDUCATING FINANCIAL PROFESSIONALS ACROSS AN ENTIRE COUNTRY, GARP PARTNERS WITH FIRMS AND CENTRAL BANKS TO DELIVER FOUNDATIONAL AND ADVANCED RISK AWARENESS PROGRAMS. THROUGH THESE PROGRAMS WE HAVE ENABLED TENS OF THOUSANDS OF

#### Form 990, Part III, Line 4b:

THE VERY LATEST INTELLIGENCE TO DRIVE INFORMED DECISION MAKING

BENCHMARKING INITIATIVE AND RISK INTELLIGENCE GARP BENCHMARKING INITIATIVE (GBI) IN THIS TIME OF INCREASING ECONOMIC GLOBALIZATION AND MARKET INTERCONNECTEDNESS, THE CAUSES OF AND APPROACHES TO DEALING WITH GLOBAL SYSTEMIC RISK ISSUES ARE OF IMMENSE IMPORTANCE BANKS AS WELL AS

THEIR REGULATORS ARE IN NEED OF WAYS TO APPROPRIATELY DEVELOP. IMPLEMENT AND ANALYZE STUDIES TO TEST AND BENCHMARK BANK RISK SYSTEMS AND APPROACHES GBI IS PLAYING A MAJOR AND GLOBALLY UNIQUE ROLE IN ANALYZING THE PROCESSES RELATED TO HYPOTHETICAL PORTFOLIO EXERCISES. OUANTITATIVE IMPACT STUDIES, AND OTHER MUCH NEEDED BENCHMARKING ACTIVITIES RISK INTELLIGENCE KEEPING UP WITH THE EVER-EVOLVING RISK LANDSCAPE

IS CHALLENGING, BUT ESSENTIAL FOR RISK PROFESSIONALS AND THE INDUSTRY TO COLLECTIVELY SAFEGUARD THE WORLDS FINANCIAL MARKETS GARP DELIVERS

CRITICAL RISK INTELLIGENCE INDUSTRY SURVEYS, SPECIAL REPORTS, NEWS, ANALYSIS, WHITEPAPERS, WEBINARS AND MORE, TO ENSURE THAT THE COMMUNITY HAS

#### Form 990, Part III, Line 4c: ANNUAL CONFERENCE. THE ORGANIZATION OFFERS AN ANNUAL CONFERENCE IN ADDITION TO OCCASIONAL SEMINARS AND OTHER EVENT PROGRAMS, OFFERS DISCOUNTS ON GARP AND OTHER THIRD PARTY PUBLICATIONS, A MEMBERSHIP PROGRAM, AND OFFERS ACCESS TO A CAREER CENTER TO POST RESUMES AND SEARCH

FOR JOB OPPORTUNITIES

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional MISC) organizations MISC) related below dotted organizations employee line)

PRESIDENT & CEO	0 0					
KENNETH ABBOTT	1 0					
TRUSTEE	0.0	X			0	
LAURA DOTTORI-ATTANASIO	1 0					
TRUSTEE	0 0	×			0	
STUART LEWIS	1 0					
		X			0	

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RICHARD APOSTOLIK

VICTOR NG

BRADFORD HU

ANDREW KURITZKES

JACQUES LONGERSTAEY

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

**TRUSTEE** 

TRUSTEE

JONATHAN STEIN

WILLIAM MARTIN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

		l X	 I X I		1,569,989	1 0	
PRESIDENT & CEO	0 0	^	, ,		1,505,505		
KENNETH ABBOTT	1 0	×			0	0	
TRUSTEE	0 0	^			Ů	J	
AURA DOTTORI-ATTANASIO	1 0	×			0	0	
TRUSTEE	0 0	^					
STUART LEWIS	1 0						

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PRESIDENT & CEO	0.0	×	×		1,569,989	U	20,783
KENNETH ABBOTT	1 0	v			0	0	
TRUSTEE	0.0	^				0	
LAURA DOTTORI-ATTANASIO	1 0					0	
TRUSTEE	0 0	_ ^			0	0	
STUART LEWIS	1 0	,					
TRUSTEE	0 0	_ ×			0	U	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director key employee organizations Institutional MISC) MISC) related below dotted organizations line) Trustee

MICHELLE MCCARTHY	1 0	×			,		
TRUSTEE	0 0						
JACOB ROSENGARTEN	1 0	V					
TRUSTEE	0 0	_ X			0	0	
RENE STULZ	1 0	_			100,000	0	
TRUSTEE	0 0	^			100,000		
PETER TUFANO	1 0						

INUSTEE	0 0						
RENE STULZ TRUSTEE	1 0	х			100,000	0	
PETER TUFANO	1 0	×			0	0	
TRUSTEE	0 0				,	·	
BEN GOLUB	1 0	×			0	0	
TRUSTEE	0 0				-		
LEWIS O' DONALD	1 0	X			0	0	
TRUSTEE	0 0						

11100122	0.0						
BEN GOLUB	1 0	X			0	0	
TRUSTEE	0 0				3		
LEWIS O' DONALD	1 0	¥			0	0	
TRUSTEE	0 0	^			9	0	
Riccardo Rebonato	1 0	×			0	0	

0

22,825

0

0

362,879

		l x				l o	l o	
TRUSTEE	0 0					·	·	
LEWIS O' DONALD	1 0	_				0	0	
TRUSTEE	0 0	^				0	U	
Riccardo Rebonato	1 0	×				0	0	

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TRUSTEE (THRU 10/16)

Lisa Polsky

**TRUSTEE** 

COO

Richard Goulding

TRUSTEE (THRU 3/16)

MICHAEL B NIELSEN

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation amount of other compensation week (list person is both an officer from the from related any hours and a director/trustee) organization organizations for related (M-2/1099- $(\dot{W} - 2/1099 -$ 

(F)

Estimated

compensation

from the

25,375

9,469

18,323

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

		l					<b>'</b>	ا ممدنیمیا		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PRISCELLA CERVANTES CFO	40 0			x				467,394	0	21,808
CHRISTOPHER J DONOHUE MANAGING DIRECTOR	50 0				×			815,842	0	22,825

		1.	्री वर्ष			ाडवा स्त्			
PRISCELLA CERVANTES	40 0			v			467,394	0	21,808
CFO	0 0						407,334		21,000
CHRISTOPHER J DONOHUE	50 0				Ţ				
MANAGING DIRECTOR	0 0				×		815,842	0	22,825
LILY PAN	40 0				l				
MANAGING DIRECTOR	0.0				×		223,134	0	14,761

CFO	0 0				,		,
CHRISTOPHER J DONOHUE	50 0		_		815,842	0	22,825
MANAGING DIRECTOR	0 0		^		813,842	0	22,823
LILY PAN	40 0		V		222.424	0	14.761
MANAGING DIRECTOR	0 0		X		223,134	0	14,761
ERIC ADAMS	40 0			· ·	227.600	0	14 500
SVP LEGAL COUNSEL	0 0			Χ	237,699	U	14,580
ALBERTO GARCIA	40 0			×	209.059	0	19.044

LILT PAN			ll	v		222.424	۱ ,	1476
MANAGING DIRECTOR	0 0			Χ		223,134	0	14,761
ERIC ADAMS	40 0				v	237,699	0	14,580
SVP LEGAL COUNSEL	0 0				×	237,099	O O	14,560
ALBERTO GARCIA	40 0				>	209,059	0	19,044
SVP TECHNOLOGY	0 0				^	209,039	Ū.	19,044
	40.0		1 1					

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365,786

321,015

		l	l			X	I	237,699	i ol	
SVP LEGAL COUNSEL	0 0					,		237,033		
ALBERTO GARCIA	40 0					X		209.059	0	
SVP TECHNOLOGY	0 0							203,033		
SATELL TARA LIENDAY MANY	40 0									

ALDERTO GARCIA				×		209.059	0	
SVP TECHNOLOGY	0 0							
WILLIAM HENRY MAY	40 0							
				X		385,591	ol	1
DIRECTOR	0.0						-	

40 0

0.0

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CRAIG V COLLINS

DIRECTOR

SVP Business Development

MICHAEL WILLIAM SELL

# **Political Campaign and Lobbying Activities**

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493317072967

Open to Public Inspection

Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

Department of the Treasury www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Global Association of Risk Professionals Inc 02-0571577 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization fileForm 1120-POL for this year? 4 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

Grassroots ceiling amount
(150% of line 2d, column (e))

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

activity

(b)

**A**mount

(a)

Yes

No

1		n attempt to influence foreign, national, state or local legislation,					
	including any attempt to influence public	opinion on a legislative matter or referendum, through the use of					
а	Volunteers?						
b	Paid staff or management (include compe	ensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?						
d	Mailings to members, legislators, or the p	public?					
е	Publications, or published or broadcast st	atements?					
f	Grants to other organizations for lobbying	g purposes?					
g	Direct contact with legislators, their staffs	s, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conve	ntions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organ	nization to be not described in section 501(c)(3)?		ſ			
b	If "Yes," enter the amount of any tax incu	urred under section 4912					
С	If "Yes," enter the amount of any tax incu	urred by organization managers under section 4912		Γ			,
d	If the filing organization incurred a sectio	n 4912 tax, did it file Form 4720 for this year?		Γ			,
Par	t III-A Complete if the organiza	tion is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	n 5	<b>01</b> (c	)
	(6).					1	
	W			_	_	Yes	No
1	Were substantially all (90% or more) due	•			2	Yes Yes	
2	Did the organization make only in-house				3	Yes	N
3		obbying and political expenditures from the prior year?	/F\ -		_	01/-	No
Par		ition is exempt under section 501(c)(4), section 501(c)( art III-A, lines 1 and 2, are answered "No" OR (b) Part :				OT(C	)(6)
	answered "Yes."	art III A, filles I and 2, are answered the lock (b) fare	~,	mic 5,			
1	Dues, assessments and similar amounts f	from members	1				
2		nd political expenditures (do not include amounts of political					
	expenses for which the section 527(f	) tax was paid).	2a				
a b	Current year Carryover from last year		2a 2b				
C	Total		2c				
3		33(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		ne 2c exceeds the amount on line 3, what portion of the excess does	<del>-</del>				
7		e reasonable estimate of nondeductible lobbying and political					
	expenditure next year?	, , ,	4				
5	Taxable amount of lobbying and political	expenditures (see instructions)	5				
Pa	art IV Supplemental Information	on					
	vide the descriptions required for Part I-A, ructions), and Part II-B, line 1 Also, compl	line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), I ete this part for any additional information	Part II-	A, lines 1	L and	2 (se	e
	Return Reference	Explanation					
Sche		GANIZATION DID NOT ENGAGE IN ANY LOBBYING ACTIVITIES DURIN	G 2016				
	TITLE OF	Control of the contro					

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

**SCHEDULE D** 

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

► Attach 990. OMB No 1545-0047

DLN: 93493317072967

Open to Public

Department of the Treasury

(Form 990)

Na	nl Revenue Service   Information about Schedule I me of the organization bal Association of Risk Professionals Inc	(. s.m see) and its mat		Employer iden		
GIOI	vai Association on risk riolessionals the			02-0571577		
Pa	<b>Organizations Maintaining Donor</b> Complete if the organization answere			s or Accounts.		
		(a) Donor advised fu	nds	(b)Funds and o	other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					_
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to t			advised	☐ Yes	 □ No
6	Did the organization inform all grantees, donors, is used only for charitable purposes and not for the conferring impermissible private benefit?				☐ Yes	□ No
Pa	rt II Conservation Easements. Complet	e if the organization ans	wered "Yes" on Fo	orm 990, Part IV, I		
1	Purpose(s) of conservation easements held by the	e organization (check all tha	t apply)			
	$\square$ Preservation of land for public use (e g , rec	reation or education)	Preservation of	an historically import	tant land area	
	Protection of natural habitat		Preservation of	a certified historic st	ructure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation	contribution in the			
_	easement on the last day of the tax year  Total number of conservation easements			1 -	the End of the	Year
a b	Total acreage restricted by conservation easements	ts.		2a   2b		
C	Number of conservation easements on a certified		ı (a)	2c		
d	Number of conservation easements included in (c) structure listed in the National Register		• •	2d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguis	hed, or terminated	by the organization d	uring the	
4	Number of states where property subject to conse	ervation easement is located	I <b>▶</b>	_		
5	Does the organization have a written policy regard and enforcement of the conservation easements in		, inspection, handlir		□ Yes □	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of viola	ations, and enforcing			year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations	, and enforcing cons	servation easements	during the year	
8	Does each conservation easement reported on lin and section $170(h)(4)(B)(1)$ ?	e 2(d) above satisfy the req	uirements of sectior		☐ Yes ☐	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organ				
Par	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical		ther Similar Ass	ets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to its	eld for public exhibition, edu	cation, or research i	in furtherance of pub		of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	AS 116 (ASC 958), to repor	t in its revenue stat	ement and balance s		
(	i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
<b>(</b> i	i)Assets included in Form 990, Part X					
2	If the organization received or held works of art, I following amounts required to be reported under					_
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
b	Assets included in Form 990, Part X			<b>&gt;</b> \$ _		
or I	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat N	No 52283D <b>Sched</b>	ule D (Form 9	90) 201

Par	t III	Organizations Maintaining	Collections	of Art, Hist	orical Tr	easures, o	r Other	Similar As	ssets (cont	inued)
3		the organization's acquisition, acce (check all that apply)	ession, and other	records, che	ck any of t	he following	that are a	significant i	use of its co	llection
а		Public exhibition		I	d 🗌	Loan or exch	nange prog	ırams		
b		Scholarly research		1	е 🗌	Other				
С		Preservation for future generations	<b>S</b>							
4	Provid Part >	de a description of the organization'	s collections and	d explain how	they furth	er the organi	ization's e	xempt purpo	se in	
5		g the year, did the organization soli s to be sold to raise funds rather th						nılar	☐ Yes	□ No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a X, line 21.		" on Form 9	90, Part :	IV, line 9, d	or reporte	ed an amou	unt on Forr	n 990, Part
1a		e organization an agent, trustee, cui ded on Form 990, Part X?	stodian or other	ıntermediary	for contrib	utions or oth	ner assets	not	☐ Yes	□ No
ь	If "Ye	es," explain the arrangement in Part	XIII and comple	ete the follow	ıng table			A	mount	
c		ining balance					1c			
d	_	ions during the year					1d			
е		butions during the year					1e			
f		g balance					1f			
2a		ne organization include an amount o	n Form 990 Ba	rt V line 21	For occrow	or custodial		shility2		
za b		es," explain the arrangement in Part	•					·	Yes	□ No
Pā	rt V	Endowment Funds. Comple								
		<u>'</u>	(a)Currei		<b>b)</b> Prior year			(d)Three yea		Four years back
<b>1</b> a	Beginn	ing of year balance								_
b	Contrib	outions								
С	Net inv	estment earnings, gains, and losse.	s							
d	Grants	or scholarships								
e		expenditures for facilities ograms								
f	Admını	strative expenses								
g	End of	year balance								
2	Provid	de the estimated percentage of the	current year end	balance (line	= 1g, colun	nn (a)) held	as			
а	Board	d designated or quasi-endowment 🕨								
ь	Perma	anent endowment 🕨								
С	Temp	orarily restricted endowment >								
Ī	The p	ercentages on lines 2a, 2b, and 2c	should equal 10	0%						
3а		nere endowment funds not in the po nization by	ssession of the	organization i	hat are he	ld and admir	nistered fo	r the		Yes No
	(i) ur	nrelated organizations							3a(i)	
b		elated organizations	ations listed as	 required on S	 chedule R <sup>7</sup>				3a(ii) 3b	
4	Descr	ribe in Part XIII the intended uses o	f the organizatio	n's endowme	nt funds					· · ·
Pa	rt VI	Land, Buildings, and Equip								
		Complete if the organization a								
	Descri		or other basis estment)	( <b>b)</b> Cost or ot	ner basis (ot	ner) ( <b>c)</b> Ac	cumulated d	epreciation	(a)E	look value
1a	Land									
b	Buildin	gs								
c	Leaseh	old improvements			3,05	2,103		956,213		2,095,890
d	Equipm	nent			1,50	5,562		1,098,832		406,730
е	Other				1,10	9,841		530,855		578,986
Tate	- I Add	lunga 1 m bhuair ab 1 a (Calirman (d) mai	ist agual Form (	100 Dart V a	dumn (B)	/m= 10/=) )				2 221 525

Part VII Investments—Other Securities. Complete if the organ See Form 990, Part X, line 12.	nization answe	red 'Yes' on Form 9	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	( <b>b)</b> Book value		thod of valuation l-of-year market value
.)Financial derivatives			
)Other	-		
)			
)			
)			
)			
)			
5)			
1)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	134 1 5	000 5 1 7/1 11
Investments—Program Related. Complete if the organized See Form 990, Part X, line 13.		ered 'Yes' on Form	990, Part IV, line 11c.
(a) Description of investment	b) Book value	(c) Me Cost or end	thod of valuation I-of-year market value
5)			
)			
)			
3)			
)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. Complete if the organization answered 'Yes' on (a) Description	Form 990, Part	IV, line 11d See For	(b) Book value
.)			
)			
)			
)			
)			
)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answere	d 'Vos' on Form		. • 110 or 11f
See Form 990, Part X, line 25.		· · · · · · · · · · · · · · · · · · ·	
(a) Description of liability ) Federal income taxes	(b) Boo	k value	
		0	
EFERRED RENT		1,569,611	
)			
)			
)			
)			
)			
r)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	1,569,611	
Liability for uncertain tax positions. In Part XIII, provide the text of the foo	_		

Part XI

2

а

b

3

4

5

1

2

а b

d

е 3

4

а

b

b

Part XII

Schedule D (Form 990) 2016

Page 4

61,068

28,507,065

28,507,065

25,516,295

25.516.295

25,516,295

Schedule D (Form 990) 2015

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

Add lines 4a and 4b . . .

Other (Describe in Part XIII ) . . . . . .

Total expenses and losses per audited financial statements .

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Net unrealized gains (losses) on investments . . . Donated services and use of facilities . Recoveries of prior year grants . . . Subtract line 2e from line 1 .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

2d 4a 4b

2a

2b

2c

2d

4b

Explanation

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

2a

2b

2c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

61,068

4c Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2e

3

4c

5

2e

3

Add lines 4a and 4b . C 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . . Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII ) . . . . .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Page <b>5</b>	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

# **Additional Data**

# Software ID:

**Software Version:** 

**EIN:** 02-0571577

Name: Global Association of Risk Professionals Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	FIN 48 The Association follows the provisions of ASC 740 ASC 740-10 clarifies the account ing for uncertainty in tax positions taken or expected to be taken in a tax return, includ ing issues relating to financial statement recognition and measurement. These requirements stipulate that the tax effects from an uncertain tax position can be recognized in the consolidated financial statements only if the position is "more-likely-than-not" to be sustal ined if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. The Association is exempt by virtue of being an organization described in Section 501(c)(6) of the Internal Revenue code ("code"). Nevertheless, the association may be subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. For the years ended December 31, 2016 and 2015, the Association recorded a tax provision of approximately \$0 and \$7,00.0, respectively, resulting from unrelated business income activities conducted by the Association. As of December 31, 2016, management has determined that there are no significant uncertain tax positions that would require recognition or disclosure in the accompanying consolidated financial statements.

efile GRAPHIC print - DO NOT PROCESS				-	DLN	: 93493317072967
SCHEDULE F (Form 990)	State	ment of	Activities (	Outside the Uni	OMB No 1545-0047	
(1 01111 000)		➤ Complet	e if the organization	n answered "Yes" to Form	990,	2016
				14b, 15, or 16.		
Department of the Treasury Internal Revenue Service	▶ Informat			See separate instructions. and its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization Global Association of Risk I	Duefe e e e e e e e				Employer ide	ntification number
GIODAI ASSOCIACION OF RISK I	Professionals II	пс			02-0571577	
	<b>formation o</b> Part IV, line :		s Outside the l	<b>Jnited States.</b> Comple	te if the organization a	answered "Yes" to
other assistance, the to award the grant  2 For grantmakers.	ne grantees' e s or assistanc . Describe in F	eligibility for tl e?	he grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria used	✓ Yes □ No
outside the United	States					
3 Activites per Region	(The following	g Part I, line 3	table can be dupli	cated if additional space is	needed )	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data				-		
( 2)						
( 3)						
(4)						
( 5)						
3a Sub-total b Total from continuation			1 5			7,126,186
c Totals (add lines 3a For Paperwork Reduction A		the Instruction	1 5		No 50082W <b>Sched</b> i	7,126,186

Schedule F (Form 990) 2016

(5) (6)

(7)

(8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18)

Schedule F (Form 990) 2016

Page **3** 

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	East Asia and the Pacific	1	3,000	wire			
( 2) Research Grant	Europe (Including Iceland and Greenland)	2	5,500	wire			
(3) Research Grant	Central America and	1	1,500	wire			

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

	racine				
	Europe (Including Iceland and Greenland)	2	5,500	wire	
	Central America and the Caribbean	1	1,500	wire	
4)					

Part III can be duplicated if additional space is needed.

Sche	dule F (Form 990) 2016		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		
	Instructions for Forms 3520 and 3520-Ay	☐ Yes	<b>✓</b> 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)	$\square$ Yes	<b>✓</b> 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	<b>☑</b> 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	<b>✓</b> 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)	<b>✓</b> Yes	∐No

ichedule F (Fo	rm 990) 2016 Page <b>5</b>
F a r	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information (see instructions).
Return Reference	Explanation
Schedule F, Part I, Line 2	Every year since 2007, GARP has issued a call for research proposals from which 16 research projects have been awarded funding as a part of the GARP risk management research program. Research projects are selected for funding by a research committee of risk management practitioners, academics and researchers. The research committee seeks to provide funding for 1 Projects offering unique approaches and insights into problems of significance to risk management professionals, 2 Projects of particular.

relevance to current global financial risk management issues and needs, and 3. Projects with significant potential for bridging the gap between theory and practice. Upon completion, the authors present their paper at a GARP event. Grants are paid out only after submission of the research papers. No further monitoring is required (once the papers are written and the cash disbursed)

### **Additional Data**

Central America and the

East Asia and the Pacific

Carıbbean

## Software ID: Software Version:

**EIN:** 02-0571577

Name: Global Association of Risk Professionals Inc

FRM/ERP EXAM, TRAINING

FRM/ERP EXAM, TRAINING

3,193

323,781

form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
Sub-Saharan Africa			Program Services	FRM/ERP EXAM, TRAINING	209,960				

Program Services

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (ı e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 5 Program Services FRM/ERP EXAM, TRAINING 6,323,174 Greenland) Middle East and North Africa FRM/ERP EXAM, TRAINING 29.515 Program Services North America Program Services FRM/ERP EXAM, TRAINING 101,155

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Russia and the Newly FRM/ERP EXAM, TRAINING 6.020 Program Services Independent States South America FRM/ERP EXAM, TRAINING 4.791 Program Services South Asia Program Services FRM/ERP EXAM, TRAINING 114,597

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific FRM/ERP EXAM, TRAINING 3.000 lGrantmakınd 5,500 Europe (Including Iceland and Grantmaking FRM/ERP EXAM, TRAINING Greenland) Central America and the Grantmaking FRM/ERP EXAM, TRAINING 1.500 Caribbean

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493317072967 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2016 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** Global Association of Risk Professionals Inc 02-0571577 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, organization if applicable non-cash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

Page 2

Schedule I (Form 990) 2016

Schedule I (Form 990) 2016

(3) (4) (5) (6)

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Return Reference Explanation Every year since 2007, GARP has issued a call for research proposals from which 16 research projects have been awarded funding as a part of the GARP risk Schedule I, Part I, Line 2

management research program. Research projects are selected for funding by a research committee of risk management practitioners, academics and researchers. The research committee seeks to provide funding for 1 Projects offering unique approaches and insights into problems of significance to risk management professionals, 2 Projects of particular relevance to current global financial risk management issues and needs, and 3 Projects with significant potential for bridging the gap between theory and practice. Upon completion, the authors present their paper at a GARP event. Grants are paid out only after submission of the research papers. No further

monitoring is required (once the papers are written and the cash disbursed)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493317072967

Employer identification number

OMB No 1545-0047

2015

Open to Public

#### Schedule J (Form 990)

Compensation Information

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Global Association of Risk Professionals Inc 02-0571577 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4с Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а 5h Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Schedule J (Form 990) 2015							Page Z
Part III Officers, Directors	, Trustees, Key Er	nployees, and Hig	hest Compensate	<b>ed Employees.</b> Use	duplicate copies if	additional space is	needed.
For each individual whose compensal instructions, on row (ii) Do not list al <b>Note.</b> The sum of columns (B)(i)-(iii)	ny individuals that are	not listed on Form 990	, Part VII	• , ,	-	·	
(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Return Reference	Explanation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Part IIII Supplemental Inform	nation
Schedule J (Form 990) 2015	Page <b>3</b>

Schedule J (Form 990) 2015

#### Software ID: Software Version:

**EIN:** 02-0571577

Name: Global Association of Risk Professionals Inc

### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title			W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation		(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits		(F) Compensation in column (B) reported as deferred on prior Form 990
1RICHARD APOSTOLIK PRESIDENT & CEO	(1)	319,925	1,250,064	0	13,250	7,533	1,590,772	0
	(11)	0	0	0	0	-		0
1MICHAEL B NIELSENCOO	(1)	182,785	180,094	0	13,250	9,575	385,704	0
	(11)	0	0	0	0			0
2PRISCELLA CERVANTESCFO	(1)	175,665	291,729	0	13,250	8,558	489,202	0
	(11)	0	0	0	0		- 0	0
3CHRISTOPHER J DONOHUE MANAGING DIRECTOR	(1)	220,748	595,094	0	13,250	9,575	838,667	0
	(11)	0	0	0	0			0
4LILY PAN MANAGING DIRECTOR	(1)	163,069	60,065	0	8,209	6,552	237,895	0
	(11)	0	0	0	0			0
<b>5</b> ERIC ADAMS SVP LEGAL COUNSEL	(1)	202,699	35,000	0	12,000	2,580	252,279	0
	(11)	0	0	0	0			0
6ALBERTO GARCIA SVP TECHNOLOGY	(1)	186,481	22,578	0	10,879	8,165	228,103	0
	(11)	0	0	0	0	-	- 0	0
7WILLIAM HENRY MAY DIRECTOR	(1)	190,497	195,094	0	13,250	12,125	410,966	0
	(11)	0	0	0	0			0
8CRAIG V COLLINS SVP Business Development	(1)	175,692	190,094	0	0	9,469	375,255	0
*	(11)	0	0	0	0	- 0	- 0	0
9MICHAEL WILLIAM SELL DIRECTOR	(1)	170,921	150,094	0	8,885	9,438	339,338	0
	(11)	0	0	0	0		0	0

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Schedule L (Form 990 or 990-	′		► Compl rm 990, Pa	ete if the orga art IV, lines 2!	Interested Persons ganization answered 25a, 25b, 26, 27, 28a, 28b, or 28c, t V, line 38a or 40b.					OMB No 1545-004			
Department of the Treas Internal Revenue Servic	surv	ormation abo	► Attac	th to Form 99 le L (Form 99 www.irs.gov	0 or Form 99 00 or 990-EZ	0-EZ.	ruction	ıs is	at		Open	to Pu	blic
Name of the orga Global Association of	nızatıon	nc						•	<b>yer ide</b> 1577	entifica			
	s Benefit Tran												
	Name of disqualif			Relationship be				c) D	escripi ansacti	tion of		) Corr	ected? <b>No</b>
Part II Loa Com repo	nount of tax, if any ns to and/or F plete if the organi rted an amount or (b) Relationship with organization	rom Interdigation answer ration answer Form 990, F (c) Purpose	ested Per red "Yes" or Part X, line (d) Loan	<b>rsons.</b> n Form 990-EZ, 5, 6, or 22				IV,	( Appro	5, or if  h)  ved by rd or	(	janizat i)Writt greeme	ten
		-	То	From	-		Yes	No	comn	No No	Yes	r	No
Total Part III Gran	nts or Assistan	ce Benefit	ing Inter		≻ \$ ns.								
Comp (a) Name of Intere			between n and the	es" on Form 9		(d) Type	of assis	tanc	e	<b>(e)</b> Pu	rpose (	of assis	stance
									+				

Schedule L (Form 990 or 990-EZ) 2016	-				Page <b>2</b>
	s Involving Interested Persation answered "Yes" on Form		a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	between interested transaction person and the		(e) Sh organiz reven	of zation's
		<u> </u>		Yes	No
(1) Darren Apostolık	Son of Richard Apostolik	100,732	Salarıed Employee		No
		·		T	
		,			
		·		+-	$\overline{}$
1				+	<del>                                     </del>
	+			+	<del></del>
Part V Supplemental Information	ation	Schedule L (see instructi	ions)		
Return Reference		Explanation	on		
			npensation paid to the Presidents so ent The process was done entirely a		length

efile GRAPHI	C print - DO NOT PROCESS   As Filed Data -	DLN:	93493317072967				
SCHEDULE (Form 990 or 9 EZ)	9()- Complete to provide information for responses to specific qu Form 990 or 990-EZ or to provide any additional informs  ▶ Attach to Form 990 or 990-EZ.  ▶ Information about Schedule O (Form 990 or 990-EZ) and its ins	rmation for responses to specific questions on control or to provide any additional information.  ach to Form 990 or 990-EZ.  le O (Form 990 or 990-EZ) and its instructions is at					
	Constitution  Risk Professionals Inc  O, Supplemental Information	Employer identi	fication number				
Return Reference	Explanation						
CONNECTING THE RISK COMMUNITY	CONNECTING THE RISK LEADERSHIP AND THE GLOBAL RISK COMMUNITY AFORT, AND WITH OVER 150,000 MEMBERS IN 190 COUNTRIES AND TERRITOR NG A DIFFERENCE GARP MEMBERSHIP PROVIDES THE COMMUNITY WITH EAVE A VOICE IN INDUSTRY RESEARCH, UNPARALLELED NETWORKING OPPORTELLIGENCE, AND MUCH, MUCH MORE OUR CONVENTIONS, TOGETHER WITH SENTING 20 CHAPTERS IN MORE THAN A DOZEN COUNTRIES AROUND THE VERNITH OF DEET AND LEARN FROM ONE ANOTHER ADDITIONALLY LEVELOPMENT (CPD) PROGRAM OFFERS RISK PROFESSIONALS ACCESS OUCATION, PAVING THE WAY FOR A CLEAR VIEW OF THE RISK HORIZON ONG ATORS, PRACTITIONERS AND LEADING ACADEMIC EXPERTS IS CRITICAL TO DISOLVE FOR THE EVER INCREASING NUMBER OF FINANCIAL AND OPERATION THE WORLDS MARKETS TODAY ITS IMPORTANT FOR THIS KIND OF DIALOG NOT MOTIVATED BY PARTISAN AGENDA WE FACILITATE OBJECTIVE AND NOTHING HOSTING GLOBAL RISK FORUMS WHERE REGULATORS, PRIMICS COLLECTIVELY AND COLLABORATIVELY ADDRESS IMPORTANT RISK IS TIVI, SECTION A, LINE 6 THE ORGANIZATION HAS VARIOUS LEVELS OF DUES S INCLUDE EMPLOYEES OF MANY FIRMS OPERATING WITHIN THE FINANCIAL	RIES GARP MEMBER: NGAGEMENT OPPOI PATUNITIES, ACCESS H 28 CHAPTER DIRE WORLD, GIVE THE CO , OUR CONTINUING TO THE VERY LATES SOING DIALOG BETW HELP BETTER UNDE TO BE OPEN, OBJECT ONAL RISK CHALLEN TO BE OPEN, OBJECT ON-PARTISAN DIALOG ACTITIONERS, AND LE SUES MEMBERS FO PAYING MEMBERS	S ARE MAKI RTUNITIES TO H S TO RISK IN CTORS REPRE OMMUNITY TH PROFESSIONA T IN RISK ED //EEN REGUL ERSTAND AN IGES FACING ITIVE AND GUE THROU LEADING ACADE DRM 990, PAR				

Return Explanation

MEMBER FORM 990, PART VI, SECTION A, LINE 7A PURSUANT TO THE ASSOCIATION'S ORGANIZING DOCUMENTS, (ARTICLE VI, SECTION 4(H)), THE ASSOCIATION'S MEMBERS ARE AUTHORIZED TO ELECT MEMBERS TO T

990 Schedule O, Supplemental Information

HE BOARD OF TRUSTEES

Return Explanation
Reference

REVIEW OF	FORM 990, PART VI, SECTION B, LINE 11 THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FI
FORM 990	RM, GRANT THORNTON, LLP, IN CONJUNCTION WITH THE ASSOCIATION'S FINANCIAL DEPARTMENT UPON
	COMPLETION, THE 990 IS REVIEWED BY THE PRESIDENT AND CFO BEFORE DISTRIBUTION TO THE CHAIRM
	AN OF THE BOARD OF TRUSTEES AND THE COMPENSATION COMMITTEE THE FINAL FORM 990 IS MADE AVA
	ILABLE TO THE ENTIRE BOARD OF TRUSTEES VIA EMAIL

Return Reference	Explanation
INTEREST POLICY MONITORING AND	FORM 990, PART VI, SECTION B, LINE 12 THE ASSOCIATION HAS A CONFLICT OF INTERESTS POLICY I N PLACE THAT IS USED TO IDENTIFY RELATIONSHIPS BETWEEN GARP AND ITS BOARD MEMBERS AND/OR O FFICERS THERE IS NO FORMAL PROCEDURE IN PLACE TO MONITOR CONFLICTS OF INTEREST, NEVERTHEL ESS, EACH BOARD MEMBER AND OFFICER IS REQUIRED TO ANNUALLY SIGN-OFF ON THE CONFLICT OF INT EREST POLICY AND DISCLOSE ANY CONFLICTS, IF THEY EXIST THE ORGANIZATION REVIEWS THE CONFL ICT OF INTEREST POLICY ANNUALLY AT A MEETING OF THE BOARD OF DIRECTORS

Return

Reference	
PROCESS FOR	FORM 990, PART VI, SECTION B, LINE 15 THE BOARD DETERMINES THE PRESIDENT'S SALARY VIA A CO
DETERMINING	MPARISON TO OTHER FINANCIAL SERVICES NOT-FOR-PROFIT ORGANIZATIONS, THEIR PRESIDENT'S COMPE
COMPENSATION	NSATION AND A WIDE VARIETY OF OTHER FACTORS TO ENSURE THE COMPENSATION IS MARKET BASED AND
	CONSIDERS THE UNIQUE CHARACTERISTICS AND ACTIVITIES OF GARP EMPLOYEES' SALARIES AND BONU
	SES ARE DETERMINED BY THE PRESIDENT BASED ON MARKET RATES FOR SPECIFIC POSITIONS THE PRES
	IDENT'S SALARY AND BONUS ARE DETERMINED AND APPROVED BY THE COMPENSATION COMMITTEE ON BEHA
	LF OF THE BOARD OF TRUSTEES SALARIES AND BONUSES OF THE PRESIDENT'S DIRECT REPORTS ARE DE
	TERMINED BY THE PRESIDENT BASED ON MARKET RATES FOR SPECIFIC POSITIONS AND RECOMMENDED TO
	THE COMPENSATION COMMITTEE FOR THEIR REVIEW AND APPROVAL THE INDIVIDUALS THAT MAKE UP THE
	COMPENSATION COMMITTEE ARE ALL INDEPENDENT PRACTITIONERS IN THE FINANCIAL SERVICES INDUST
	RY WHO HAVE FIRST-HAND EXPERIENCE IN COMPENSATING LARGE GROUPS OF PROFESSIONALS THIS EXPE

ROPRIATE COMPENSATION FOR THE PRESIDENT AND HIS DIRECT REPORTS

**Explanation** 

RIENCE AND KNOWLEDGE OF THE INDUSTRY ASSISTS THE COMMITTEE TO DETERMINE REASONABLE AND APP

Return Explanation
Reference

DISCLOSURE
OF
DOCUMENTS
FORM 990, PART VI, SECTION C, LINE 19 THE ASSOCIATION'S FORM 990 IS AVAILABLE AT ITS MAIN
PLACE OF BUSINESS AND ON THE INTERNET AT WWW GUIDESTAR ORG THE ASSOCIATION MAKES ITS CONF
LICT OF INTEREST POLICY, ITS ORGANIZING DOCUMENTS AND ITS FINANCIAL STATEMENTS AVAILABLE O
N ITS WEBSITE, WWW GARP COM

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE ORGANIZATION, IN A FULL TRANSPARENCY POSTURE TO REPORTING, IS REPORTING ALL BENEFITS I	
PART VII	N FULL IN PART VII, COLUMN F AND NOT APPLYING THE \$10,000 PER ITEM EXCEPTION FOR CERTAIN B	
	ENEFITS ADDITIONALLY, IT SHOULD BE NOTED THAT THE WAGES PAID TO RENE STULZ REPRESENT COMP	
	ENSATION FOR SERVICES RENDERED AS AN INDEPENDENT CONTRACTOR AND NOT FOR SERVICES AS AN EMP	
	LOYEE OR TRUSTEE FORM 990, PART VII, LINE 5, PART V, LINE 2B AND PART IX, LINES 10 & 24B	
	FEDERAL EMPLOYMENT TAX FILINGS AND PAYROLL TAXES EXPENSE GARP USES THE SERVICES OF A PROFE	
	SSIONAL EMPLOYER ORGANIZATION (PEO) THE PEO LEASES EMPLOYEES TO GARP AND COVERS ALL HUMAN	
	RESOURCES AND PAYROLL FUNCTIONS W-2S AND ALL EMPLOYMENT TAX RETURNS ARE FILED BY THE PEO	
	NCLUDED IN THE OVERALL FEE THAT GARP PAYS TO THE PEO IS THE AMOUNT FOR ALL RELEVANT PAY	
	ROLL TAXES THIS TOTAL FEE IS SHOWN AS ONE NUMBER ON FORM 990, AS A PAYROLL SERVICE FEE, O	
	N LINE 24B	

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

(Form 990)

Part I

Global Association of Risk Professionals Inc

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2016

DLN: 93493317072967 OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2016

**Employer identification number** 

02-0571577

▶ Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

(b) Legal domicile (state Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Total income End-of-year assets or foreign country) entity (1) GARP RISK ACADEMY LLC Certificates NJ 108,469 5,692,246 GARP 111 Town Square Place 14th Fl Jersey City, NJ 07310 20-3453938 (2) GARP-UK LTD ((UK TAX REF #6801977815814) UK -34,990 566,286 GARP Supports GARP 2nd Floor Bengal Wing 9a London EC2M 4YN 0 GARP (3) GARP HK LIMITED (TAX REF #38379370000090 Certificates HΚ 0 Flat/RM 1401 World Commerce C Harbour City 7-11 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

Cat No 50135Y

(a) Name, address, and EIN related organization	of	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)		(g) Share of end-of-year assets	(H Disprop alloca	h) rtionate tions?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gene mana parti	ral or aging	(k) Percenta ownersh
					,			Yes	No		Yes	No	
		+					1						
Identification of Related Orga because it had one or more relate						zation ansv	wered "Yes	" on F	orm 9!	90, Part IV,	line	34	
Identification of Related Orga because it had one or more relate (a)  Name, address, and EIN of related organization		s a corporation		t during th	(d) controlling Typentity (C of	(e)	wered "Yes  (f) Share of total income	Share	(g) e of end- year assets	(h	) ntage	  Se  (1	L3) cont entity
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	(i) ection 5 13) contr entity Yes
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	ection 5: 13) conti entity
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	ection 5 13) cont entity
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	ection 5 13) cont entity
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	ection 5 13) cont entity
because it had one or more relate  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	t during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Percer	) ntage	  Se  (1	ection 5 13) con entit

Schedule R (Form 990) 2016					Page <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35b,	or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Ye	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	d organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
${f c}$ Gıft, grant, or capital contribution from related organization(s)				1c	
f d Loans or loan guarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				1f	
g Sale of assets to related organization(s)				1g	
h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
l Performance of services or membership or fundraising solicitations for related organization(s)				11	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
o Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1p	
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	
r Other transfer of cash or property to related organization(s)				1r	
s Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this l	ine, including covered r	elationships and trai	nsaction thresholds		•
(a)  Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	(d) Method of determining a	mount involv	red

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No	<b>!</b> ,		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

Schedule R (Form 990) 2016 Page **5** Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation PART I, IDENTIFICATION OF Due to Space limitations on the face of Schedule R, the Association is providing the following information about each disregarded entity's principal business activity 1 GARP RISK ACADEMY, LLC OFFERS ALL CERTIFICATES EXCEPT FRM 2 GARP-UK LTD A SERVICE COMPANY THAT SUPPORTS GARP US' ACTIVITIES 3 GARP HK DISREGARDED ENTITIES LIMITED TO DEVELOP GARP CERTIFICATION AND RISK EDUCATION BUSINESS IN ASIA

Schedule R (Form 990) 2016