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Form	550

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2016

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



B B CName of organization D Employer identification number Address B TEAM HEADQUARTERS INC 46 - 1860634 Owner Doing business as 46 - 1860634 Number and stere (or P0. Dosit final is not delivered to street address) Room/suite 5FL 917-545-6101 City or town, state or province, country, and ZIP or foreign postal code FL 0 coas recepts 3 3,134,985. New YORK, NY 10003 New YORK, NY 10003 H(a) is this agroup return for subordinates? Yees X No I Tax exempt status: UX 501(c)(3) 501(c) () ◀ (inset no.) 4947(a)(1) or Yes No I Tax exempt status: UX 501(c)(3) 501(c) () ◀ (inset no.) 4947(a)(1) or Yes (formation: C) and the organization stission or most significant activities: A NON PROFIT SUSTAINABILITY I Brefly describe the organization members of the governing body (Part VI, line 1a) 4 19 State of old induste employed in calendar year 2015 (Part V, line 1a) 4 19 S Total number of individuate employed in calendar year 2015 (Part V, line 2a) 5 8 S total number of individuate employed in calendar year 2015 (Part V, line 2a) 5 8 S total number of individuate employed in calendar year 2015 (Part V, line 2a) 5 <t< th=""><th>ΑΙ</th><th>or th</th><th>e 2015 calendar year, or tax year beginning and</th><th>ending</th><th>-</th><th></th></t<>	ΑΙ	or th	e 2015 calendar year, or tax year beginning and	ending	-	
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Bit Strike City or town, state or province, country, and ZIP or foreign postal code G. Gross receipts \$\frac{3}{3}, 134, 985. Median NEW YORK, NY 10003 Ha) Is this a group returm Perdender SAME AS C ABOVE Ha) Is this a group returm I mark exempt status: \$\frac{1}{3}\$ 101(c)(3] \$\frac{5}{3}\$ 101(c)(1] Is this a group returm Website:-b BETEAM. ORG H(b) Are all subordinates included? Yes No I mark exempt status: \$\frac{1}{3}\$ 101(c)(1] Issociation 0ther > L Year of tormation: 2013 M State of legal domicile: NY Part1 Summary Summary I state of legal domicile: NY Interview A GLOBAL GROUP OF BUSINESS LEADERS. 2 Check this box > I the organization's mission or most significant activities: A NON PROFIT SUSTAINABILITY INITIATIVE FORMED BY A GLOBAL GROUP OF BUSINESS LEADERS. 3 Number of voting members of the governing body (Part V, line 1a) \$\$\$ \$\$ 3\$ 200 4 Number of independent voting members of the governing body (Part V, line 2a) \$\$ \$\$ \$\$ \$\$ 5 Total number of woting members of the governing body (Part V, line 2a) \$\$ \$\$ \$\$ \$\$ 6 Totata number of induvidus employed in calendar ye		returr	115 FIFTH AVENUE	6FL		
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17 Other expenses (Part IX, column (A), lines T1a-T1d, T1-24e) 714, 503. 2,003,107. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,446,349. 2,941,292. 19 Revenue less expenses. Subtract line 18 from line 12 974,780. 193,693. 20 Total assets (Part X, line 16) 1,052,913. 1,844,197. 21 Total liabilities (Part X, line 26) 32,363. 629,954.	sue				0.	0.
17 Other expenses (Part IX, column (A), lines T1a-T1d, T1-24e) 714, 503. 2,003,107. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,446,349. 2,941,292. 19 Revenue less expenses. Subtract line 18 from line 12 974,780. 193,693. 20 Total assets (Part X, line 16) 1,052,913. 1,844,197. 21 Total liabilities (Part X, line 26) 32,363. 629,954.	ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 108,4	54.		
19 Revenue less expenses. Subtract line 18 from line 12 974,780. 193,693. 580 595 595 595 595 595 595 595 595 595 59	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		714,903.	
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,052,913. 1,844,197. 21 Total liabilities (Part X, line 26) 32,363. 629,954.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,446,349.	
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,052,913. 1,844,197. 21 Total liabilities (Part X, line 26) 32,363. 629,954.			Revenue less expenses. Subtract line 18 from line 12			193,693.
20 Total assets (Part X, line 16) 1,052,913. 1,844,197. 21 Total liabilities (Part X, line 26) 32,363. 629,954.	s or			Be		
21 Total liabilities (Part X, line 26) 32,363. 629,954.	sset	20				
	et A	21	· · · · · · · · · · · · · · · · · · ·			
ŽĒ 22 Net assets or fund balances. Subtract line 21 from line 20 1,020,550. 1,214,243. Part II Signature Block					1,020,550.	1,214,243.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer RAJIV JOSHI, MANAGING Type or print name and title	DIRECTOR		Date			
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	WILLIAM SKODY	WILLIAM SKODY	11/04/	- John Chilphoyeu	P00631754		
Preparer	parer Firm's name 🕒 SKODY SCOT & CO, CPAS, PC Firm's EIN 🕨 13-3						
Use Only	Firm's address 520 EIGHTH AVE,	SUITE 2200					
	NEW YORK, NY 100	18		Phone no. 212	967-1100		
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No		
532001 12-	6-15 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2015)		

	990 (2015) B TEAM HEADQUARTERS INC	46-1860634 _{Page}
Par	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
•	TO CATALYZE A MOVEMENT OF BUSINESS LEADERS DRIVING A	BETTER WAY OF
	DOING BUSINESS FOR THE WELLBEING OF PEOPLE AND THE PL	
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic	es? Yes X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, and
	revenue, if any, for each program service reported.	0.01 0.04
4a	(Code:) (Expenses \$ 1,017,717. including grants of \$ 0.) (F	
	NET-ZERO BY 2050 - CALLING ON POLITICAL AND BUSINESS	
	THE TRANSITION TO A THRIVING AND JUST NET-ZERO GREENH ECONOMY BY 2050. WE HAVE SET BOLD GOALS INSIDE OUR BU	
	ENSURE WE REACH THIS AMBITION. THROUGH A SERIES OF EX	
	WE ARE CALLING ON OTHER BUSINESS LEADERS TO DO THE SAM	
	COLLECTIVELY WE ARE ADVOCATING FOR AN AMBITIOUS LONG	-
	GLOBAL CLIMATE TREATY TO BE AGREED AT COP21.	
	<u></u>	
4b	(Code:) (Expenses \$263,842. including grants of \$0. (F	Revenue \$ 261,893
	GOVERNANCE AND TRANSPARENCY - FIGHTING CORRUPTION BY	
	BENEFICIAL OWNERSHIP TRANSPARENCY. IN JANUARY 2015 WE	
		WITH PARTNERS
	UNILEVER, NATURA, TRANSPARENCY INTERNATIONAL, GLOBAL	-
	FINANCIAL INTEGRITY AND OPENCORPORATES, WE HAVE PROMO OF BENEFICIAL OWNERSHIP TRANSPARENCY BY GOVERNMENTS A	
	FOR COMPANIES TO LEAD BY EXAMPLE. WORKING WITH PARTNE	
	ANTI-CORRUPTION TASK FORCE WE HAVE ENSURED A SUSTAINE	
	IMPLEMENTATION OF THE G20 HIGH LEVEL PRINCIPLES ON BE	
	TRANSPARENCY. WE ENGAGED AROUND 200 COMPANIES THROUGH	
	PARIS, NAIROBI AND DELHI TO EXPLORE BUSINESS USE CASE	
	OWNERSHIP TRANSPARENCY.	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ 260, 421. including grants of \$ 0.) (F	Revenue \$ 420,998
	SCALING NEW METRICS - COLLABORATING TO PILOT, SCALE A	
	METRICS THAT ENABLE COMPANIES TO MEASURE THEIR IMPACT	S AND DEPENDENCIE
	ON NATURE.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 109,774 • including grants of \$ 0 •) (Revenue \$	261,893.)
4e	Total program service expenses ► 1,651,754.	- 000 (14
32002 2-16-	2	Form 990 (20
2-16-	¹⁵ 2	
31	104 788383 BT2272 2015.04030 B TEAM HEADQUARTER	RS INC BT2272_
	~	-

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		- 23
'	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- 1		
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ <u></u>
	complete Schedule G. Part III	19		x

Form **990** (2015)

532003 12-16-15

Form 990 (2015)

B TEAM HEADQUARTERS INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete			<u> </u>
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
. .	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
<u></u>	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i>	31		- 23
00	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2015)

532004 12-16-15

Form	990 (2015) B TEAM HEADQUARTERS INC 46-1860	634	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
			000	<u> </u>

Form	990	(2015)	1
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532005 12-16-15

Form 990 (2015)

B TEAM HEADQUARTERS INC

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a Er b Er b Er 2 Di 3 Di 3 Di 4 Di 5 Di 6 Di 7a Di	A. Governing Body and Management there humber of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the i officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 9 id the organization become aware during the year of a significant diversion of the organization's asside the organization have members or stockholders?	e direct supervision 90 was filed?		Yes
lf 1 b0 b Er 2 Di 3 Di 3 Di 3 Di 4 Di 5 Di 5 Di 6 Di 7a Di	there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 9 id the organization become aware during the year of a significant diversion of the organization's ass id the organization have members or stockholders?	1b 19 o with any other e direct supervision 90 was filed?	2	Yes
lf 1 b0 b Er 2 Di 3 Di 3 Di 3 Di 4 Di 5 Di 5 Di 6 Di 7a Di	there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 9 id the organization become aware during the year of a significant diversion of the organization's ass id the organization have members or stockholders?	1b 19 o with any other e direct supervision 90 was filed?	2	
bo b Er 2 Di 3 Di 3 Di 4 Di 5 Di 5 Di 6 Di 7a Di	by delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 9 id the organization become aware during the year of a significant diversion of the organization's asside the organization have members or stockholders?	o with any other e direct supervision 90 was filed?	2	
 b Er 2 Di of 3 Di of 4 Di 5 Di 5 Di 6 Di 7a Di 	Inter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 9 id the organization become aware during the year of a significant diversion of the organization's ass id the organization have members or stockholders?	o with any other e direct supervision 90 was filed?	2	
2 Di of 3 Di 6 Di 5 Di 6 Di 7a Di	id any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 9 id the organization become aware during the year of a significant diversion of the organization's ass id the organization have members or stockholders?	o with any other e direct supervision 90 was filed?	2	
of 3 Di 6 Di 5 Di 6 Di 7a Di m	ficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 9 id the organization become aware during the year of a significant diversion of the organization's ass id the organization have members or stockholders?	e direct supervision 90 was filed?		
3 Di of 4 Di 5 Di 6 Di 7a Di m	id the organization delegate control over management duties customarily performed by or under the officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 9 id the organization become aware during the year of a significant diversion of the organization's ass id the organization have members or stockholders?	e direct supervision 		
of 4 Di 5 Di 6 Di 7a Di m	officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 9 id the organization become aware during the year of a significant diversion of the organization's ass id the organization have members or stockholders?	90 was filed?	3	
4 Di 5 Di 6 Di 7a Di m	id the organization make any significant changes to its governing documents since the prior Form 9 id the organization become aware during the year of a significant diversion of the organization's ass id the organization have members or stockholders?	90 was filed?	3	
5 Di 6 Di 7a Di m	id the organization become aware during the year of a significant diversion of the organization's ass id the organization have members or stockholders?			Х
6 Di 7a Di m	id the organization have members or stockholders?	_	4	
7a Di m		ets?	5	
7a Di m			6	
	ore members of the governing body?		7a	
b Ar	re any governance decisions of the organization reserved to (or subject to approval by) members, s			
Df	ersons other than the governing body?	,	7b	
	d the organization contemporaneously document the meetings held or written actions undertaken during the yea		_	
	ne governing body?		8a	Х
	ach committee with authority to act on behalf of the governing body?		8b	X
	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			
	ganization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	
	on B. Policies (This Section B requests information about policies not required by the Internal Re		5	
courc				Yes
	id the organization have local chapters, branches, or affiliates?		10a	163
			IUd	
	"Yes," did the organization have written policies and procedures governing the activities of such ch		101	
	nd branches to ensure their operations are consistent with the organization's exempt purposes?		10b	
	as the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the form?	11a	
	escribe in Schedule O the process, if any, used by the organization to review this Form 990.			37
			12a	X
	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х
c Di	id the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe		
in	Schedule O how this was done		12c	Х
3 Di	id the organization have a written whistleblower policy?		13	
4 Di	id the organization have a written document retention and destruction policy?		14	
5 Di	id the process for determining compensation of the following persons include a review and approva	Il by independent		
	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	ne organization's CEO, Executive Director, or top management official		15a	
	ther officers or key employees of the organization		15b	
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a		
			16a	
	xable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		100	
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate			
			16b	
	kempt status with respect to such arrangements?		001	
	st the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY	(Contine 501(-)(0)	0.101-1	
	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(C)(3)S ONly)	availab	ie
fo Г	r public inspection. Indicate how you made these available. Check all that apply.			
L		in Schedule O)		
	escribe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of interest policy, an	d finan	cial
	atements available to the public during the tax year.			
	tate the name, address, and telephone number of the person who possesses the organization's bo	oks and records: ►		
	HE ORGANIZATION - 917-545-6101			
1	15 FIFTH AVENUE, NO. 6FL, NEW YORK, NY 10003			
2006 12	2-16-15 6		Form	990

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Emplo	yees, I	lighest	Compens	ated
	Employees, and Independe	ent Contra	ctors					

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

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

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

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

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

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

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

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

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

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

Name and Trile Average hours per week (ist any nour soft organization related organization into into into into into into into	(A)	(B)			(0	C)			(D)	(E)	(F)
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GUARDIAN, KINGS PLACE, 90 YORK WAY, LONDON, UNITED KINGDOM N1 9GU SPONSORED MEDIA 136,034. CORELAB GOVERNANCE & 2510 WARREN AVENUE, CHEYENNE, WY 82001 TRANSPARENCY CONSULT 117,523. COUNTER CULTURE, 20-22 BEDFORD ROW, LONDON, UNITED KINGDOM WC1R 4JS COMMUNICATIONS AGENCY 105,908. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 105,908.						דיד איש		15	່	75				
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2510 WARREN AVENUE, CHEYENNE, WY 82001TRANSPARENCY CONSULT117,523.COUNTER CULTURE, 20-22 BEDFORD ROW, LONDON, UNITED KINGDOM WC1R 4JSCOMMUNICATIONS AGENCY105,908.2 Total number of independent contractors (including but not limited to those listed above) who received more than105,908.									TO	0,0	54.			
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2 Total number of independent contractors (including but not limited to those listed above) who received more than			.01	×,								10	5 0	0.8
			ot li	mita	d + c	the	00 11-	_		oro than		TO	פ, כ	50.
		-	UL II	mie	u 10		_	rec	above, who received ff					

\$100,000 of compensation from the organization 🕨

Form 990 (2015)

532008 12-16-15

B TEAM HEADQUARTERS INC Form 990 (2015) Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
¶g,G		Fundraising events						
ar J		Related organizations						
inil,		Government grants (contribut						
r Si	f	All other contributions, gifts, gran	ts, and		1			
ibut		similar amounts not included abo	ve 1f 1 ,	928,317.				
4 q t q	g	Noncash contributions included in lines	1a-1f: \$	_				
ရှိ ပိ	h	Total. Add lines 1a-1f		►	1,928,317.			
				Business Code				
e	2 a	PROGRAM SERVICE	E REVENU	900099	1,206,668.	1,206,668.		
Program Service Revenue	b	·						
n S /eni	С							
Rev	d							
jo Lo	е	·						
-	f	All other program service reve			1 206 669			
	g	Total. Add lines 2a-2f			1,206,668.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
	6 0	Gross rents	(i) Real	(ii) Personal	-			
	U a h	Gross rents Less: rental expenses			1			
	0	Rental income or (loss)			1			
	J h	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>,</i> u	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		>				
e	8 a	Gross income from fundraising	g events (not					
nue		including \$	of					
Other Rever		contributions reported on line						
ъ		Part IV, line 18	a					
Ę	b	Less: direct expenses	b					
Ŭ		Net income or (loss) from fund	-	►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		🕨				
	10 a	Gross sales of inventory, less						
		and allowances			4			
		Less: cost of goods sold						
ł	с	Net income or (loss) from sale						
	11 a	Miscellaneous Revenu		Business Code				
	b							
	c d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			3,134,985.	1,206,668.	0.	0.
53200	9 12-16							Form 990 (2015)

532009 12-16-15

Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,			(C)	<u>X</u> (D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	217,222.	89,760.	105,624.	21,838
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	573,575.	237,011.	278,902.	57,662
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	84,895.	35,801.	41,343.	7,751
0	Payroll taxes	60,433.	26,231.	31,230.	7,751 2,972
1	Fees for services (non-employees):				
а	Management	275,418.	195,175.	80,243.	
b	Legal	7,285.		7,285.	
	Accounting	28,352.		28,352.	
	Lobbying	- ,		- ,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A) amount, list line 11g expenses on Sch O.)	596,159.	406,662.	189,497.	
12	Advertising and promotion	135,726.	135,631.	95.	
2	Office expenses	73,579.	26,658.	45,005.	1,916
3 4		10,0101	20,0301	1370031	1,910
	Information technology				
15 16	Royalties	85,253.	51,566.	25,062.	8,625
		0072001	51,5000	2370021	0,023
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	11,722.		11,722.	
3	Other expenses, Itemize expenses not covered	11,722•		11,722•	
.4	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 0.) EVENT VENUE, TRAVEL & P	213,554.	145,301.	68,066.	187
а		207,418.	136,599.	66,095.	4,724
b	TRAVEL & MEETINGS COMMUNICATIONS - PRODUC	159,854.	97,092.	60,973.	1,789
c	BOARD RELATED COSTS	70,000.	51,094.	70,000.	т,/09
d			60 767	70,000.	990
	All other expenses	140,847.	68,267.		
5	Total functional expenses. Add lines 1 through 24e	2,941,292.	1,651,754.	1,181,084.	108,454
6	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)				Eorm 990 (20)

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2015.04030 B TEAM HEADQUARTERS INC

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Form **990** (2015)

BT2272_1

Form 990 (
Part X	Balance	Sheet

B TEAM HEADQUARTERS INC

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	513,631.	1	1,522,878.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	506,194.	3	319,763.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
ŝts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	33,088.	9	1,556.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,052,913.	16	1,844,197.
	17	Accounts payable and accrued expenses	32,363.	17	129,954.
	18	Grants payable		18	
	19	Deferred revenue		19	500,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	22 262	25	
	26	Total liabilities. Add lines 17 through 25	32,363.	26	629,954.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces		complete lines 27 through 29, and lines 33 and 34.	1 0 2 0 5 5 0		1 047 577
lan	27	Unrestricted net assets	1,020,550.	27	1,047,577. 166,666.
Ba	28	Temporarily restricted net assets		28	100,000.
pu	29	Permanently restricted net assets		29	
Ę,		Organizations that do not follow SFAS 117 (ASC 958), check here			
s ol		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1 020 550	32	
_	33	Total net assets or fund balances	1,020,550. 1,052,913.	33	<u>1,214,243.</u> 1,844,197.
	34	Total liabilities and net assets/fund balances	т,054,913.	34	Form 990 (2015)

Form **990** (2015)

532011 12-16-15

Form	1 990 (2015) B TEAM HEADQUARTERS INC	46-186	50634	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,134		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,941		
3	Revenue less expenses. Subtract line 2 from line 1	3			93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,020),5	50.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,214	1,2	43.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2015)

SCHEDULE A

(Form	990	or	990-	·EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

494

4947(a)(1)	nonexemp	t charitat	ble trust.
Attach	to Form 990) or Form	990-EZ.

Open to	Public
Inspec	ction

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

Information about	out Schedule A (Form 990 or 990-EZ)) and its instructions is at www.irs.gov/fo	rm990.
			Employe

Name	e of t	the organization					Emplo	oyer identification number
		В ТЕ	AM HEADQUA	RTERS INC				46-1860634
Par	tl	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.	
The o	rgan	ization is not a private found	lation because it is: ((For lines 1 through 11, c	check only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)([.]	1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
з [A hospital or a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4 [A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Ei	nter the hospital's name,
		city, and state:						
5 [An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit de	scribed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	Х	An organization that norma	Ily receives a substa	Intial part of its support f	from a gov	ernmental	unit or from the gen	eral public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9 [An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, membership fee	es, and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of its sup	port from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organiza	tion after June 30, 1975.
_		See section 509(a)(2). (Cor	mplete Part III.)					
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).	
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform t	the function	ons of, or to carry ou	t the purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(Check the box in
		lines 11a through 11d that	describes the type o	of supporting organizatio	n and com	nplete line:	s 11e, 11f, and 11g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typicall	y by giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trustees of t	he supporting
	_	organization. You must c	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), b	y having
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the	supported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally interpretent of the second	grated. A supportin	g organization operated	in connec	tion with,	and functionally inte	grated with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection \	vith its supported or	ganization(s)
		that is not functionally int	egrated. The organized	zation generally must sat	tisfy a dist	ribution re	quirement and an at	tentiveness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	, and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Typ	e III
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information			K X U			
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of moneta support (see	ary (vi) Amount of other support (see
		organization		above (see instructions))	governing o	document?	instructions)	instructions)
					Yes	No		
								1

Schedule A (Form 990 or 990-EZ) 2015

Total

13 2015.04030 B TEAM HEADQUARTERS INC

Schedule A (Form 990 or 990 EZ) 2015 B TEAM HEADQUARTERS INC

46-1860634 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				1407239.	1928317.	3335556.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				1407239.	1928317.	3335556.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1962402.
6	Public support. Subtract line 5 from line 4.						1373154.
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4				1407239.	1928317.	(f) Total 3335556 •
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3335556.
	Gross receipts from related activities,	etc. (see instructi	ons)	•		12 2	,572,398.
	First five years. If the Form 990 is for		,				, - ,
	organization, check this box and stor						►X
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (line 6, column (f) d	livided by line 11,	column (f))		14	%
	Public support percentage from 2014					15	%
	33 1/3% support test - 2015. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	۱			
b	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes	-	-				
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						s
				,,, 0, 17			

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 B TEAM HEADQUARTERS INC

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
10 <i>a</i>	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income						
N	(less section 511 taxes) from businesses						
	acquired after June 20 1075						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,
	check this box and stop here						
	ction C. Computation of Publ						
15	Public support percentage for 2015 (line 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
Sec	ction D. Computation of Inve	stment Incom	ne Percentage)			
17	Investment income percentage for 20)15 (line 10c, colu	mn (f) divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	alifies as a publicly	supported organi	zation	
b	33 1/3% support tests - 2014. If the	organization did i	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The org	anization qualifies	as a publicly sup	ported organization	n Þ
20	Private foundation. If the organization	n did not check a	u box on line 14, 19	9a, or 19b, check	this box and see ir	nstructions	
53202	23 09-23-15				Sch	nedule A (Form 99	90 or 990-EZ) 2015
				15			
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
-	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	~		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0'		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	~		
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	~.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
532025	5 09-23-15 Schedule A (Form 9	90 or 99	э0-ЕZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 B TEAM HEADQUARTERS INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

(A) Prior Year	
(A) Prior Year	
	(B) Current Year (optional)
	Current Year

instructions).

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Schedule A (Form 990 or 990-EZ) 2015

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

Schedule A (Form 990 or 990-EZ) 2015

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<u>Schedule</u> A	(Form 990 or 990-EZ) 2015 B TE	AM HEADQUARTERS	S INC	46-1860634 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c	Provide the explanations req , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a d 3; Part IV, Section E, lines 1	uired by Part II, line 10; Par a, 11b, and 11c; Part IV, Sec c, 2a, 2b, 3a and 3b; Part V	: II, line 17a or 17b; Part III, line 12; :tion B, lines 1 and 2; Part IV, Section C, . line 1; Part V, Section B, line 1e; Part V,
532028 09-23-	15		2.2	Schedule A (Form 990 or 990-EZ) 2015
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Name of the organization

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

46-1860634

В	TEAM	HEADQUARTERS	INC

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

46 - 1860634

B TEAM HEADQUARTERS INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

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2015.04030 B TEAM HEADQUARTERS INC

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nization			Employer identification number		
HEADOUARTERS INC			46-1860634		
Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follov s, charitable, etc., contributions of \$1,000 or	ving line entry. For organization	r (10) that total more than \$1,000 for		
		(
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift				
Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
	(e) Transfer of gift	I			
Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
(e) Transfer of gift					
Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
Transferee's name. address, ar			nsferor to transferee		
· · · · · · · · · · · · · · · · · · ·					
5		Schedule	B (Form 990, 990-EZ, or 990-PF) (201		
	HEADQUARTERS INC Exclusively religious, charitable, etc., cont completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition (b) Purpose of gift	HEADQUARTERS INC Exclusively: religious, charitable, etc., contributions to organizations described the year from any one contribution. Complete columns (a) through (e) and the follow or Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Transfer of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Transfer of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Transferee's name, address, and ZIP + 4 (c) Transfer of gift (c) Transferee's name, address, and Z	HEADQUARTERS INC Ecclusivity religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), of the year from any one contribution. Complete plant is used to be addressed on the section 501(c)(7), (8), of the year from any one contribution. Complete plant is used to be addressed on the section 501(c)(7), (8), of the year from any one contribution. Complete plant is used to be addressed on the section 501(c)(7), (8), of the year from any one contribution. Complete plant is used to be addressed on the section 501(c)(7), (8), of the year from any one contribution. Complete plant is used to be addressed on the section 501(c)(7), (8), of the year from any one contribution. Used duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (d) Desc (b) Purpose of gift (c) Use of gift (d) Desc (b) Purpose of gift (c) Use of gift (d) Desc (b) Purpose of gift (c) Use of gift (d) Desc (c) Transferee's name, address, and ZIP + 4 Relationship of tra (b) Purpose of gift (c) Use of gift (d) Desc (c) Transferee's name, address, and ZIP + 4 Relationship of tra (b) Purpose of gift (c) Use of gift (d) Desc (b) Purpose of gift (c) Use of gift (d) Desc (b) Purpose of gift (c) Use of gift (d) Desc (b) Purpose of gift (c) Use of gift (d) Desc		

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SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-00	047
	m 990) ment of the Treasury	Complete if the org Part IV, line 6, 7, 8, 9, 10	 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.) blic
	I Revenue Service		m 990) and its instructions is at www.irs.go		Inspection	
Nam	e of the organizati		a 110		er identification nu	
Da		B TEAM HEADQUARTER			46-1860634	£
Pa		-	d Funds or Other Similar Funds or	Accounts	Complete if the	
	organizatio	on answered "Yes" on Form 990, Part IV, lin		(h) F oundation		
			(a) Donor advised funds	(b) Funds a	nd other accounts	
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		it end of year				
5	-		writing that the assets held in donor advised t			٦
			exclusive legal control?		Yes	No
6	-		dvisors in writing that grant funds can be use	-		
			or donor advisor, or for any other purpose con	-		
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part		🔄 Yes 📃	No
				IV, III e 7.		
1		servation easements held by the organizati n of land for public use (e.g., recreation or e		ally important	land area	
		of natural habitat	education) Preservation of a historica			
		n of open space			Jure	
2		• •	ind conservation contribution in the form of a	conconvotion	accoment on the l	act
2	day of the tax yea		fied conservation contribution in the form of a		d at the End of the Ta	
~						AICAI
a h						
b C			ucture included in (a)			
d			after 8/17/06, and not on a historic structure	20		
u				2d		
3			leased, extinguished, or terminated by the org		ring the tax	
0	year ►	valion easements mouned, transiened, re	leased, extinguished, or terminated by the ort	yan ization du	ning the tax	
4		where property subject to conservation ea	sement is located			
5		tion have a written policy regarding the per				
•	•		t holds?		Yes	No
6			handling of violations, and enforcing conserv			
-			g, and one only bollow			
7	Amount of expense	ses incurred in monitoring, inspecting. hanc	lling of violations, and enforcing conservation	easements d	luring the year	
	▶\$	<u> </u>				
8	Does each conser	rvation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4	1)(B)(i)		
					🗌 Yes 🗌	🗌 No
9			on easements in its revenue and expense sta		balance sheet, and	
		-	tion's financial statements that describes the			
	conservation ease	ements.		-	-	
Pa	rt III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar /	Assets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	t and balance	sheet works of art,	,
	historical treasure	s, or other similar assets held for public ext	nibition, education, or research in furtherance	of public serv	vice, provide, in Par	rt XIII,
	the text of the foo	tnote to its financial statements that descri	bes these items.			
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance she	eet works of art, his	torical
	treasures, or othe	r similar assets held for public exhibition, ea	ducation, or research in furtherance of public	service, provi	ide the following an	nounts
	relating to these it	ems:				

LHA 53205 11-02-		Schedule D (Form 990) 2015
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	vide
	(ii) Assets included in Form 990, Part X	• \$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

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2015.04030	в	TEAM	HEADQUARTERS	INC

BT2272_1

Sche	edule D (Form 990) 2015	B TEAM	HEADQUARTE	RS INC	5				46-18	6063	4 _{Pa}	age 2
Pa	rt III Organization	s Maintaining C	collections of A	rt, Histo	rical Tr	easures, or C)ther :	Simil	ar Asse	ts (conti	nued)	
3	Using the organization's	acquisition, accessi	on, and other record	ls, check a	ny of the	following that are	e a sign	ificant	use of its	collectio	n item	IS
	(check all that apply):											
а	Public exhibition		d		an or exc	hange programs						
b	Scholarly research	1	e	Otl	ner							
С	Preservation for fu	ture generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be sold to raise funds			U						Yes		No
Pa			gements. Comple	ete if the or	ganizatio	n answered "Yes	" on Fo	orm 990), Part IV,	line 9, o	r	
		unt on Form 990, Pa										
1a	Is the organization an ag									-		7
	on Form 990, Part X?								L	Yes		∐ No
b	If "Yes," explain the arra	ngement in Part XIII	and complete the fo	llowing tab	ole:					-		
										Amoun	t	
	Beginning balance							1c				
	Additions during the yea							1d				
e	Distributions during the							1e				
T	Ending balance							1 f		Yes		
	Did the organization incl											_ No □
	If "Yes," explain the arra		f the organization an									
			(a) Current year	(b) Prio		(c) Two years ba		Threes	ears hack	(a) Fou	r vears	hack
1a	Beginning of year baland		(a) Ourrent year		ryear			111100)		(e) 100	i youro	buok
h	Contributions											
č	Net investment earnings											
b b	Grants or scholarships											
e	Other expenditures for fa											
•												
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated p		rent vear end balanc	e (line 1a.	column (a	a)) held as:						
а	Board designated or qua		5	%	,	,,						
b	Permanent endowment		%									
с	Temporarily restricted er	ndowment 🕨	%									
	The percentages on line	s 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment fu	nds not in the posse	ession of the organization	ation that a	are held a	nd administered	for the	organiz	zation			
	by:										Yes	No
	(i) unrelated organization	ons								3a(i)		
	(ii) related organizations	s								3a(ii)		
b	If "Yes" on line 3a(ii), are	the related organization	ations listed as requi	red on Sch	edule R?					3b		
4	Describe in Part XIII the		0	owment fur	nds.							
Pa		gs, and Equipm										
		-	d "Yes" on Form 990	D, Part IV, li								
	Description of	property	(a) Cost or o basis (investr		• •	or other ((other)	c) Accu depre		ed	(d) Boo	k valu	e
1a	Land											
	J											
С	Leasehold improvement	s										
d	Equipment											
	Other											
Tota	I. Add lines 1a through 1e	. (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	0c.)						0.

Schedule D (Form 990) 2015

532052 09-21-15

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 B TEAM HEADQUARTERS INC			46-3	1860634 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	3,537,227.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		402,242.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	402,242.
3	Subtract line 2e from line 1			3	3,134,985.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,134,985.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	3,343,534.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	402,242.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	402,242.
3	Subtract line 2e from line 1			3	2,941,292.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,941,292.
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	2,941,292.

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

SCHEDULE F	Statement of Activities Outside the United States	OMB No. 1
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.	20
Department of the Treasury	Attach to Form 990.	Open to
Internal Revenue Service	Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.	Inspect

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form99

m990.	Open to Public Inspection			
Employer id	dentification number			

545-0047

Name of the organization

в	TEAM	HEADQUARTERS	INC	46-1860634				
Ρ	art I	General Information	on Activities Outside the United States. Complete if the organ	nization answered "Yes" on				
		Form 990, Part IV, line 14b).					
-	4 For another bare the event intic residue to a between the barbarticle the event of the mouth and other excitations							

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ___ Yes __ ___ NoL

3	Activities per Region.	(The following Part I, I	line 3 table can be duplicated	if additional space is needed.)
---	------------------------	--------------------------	--------------------------------	---------------------------------

	1	Í			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures for and
	in the region	employees, agents, and independent	services, investments, grants to	describe specific type	investments
		contractors in region	recipients located in the region)	of service(s) in region	in region
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,				A US BASED CONTRACTOR	
BOTSWANA, BURKINA				PROVIDED SERVICES IN	
FASO,	0	1	PROGRAM SERVICES	NAIROBI	18,893.
EUROPE (INCLUDING					
ICELAND & GREENLAND)				FINANCE SUPPORT,	
- ALBANIA, ANDORRA,				MANAGEMENT CONSULTANCY,	
AUSTRIA, BELGIUM	0	1	PROGRAM SERVICES	& COMMUNICATIONS SUPPORT	192,547.
· · · · · · · · · · · · · · · · · · ·					
	ļ				011 440
3 a Sub-total	0	2			211,440.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	2			211 440.

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

Schedule F (Form 990) 2015

532071 10-01-15

² For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			recognized as charities by the				1	1		
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

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

Part III can be duplicated if additional space is needed.

(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)

Schedule F (Form 990) 2015

Page 3

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

Schedule F (Form 990) 2015

Part V Supplemental Information

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

PART I, LINE 3:

DIRECT REIMBURSEMENT

532075 10-01-15

sc	SCHEDULE J Compensation Information						
(Fo	rm 990)	ľ	2015				
		Compensated Employees		20	IJ	,	
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic	
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		Inspe			
Nan	e of the organizatio			identificati		mber	
		B TEAM HEADQUARTERS INC	46-	186063	4		
Ра	rt I Question	s Regarding Compensation					
					Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	, i i i i i i i i i i i i i i i i i i i					
	Travel for com						
		cation and gross-up payments					
		spending account Personal services (e.g., maid, chauffeur, o	chet)				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
D	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
-	0	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2			
	lidetees, and emet						
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat					
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	n committee Written employment contract					
	Independent of	compensation consultant Compensation survey or study					
	Form 990 of c	ther organizations Approval by the board or compensation of	committee				
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	elated organization:					
а		ce payment or change-of-control payment?				X	
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
С		ceive payment from, an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only as a the FO (
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	~~				
э	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati					
а	contingent on the			5a		x	
		vation?				X	
5		ration? or 5b, describe in Part III.		55			
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
Ŭ	contingent on the		011				
а	•			6a		X	
		zation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paymen	ts				
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" to line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	n 53.4958-6(c)?		9			
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990) 2015	

532111 10-14-15

46-1860634

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) RAJIV JOSHI	(i)	197,222.	20,000.	0.	0.	14,750.	231,972.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f	ZU15 Open to Public
Name of the organization B TEAM HEADQUARTERS INC	$\begin{array}{c} \text{Employer identification number} \\ 46-1860634 \end{array}$
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
100% HUMAN AT WORK - WE HAVE DEVELOPED A 100% HUMAN NETWO	RK, INVITING
SENIOR BUSINESS LEADERS TO SHARE IDEAS AND LEARNINGS FROM	THEIR
ORGANISATIONS WHICH ENABLE PEOPLE TO THRIVE. THE NETWORK	NOW STANDS AT
OVER 140 BUSINESS LEADERS FROM FIVE CONTINENTS, GROWN FROM	M A FOUNDING
NETWORK OF 16 CEOS IN EARLY 2014. WITH INSIGHT FROM THIS	NETWORK WE
HAVE PUBLISHED A REPORT ON NEW WAYS OF WORKING, RESEARCHI	NG THE GLOBAL
DRIVERS AND KEY CHANGES THAT ARE IMPACTING THE FUTURE OF	WORK, AND
DEFINED THE FIVE ELEMENTS THAT CREATE A HUMAN-CENTRED COM	PANY.
EXPENSES \$ 109,774. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 261,893.
FORM 990, PART VI, SECTION A, LINE 3:	
NEUW VENTURES PROVIDED MANAGEMENT SERVICES FOR THE ORGANI	ZATION (SEE PART
VII, SECTION B).	
FORM 990, PART VI, SECTION B, LINE 11:	
THE 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZE	D TO REVIEW

FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. THE FINAL 990 (FILED WITH THE

IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR INSPECTION. IN

ADDITION, UPON REQUEST OF ANY BOARDMEMBER, A COPY WILL BE PROVIDED. IF

THERE ARE ANY MATERIAL CHANGES, AN AMENDED 990 WILL BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING

KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED

INFORMATION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

Schedule O	(Form 990	or 990-EZ)	(2015)
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Name of the organization

B TEAM HEADQUARTERS INC

406,662.

167,193.

573,855.

Ο.

Ο.

Ο.

22,304.

22,304.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS & OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS & CONTRACTORS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES
MANAGEMENT AND GENERAL EXPENSES
FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 596,159.

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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39 2015.04030 B TEAM HEADQUARTERS INC BT2272_1 • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the origin	nal (no copies needed).
	Enter filer's	identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print File by the	B TEAM HEADQUARTERS INC	46-1860634
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 115 FIFTH AVENUE, NO. 6FL	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10003	

Enter the Return code for the return that this application is for (file a separate application for each return	n)		0	١Ţ	1	
--	----	--	---	----	---	--

Application	Return	Application			Return	
Is For	Code	Is For				
Form 990 or Form 990-EZ	01					
Form 990-BL 02 Form 1041-A						
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF 04 Form 5227						
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already granted		natic 3-month extension on a previo	usly file	ed Form 8868.		
THE ORGANIZATIO						
• The books are in the care of 115 FIFTH AVEN	UE, NO	D. 6FL - NEW YORK, 1	NY 1	0003		
Telephone No. ► 917-545-6101		Fax No. 🕨				
• If the organization does not have an office or place of busines	s in the Ur	ited States, check this box		►		
• If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If the second sec	nis is fo	r the whole group, cl	heck this	
		ch a list with the names and EINs of a	l memb	ers the extension is	for.	
	NOVEM	BER 15, 2016				
5 For calendar year 2015 , or other tax year beginning		, and ending				
6 If the tax year entered in line 5 is for less than 12 months, c	check reas	on: Initial return	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
THE REASON FOR THE REQUESTED		SION IS THAT ADDITIC	DNAL	INFORMATI	ON	
IS NEEDED TO COMPLETE THE RET	URN.					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			•	
nonrefundable credits. See instructions.			8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	refundable credits and estimated				
tax payments made. Include any prior year overpayment al	lowed as a	credit and any amount paid			-	
previously with Form 8868.			8b	\$	0.	
C Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	h this form, if required, by using			-	
EFTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.	
5		at be completed for Part II on				
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this for	ling accomp orm.	anying schedules and statements, and to the	ie best o	f my knowledge and be	lief,	
Signature Title	CPA -	AS AGENT	Date	•		
· · · · · · · · · · · · · · · · · · ·				Form 8868 (Re	ev. 1-2014)	

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CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Inspection

1.General Informat									
For Fiscal Year Beginning	g (mm/dd/yy	yy) 01/01/	2015 and Ending (mm/dd/yyyy) 12/31/2	2015				
Check if Applicable:		Name of Organization:Employer Identification Number (EIN):B TEAM HEADQUARTERS INC46-1860634							
Name Change	Mailing Address:NY Registration Number:115 FIFTH AVENUE, NO. 6FL45-14-77								
Final Filing	City / State NEW Y		10003		Telephone: 917 545-6101				
Reg ID Pending	Website: BTEAM	ORG			Email: INFO@BTEAM.ORG				
Check your organization's registration category:	s 🗌 7A o	nly 🗌 EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u>				
2. Certification									
See instructions for certif	ication requi	rements. Imprope	r certification is a violation	of law that may be subject	to penalties.				
				g all attachments, and to the s of the State of New York a	e best of our knowledge and belief, pplicable to this report.				
President or Authorized	Officer			• OFFICER					
Tresident of Authorized	Onicer.	Signature		Print Name	and Title Date				
Chief Financial Officer or	r Treasurer:			• SECRETARY					
		Signature		Print Name	and Title Date				
3. Annual Reporting	g Exempti	on							
Check the exemption(s) t	hat apply to	your filing. If your	organization is claiming ar	exemption under one cate	egory (7A or EPTL only filers) or both				
					ed Char500. No fee, schedules, or				
-					e exemption, you must file applicable				
schedules and attachmer	•			,	1 / 2 11				
 <u>3a. 7A filing exemption</u>: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions). 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time 									
during the	fiscal year.								
4. Schedules and Attachments									
See the following page									
for a checklist of	Yes	X No 4a. Did v	our organization use a pro	fessional fund raiser, fund r	aising counsel or commercial co-venturer				
for a checklist of Schedules and Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.									
attachments to									
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.									
5. Fee									
See the checklist on the	7A filin	g fee:	EPTL filing fee:	Total fee:					
next page to calculate yo		-			Make a single-check or money order				
fee(s). Indicate fee(s) you					payable to:				
are submitting here:	\$	25.	\$250.	\$ <u>275.</u>	"Department of Law"				
1									

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B TEAM HEADQUARTERS INC

	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
CHAR500	- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Annual Filing Checklist	- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
	- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- X Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- **X** \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- _____ \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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