Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Open to Public Information about Form 990 and its instructions is atwww.irs.gov/form990. Inspection For the 2015 calendar year, or tax year beginning , 2015, and ending Check if applicable: D Employer identification number Address change GREY2K USA Worldwide, Inc. 04-3554776 P O Box F Name change E Telephone number Arlington, MA 02476 Initial return (781) 488-3526 Final return/terminated Amended return 608,079. G Gross receipts \$ F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Christine A. Dorchak XINO Yes H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Same As C Above Yes No Tax-exempt status 501(c)(3) X 501(c) (4 (insert no.) 4947(a)(1) or Website: ▶ www.grey2kusa.org H(c) Group exemption number > Form of organization: X Corporation Trust Association L Year of formation: 2001 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: Passing stronger greyhound protection laws via the legislative process. To end the cruelty of dog racing on both Governance national and international levels. The organization also promotes the rescue and adoption of ex-racing greyhounds. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Activities & Number of independent voting members of the governing body (Part VI, line 1b)..... 4 8 Total number of individuals employed in calendar year 2015 (Part V, line 2a)..... 5 8 Total number of volunteers (estimate if necessary)..... 6 00 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7a b Net unrelated business taxable income from Form 990-T, line 34..... **Current Year** Contributions and grants (Part VIII, line 1h)..... 506,806. 605,813. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,266. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 506,806. 608,079. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 212,315. 226,680. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25)► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).... 256.749. 357,046. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). . . . 469,064. 583,726. Revenue less expenses. Subtract line 18 from line 12..... 37,742. 24,353. End of Year **Beginning of Current Year** Total assets (Part X, line 16)..... 112,382. 140,332. Total habilities (Part X, line 26)..... 18,780. 22,377. 93,602 117,955. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 6-11-16 Signature of office Sign Here Christine A. Dorchak President Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid Kenneth J Bucci CPA MST Kenneth J Bucci CPA MST 6/10/16 self-employed P00310471 Preparer Firm's name ► Bucci & As<u>sociates</u> Use Only Firm's address 200 Broadway, Suite 106 Firm's EIN ► 20-3362887 Lynnfield, MA 01940-2349 781-584-8218 May the IRS discuss this return with the preparer shown above? (see instructions)....

No

	m 990 (2015) GREY2K USA Worldwide, Inc. ort III Statement of Program Service Accomplishments		04-3554776	Page 2
	Check if Schedule O contains a response or note to any line in t	nis Part III		
1	briefly describe the organization's mission:			
	Passing stronger greyhound protection laws v	ia the legislative pro	NGOGG TO ON	J +1
	- ======== or dod racind on polli nalional and i	htarpational lavel - m	be encert	<u>a_tne</u>
	also promotes the rescue and adoption of ex-	racing graybounds	ne organiza	Llon
2	Did the organization undertake any significant program services during	the year which word not listed and		
	Form 990 or 990-EZ?	and year willer were not listed on t	ne prior	
	If 'Yes,' describe these new services on Schedule O.		· · · · Ye	s 🗓 No
3	Did the organization cease conducting, or make significant changes in t	2014 it conducts	. —	·
•	If 'Yes,' describe these changes on Schedule O.	low it conducts, any program servi	ces? Ye	s X No
4	Describe the organization's program service accomplishments for	5 W		
	Describe the organization's program service accomplishments for each Section 501(c)(3) and 501(c)(4) organizations are required to report the and revenue, if any, for each program service reported.	of its three largest program service amount of grants and allocations	es, as measured by	y expenses.
	and revenue, if any, for each program service reported.	amount of grants and anocations	to others, the total	expenses,
4 a	a (Code:) (Expenses \$ 483,367. including grant	s of \$ \\(\(\mathbb{R}\)	renue \$	`
	Passing stronger greyhound protection laws w	ia the legislative) +b-
	The second of and facting on both hallonal and it) #	cess. 10 en	<u>a Line</u>
	also promotes the rescue and adoption of ex-	cacing growbounds	ne_organiza	<u> </u>
	and the second of the second o	acting greyhounds		
4 b	o (Code:) (Expenses \$ including grants	of \$) (Rev	enue \$)
	(Oada			
4 C	: (Code:) (Expenses \$ including grants	of \$) (Reve	enue \$)
			-	
	^=====================================			
44	Other program services (Posseille in Caladal Co			
	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)
4 e 3AA	Total program service expenses ► 483,367.			

			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			v
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	X
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 during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5		5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?// 'Yes,'	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, VIII, IX, or X as applicable.	in a		
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>3f 'Yes,' complete Schedule D, Part VI</i>	11a		19
i	o 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		Х
(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	11 c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X	11 e		Χ
	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)?/f 'Yes,' complete Schedule D, Part X	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year?If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)?/// 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
r	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 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, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a% 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2015) GREY2K USA Worldwide, Inc.

Part IV Checklist of Required Schedules (continued)

20. Did the	_		Yes	No
20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule	<u> </u>	20a		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements	s to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domedomestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Part	estic organization or s s I and II	21		Х
22 Did the organization report more than \$5,000 of grants or other assistance to or for don column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		22		Х
Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensa and former officers, directors, trustees, key employees, and highest compensated employees.	ition of the organization's current	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amour the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines complete Schedule K. If 'No, 'go to line 25a	nt of more than \$100,000 as of 24b through 24d and	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peri	od exception?	24b		- 11
c Did the organization maintain an escrow account other than a refunding escrow at any any tax-exempt bonds?		24c		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time du	uring the year?	24d		
25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizationsDid the organization engage in transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Pa	n an excess benefit	25a		Х
b Is the organization aware that it engaged in an excess benefit transaction with a disquathat the transaction has not been reported on any of the organization's prior Forms 990 Schedule L, Part I	(1) final analysis of the second of the seco	25b		Х
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from a former officers, directors, trustees, key employees, highest compensated employees, or If 'Yes', complete Schedule L, Part II	disqualified persons?	26		Х
Did the organization provide a grant or other assistance to an officer, director, trustee, I contributor or employee thereof, a grant selection committee member, or to a 35% cont of any of these persons? If 'Yes,' complete Schedule L, Part III	key employee, substantial	27		Х
Was the organization a party to a business transaction with one of the following parties instructions for applicable filing thresholds, conditions, and exceptions):	(see Schedule L, Part IV	卷		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedu	ıle L, Part IV	28a	r, for a i	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Ye Schedule L, Part IV	es,' complete	28b		Х
c An entity of which a current or former officer, director, trustee, or key employee (or a fa officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part	mily member thereof) was an	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' comp	plete Schedule M	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar as contributions? <i>If 'Yes,' complete Schedule M</i>		30		Х
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' con	nplete Schedule N, Part I	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as Schedule N, Part II.	sets?lf 'Yes,' complete	32		Х
33 Did the organization own 100% of an entity disregarded as separate from the organizati 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part!	ion under Regulations sections	33		Х
Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Sch and Part V, line 1	adula P. Part II. III. or IV	34	Х	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.		35a		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any trainentity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, II	assation with a controlled	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt rorganization? If 'Yes,' complete Schedule R, Part V, line 2	on charitable related	36		
37 Did the organization conduct more than 5% of its activities through an entity that is not treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R.	a related organization and that is	37		Х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Note. All Form 990 filers are required to complete Schedule O	Part VI tipos 11h and 102	38	Х	
BAA		Form		2015)

Form 990 (2015) GREY2K USA Worldwide, Inc. Part 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....

er need to dry line in this rait v			
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_ 5000000	Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>5</u>		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling) winnings to prize winners?	aming		X
2 a 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 2 a	8 8	is favor supported	Λ
bil fat least one is reported on line 2a, did the organization file all required federal employment tax returns?	O 2 b	7.7	, 3gr - 4.3
Note. If the sum of lines 1a and 2a is greater than 250, you may be required tœ-file (see instructions)	\$ - C .	2 1 Jan 1	6. ·
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	3b		
 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?. b If 'Yes,' enter the name of the foreign country: ► 	over, a 4 a		Х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			X
	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization and contributions that were not tax deductible as charitable contributions?	ation 6 a	Х	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were 6 b	Х	}
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?		ingia (1. 2). Garage Canada Garage Canada	
b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 h		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file		
d If 'Yes,' indicate the number of Forms 8282 filed during the year	25.00	A Care	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	-wii	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the spons	oring 35	1985 V	- 3
organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.		1, 1, 2	
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations Enter:		8	
a Initiation fees and capital contributions included on Part VIII, line 12			- ·
11 Section 501(c)(12) organizations.Enter:	- S. Sain		
Cross income from the state of		1.50	
b Gross income from other sources (Do not net amounts due or paid to other sources		100 m	
against amounts due or received from them.).			- f
12 a Section 4947(a)(1) non-exempt charitable trustsIs the organization filing Form 990 in lieu of Form 1041?		(i) 27, 020	100 V
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		Name of the	wij ye i
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	- Proper	्राक्षक्त स्टब्स्ट	
a Is the organization licensed to issue qualified health plans in more than one state?			
Note. See the instructions for additional information the organization must report on Schedule O.	**************************************	4.14	19. N
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	(2007) (2007)	er en	
c Enter the amount of reserves on hand		100 mg (1811)	,
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	- "	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
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Form 990 (2015) GREY2K USA Worldwide, Inc. 04-3554776 Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? See Schedule 0 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?.... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ Did the organization become aware during the year of a significant diversion of the organization's assets?..... X Did the organization have members or stockholders?.... Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?.... 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8 b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a Did the organization have a written conflict of interest policy?/f 'No,' go to line 13..... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy?If 'Yes,' describe in Schedule O how this was done. See Schedule 0 X 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Drd the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... Χ 15 a b Other officers or key employees of the organization...See. Schedule .0..... X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... X 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA PA NY NJ CA FL OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website |X| Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records>

Form 990 (2015)	GREY2K USA Worldw	ide. Inc	04 255
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Part VII Compone	ation of Off	<u> </u>						*3334//6	
Part VII Compens	saudii di Uilicers.	Directors.	Trustees	Key	Employees	Highart	Campanatal	P-0	
Independ	dent Contractors	,	,	itey :	Employees,	riignest	Compensated	Emplovees.	. and
macpeni	acini Continactors					-	•	1	,

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

- 1 a 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'scurrent 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
- 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. (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) Name and Title (B) (D) (E) (F) Average Reportable Reportable Estimated amount of other compensation hours compensation from related organizations (W-2/1099-MISC) compensation from per week (list any the organization (W-2/1099-MISC) Individual Officer Institutional employee Key employee ⊣ighest from the direct organization and related hours for related organizations compensated organiza-tions trustee l trustee below dotted line) (1) Tom Grey 2 Director 0 Χ 0 0 0. (2) Charmaine Settle 2 Director 0 Χ 0 0 0. (3) Kathy Pelton 25 Director 0 Χ 0 0 0. (4) Jeroen van Kerneebeek 10 Director 0 Χ 0 0 0. (5) Albano Martins 10 Director Χ 0 0 0 0. (6) Eric Jackson 2 Vice President 0 Χ 0 0 0. (7) Christine A. Dorchak 50 President 0 Χ 51,762 0 0. (8) James Flanagan 3 Secretary 0 Χ 0 0 0. (9) Sherry Mangold 4 Treasurer 0 X 0 0. 0. (10) Carey M. Theil 50 Executive Director 0 Χ 51,762 0. 0. (11)(12)(13)(14)

Page 7

Tart VII Section A. Officers, Directors, Iri	istees,	Key	Em	ıple	oye	es,	and	d Highest Com	ipensated Emp	loyees (continued)
	(B)			•	C)					
(A) Name and title	Average hours	(do	not c	heck ss ne	sition more	than	one	(D)	(E)	(F)
name and title	per week	offic	cer an	nd a	direct	or/trus	tee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	(list any hours	or di	Insti	Officer	Key	emp High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	for related	dividual director	ution	8	emp	est c	ner			organization and related
	organiza - tions below	Individual trustee or director	na tr		Key employee	amp				organizations
	dotted line)	stee	nstitutional trustee			Highest compensated employee				
	1					ted				
(15)										
(10)										
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1 b Sub-total							>	103,524.	0.	0.
c Total from continuation sheets to Part VII, Section	on A						▶	0.	0.	0.
d Total (add lines 1b and 1c)							▶	103,524.	0	0
2 Total number of individuals (including but not lim from the organization ► 0	ited to the	ose li	sted	ab	ove)	who	rec	ceived more than	\$100,000 of reporta	able compensation
from the organization 0										
3 Did the organization list anytormer officer, dispet										Yes No
3 Did the organization list anyformer officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or trus n <i>individu</i> a	itee, I al	кеу 	em	oloy:	ee, o	r hi	ghest compensate	ed employee	3 X
4 For any individual listed on line 1a is the sum of	renortabl	e cor	ന്നല	nca.	tion	and	o+h	or componential f		
the organization and related organizations greate such individual	r than 4 i	511111	11 1 / 17	· V <	3C' C	ompi	lete	Schedule J for	10111	
										. 4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	' complet	salio. e Scl	n irc hedu	ıle J	any <i>I for</i>	unre: suct	late) א pe	d organization or erson	individual	. 5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization. Report com	sated inde pensation	pend for t	dent the c	cor	ntrac ndar	tors vea	that r en	t received more th	an \$100,000 of	tay year
(A)						700		_ (B)	T the organization.	(C)
Name and business addr	ess							Description o	f services	Compensation
							_			
							-			
2 Total number of independent contractors (including	ng but no	limi	ted t	to th	nose	liste	ed al	bove) who receive	ed more than	Call Mark South
\$100,000 of compensation from the organization	• 0				20		•		a moo didii	
BAA	-	EE AO	1.001	10/1	2/15				- 150	F 000 (0015)

Part VIII Statement of Revenue

		Check if Schedule O	contains a resp	onse or note to ar	ny line in this Part V			
	:	Age of the state o	n 1	git Ling Bio	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax
(2) (0)	1 -	Endorated		A SHEET WAS		revenue	revenue	under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membership dues						
, G		Fundraising events			- 4-34			
ifts ar A		Related organizations.						
s, G mik		Government grants (contributi					16 m 1 12	
ion r Si					- Investigation			
ibut the	'	All other contributions, gifts, g similar amounts not included	above 1 f	605,813.				
ontri id O		Noncash contributions include			1			
	h	Total. Add lines 1a-1f.		. ,	605,813.			
Program Service Revenue	2 a			Business Code	in a second	and the state of t		
Зеує	Z a b							
ce	c							
ervi	d							
E	е							
ogre	f	All other program service	ce revenue					
P	g	Total. Add lines 2a-2f				10 mm		
	3	Investment income (incother similar amounts).	luding dividend	s, interest and		750 764 744 76	d: 1985-1991-1 (#1982-1991) () 2 () () ()	N. Office Street Base of Physics
	4	Income from investmen	it of tay-evennt	hond proceeds				
	5	Royalties						
			(i) Real	(ii) Personal	Language Control		AND AMERICAN SERVICE	
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)					100	
		Net rental income or (Id			VINCES CONSIDERAÇÃO DE CONTRA DE CON	Weiter translation of the contract of the cont		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		4		
	1.	Less: cost or other basis						
	D	and sales expenses		ļ		TANGET TO SERVE		
	С	Gain or (loss)				To the second	57	
	d	Net gain or (loss)					erak kumun tangga 7 dan	
nue	8 a	Gross income from fund (not including., \$					4 /13/17	
eve		of contributions reporte						
۳.		See Part IV, line 18						
Other Revenu		Less: direct expenses .			104,000 11,444		Ling History	
0		Net income or (loss) fro		events	GENERAL AND THE SECTION OF	7 18 46 Sept.	SERVE AND AND WINDS	
	9 a	Gross income from gam See Part IV, line 19	ning activities.	a		新 生 混乱 6.5	Par Basis	
	b	Less: direct expenses .						
		Net income or (loss) fro						1995 - 1995 - 111
	10 a	Gross sales of inventory	y, less returns		40.0		10.7	Se the Real Section
		and allowances					And the second s	S at 16 75
		Less: cost of goods sold						
Ì		Net income or (loss) fro		Business Code	enti-screen, construction	Provide Managements	Tid. 100 Marketon 1900	3.57
-	11 a	Federal Tax Re		900099	2 266	2.266		
	b			J000JJ	2,266.	2,266.		
	С							
		All other revenue						
		Total. Add lines 11a-11a			2,200.	Caracine Constitution		
RAA	12	Total revenue. See instr	ructions		608,079.	2,266.	0.	0.

Form 990 (2015) GREY2K USA Worldwide, Inc. 04-3554776 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (D) Fundraising

1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, Ince 21. 2 de Part IV, Ince 21. 3 Grants and other assistance to foreign arganizations, See Part IV, Ince 22. 3 Grants and other assistance to foreign arganizations, Foreign preventments, and foreign individuals. See Part IV, Ince 12. 4 Sencits pact do or for membrars. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation of current officers, directors, trustees, and key employees. 7 Compensation of current officers, directors, trustees, and key employees. 8 Compensation of current officers, directors, trustees, and key employees. 9 Pension plan accruals and contributions (include section 4958(c))(a) and discovered in ascition 4958(c)(a) (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
Grants and other assistance to foreign organizations, foreign occurred to the composition of the compositi	1	organizations and domestic governments			general expenses	expenses
3 Grants and other assistance to foreign organizations, foreign operaments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits and two error members. 5 Compensation of current officers, directors, frustees, and Key employees. 6 Compensation not included above, to section 4658()(1) (3 cm sons described in section 4658()(3)(8). 9 Pension plan accrusite and contributions (include section 46) (8) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	2	Grants and other assistance to domestic			160 N 1970年 N 1880	Commence of the contract of th
4 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation not included above, to disqualified persons (as defined under or section 4950) and persons described in section 4950) and persons described in section 4950 (and 4950). 7 Other salaries and wages. 105,040. 91,749. 8,772. 4,5 Pension plan accruals and confributions (include section 4910) and 4950). 9 Other employee conflicts. 10 Payroll taxes. 18,114. 16,047. 1,094. 9 Payroll taxes 18,110. 8 Payroll taxes 18,110. 8 Payroll taxes 19,114. 10,047. 11,094. 9 Payroll taxes 19,114. 10,047. 11,094	3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
103,526 94,208 2,071 7,2	4	Benefits paid to or for members			The state of the s	
6 Compensation not included above, to disquisited persons (as defined under section 4956)((1)) and persons described in section 4956)((1)) and persons described in section 4956)((1)) and persons described in section 4956)((1)) and 405(b) and 405(b) and 405(b) are ployer contributions (include section 401(b) and 405(b) and 405(b) are ployer contributions (include section 401(b) and 405(b) and 405(b) are ployer contributions (include section 401(b) and 405(b)	5	Compensation of current officers, directors, trustees, and key employees	100 506	0.4.000		
disqualified persons (as defined under section 4958(c)(3)(B) 0 0 0 0 0 0 0 0 0	6	Compensation not included above to	103,526.	94,208.	2,071.	7,247.
7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 11 Fees for services (non-employees): a Management. b Legal. C Accounting. 4 Lobbying. 8 793. 793. 753. 40. 2 Accounting. 8 8,40. 3 129. 5 811. 40. 8 8,110. 8 8,110. 8 8,110. 9 Professional fundrasing services. See Part IV, line I7. 1 Investment management fees. 9 Other (If line 11g amount excests 10% of line 25, column (A) amount, list limit 10g expenses on Schedule 0.) 13 Office expenses. 17,257. 13,462. 172. 3,6 40. 40. 40. 40. 40. 40. 40. 40	ŭ	disqualified persons (as defined under section 4958(f)(1)) and persons described	0.	0	0	0.
Person plan accruais and contributions (niclude section 401 (kg) and 403(b) employer contributions)	7	Other salaries and wages				4,519.
10 Payroll taxes	8	(include section 401(k) and 403(b) employer contributions)		31,713.	0,112.	4,313.
11 Fees for services (non-employees): a Management b Legal c Accounting. d Accounting.	9					
11 Fees for services (non-employees): a Management b Legal			18,114.	16,047.	1,094.	973.
b Legal. 793. 753. 40. c Accounting 8,940. 3,129. 5,811. d Lobbying 88,110. 88,110. e Professinal fundraising services. See Part IV, line 17. f Investment management fees. g Other. (If line 1g amount exceeds 10% of fine 25 column (A) amount, list line 1g expenses on Schedule 0.) 6,316. 5,570. 7. Advertising and promotion. 13. Office expenses. 17,257. 13,482. 172. 3,6 11. Information technology. 15. Royalites. 16. Occupancy. 23,980. 8,393. 15,587. 17. Travel. 1,804. 1,804. 18. Payments of travel or entertainment expenses for any federal, state, or local public officials. 19. Conferences, conventions, and meetings. 20. Interest. 21. Payments to affiliates. 22. Depreciation, depletion, and amortization. 23. Insurance. 21,760. 18,839. 1,518. 1,4 24. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Marketing 49,282. 41,620. 7,6 b Postage and Shipping 49,282. 41,620. 7,6 c Printing and Publications 35,597. 26,698. 4,698. 6,688. d Charitable Contributions 19,025. 19,025. 6,68 26. Joint costs. Complete this line only if		, , ,				
c Accounting. d Lobbying. 8,940. 3,129. 5,811. d Lobbying. 88,110. 88,110. 88,110. 88,110. 6 Professional fundraising services. See Part IV, line I7. f Investment management fees. g Other. (If line II) amount exceeds 10% of line 25, column (A) amount, list line II genesis on Schedule 0.) 12 Advertising and promotion. 13 Office expenses 17,257. 13,482. 172. 3,6 11 Information technology. 15 Royalties. 16 Occupancy. 23,980. 8,393. 15,587. 17 Travel 1,804. 1,804. 1,804. 1,804. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 20 Interest 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Marketing 49,282. 41,620. 7,0 b Postage and Shipping 44,396. 22,200. 444. 21, c Printing and Publications 35,597. 26,698. 41,640. 7,408. 25 Total functional expenses. Add lines I through 24e. 583,726. 483,367. 43,555. 56,6						
Section Sect			793.		40.	
e Professional fundraising services. See Part IV, line 17. f Investment management fees. 9 Other (if line 1tg amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.). 12 Advertising and promotion. 13 Office expenses. 13 Office expenses. 14 Information technology. 15 Royalties. 16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 10 Interest. 20 Interest. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses. Itemize expenses not covered above (List miscellaineous expenses in line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). a Marketing. 49,282. 41,620. 76 6,88 6 Charitable Contributions. 19,025. 19,025. 26 Joint costs. Complete this line poly if			8,940.	3,129.	5,811.	
Investment management fees 9 Other. (if line 119 amount exceeds 10% of line 25 column (A) amount, list line 119 expenses on Schedule 0.) 6,316. 5,570. 7				88,110.		
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 6,316. 5,570.				410		
(A) amount, list line Ilg expenses on Schedule 0.) 6, 316. 5, 570. 2 Advertising and promotion. 13 Office expenses 17,257. 13,482. 172. 3,6 14 Information technology. 15 Royalites. 16 Occupancy. 23,980. 8,393. 15,587. 17 Travel. 1,804. 1,804. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 20 Interest 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 982. 344. 638. 23 Insurance. 21,760. 18,839. 1,518. 1,2 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). a Marketing 49,282. 41,620. 7,6 b Postage and Shipping 44,396. 22,200. 444. 21, c Printing and Publications 35,597. 26,698. 8,6 d Charitable Contributions 19,025. 19,025. e All other expenses. 38,804. 31,396. 7,408. 25 Total functional expenses. Add lines I through 24e. 583,726. 483,367. 43,555. 56,8 26 Joint costs. Complete this line polly if						
13 Office expenses		(A) amount, list line 11g expenses on Schedule 0.)	6,316.	5,570.		746.
14 Information technology 15 Royalties 16 Occupancy. 23,980. 8,393. 15,587. 17 Travel 1,804. 1,804. 1,804. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 20 Interest 21 Payments to affiliates. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization 982. 344. 638. 23 Insurance 21,760. 18,839. 1,518. 1,400 of line 24, earnount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule C.). a Marketing 49,282. 41,620. 7,60 of line 25, column (A) amount, list line 24e expenses on Schedule C.). a Marketing 49,282. 41,620. 7,60 of line 25, column (A) amount, list line 24e expenses on Schedule C.). b Postage and Shipping 44,396. 22,200. 444. 21, of Printing and Publications 35,597. 26,698. 8,80 of Charitable Contributions 19,025. 19,025. e All other expenses. 38,804. 31,396. 7,408. 25 Total functional expenses. Add lines I through 24e. 583,726. 483,367. 43,555. 56,80 of Line costs. Complete this line polly if			17.257.	13.482	172	3,603.
16 Occupancy	14				2.2.	5,000.
17 Travel	15	Royalties				
17 Travel 1. 1,804. 1,804. 1,804. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	23,980.	8,393.	15,587.	
Payments of travel or entertainment expenses for any federal, state, or local public officials	17	Travel	1,804.		,	
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 982 344 638 638 23 Insurance 21,760 18,839 1,518 1,424 24 24 24 24 24 24 24	18	expenses for any federal, state, or local				
Payments to affiliates 22 Depreciation, depletion, and amortization 982 344 638	19					
22 Depreciation, depletion, and amortization 982 344 638 23 Insurance 21,760 18,839 1,518 1,4 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Marketing 49,282 41,620 7,66 b Postage and Shipping 44,396 22,200 444 21,76 c Printing and Publications 35,597 26,698 8,8 d Charitable Contributions 19,025 19,025 e All other expenses 38,804 31,396 7,408 25 Total functional expenses. Add lines 1 through 24e 583,726 483,367 43,555 56,8 26 Joint costs. Complete this line only if	20	Interest				
23 Insurance 21,760 18,839 1,518 1,4 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Marketing	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Marketing b Postage and Shipping 44,396. C Printing and Publications C Printing and Publications Descriptions 49,282. 41,620. 7,6 444. 21,7 5 Printing and Publications 35,597. 26,698. 8,8 6 Charitable Contributions 19,025. 19,025. e All other expenses. 38,804. 31,396. 7,408. 25 Total functional expenses. Add lines 1 through 24e. 583,726. 483,367. 43,555. 56,8	22		982.	344.	638.	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). a Marketing			21,760.	18,839.	1,518.	1,403.
b Postage and Shipping 44,396. 22,200. 444. 21,70 c Printing and Publications 35,597. 26,698. 8,80 d Charitable Contributions 19,025. 19,025. e All other expenses. 38,804. 31,396. 7,408. 25 Total functional expenses. Add lines 1 through 24e. 583,726. 483,367. 43,555. 56,8 26 Joint costs. Complete this line only if	24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
b Postage and Shipping 44,396. 22,200. 444. 21,70 c Printing and Publications 35,597. 26,698. 8,80 d Charitable Contributions 19,025. 19,025. e All other expenses. 38,804. 31,396. 7,408. 25 Total functional expenses. Add lines 1 through 24e. 583,726. 483,367. 43,555. 56,8 26 Joint costs. Complete this line only if	a	,	49 282	41 620	国际公司,中国共和国的国际公司,中国国际公司	7,662.
c Printing and Publications 35,597. 26,698. 8,8 d Charitable Contributions 19,025. 19,025. 7,408. e All other expenses. 38,804. 31,396. 7,408. 25 Total functional expenses. Add lines 1 through 24e. 583,726. 483,367. 43,555. 56,8 26 Joint costs. Complete this line only if					111	21,752.
d Charitable Contributions 19,025. 19,025. e All other expenses. 38,804. 31,396. 7,408. 25 Total functional expenses. Add lines 1 through 24e. 583,726. 483,367. 43,555. 56,8 26 Joint costs. Complete this line only if					111.	8,899.
e All other expenses						0,000.
Total functional expenses. Add lines 1 through 24e 583,726. 483,367. 43,555. 56,8 26 Joint costs. Complete this line only if					7,408.	
26 Joint costs. Complete this line only if	25	Total functional expenses. Add lines 1 through 24e				56,804.
Joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		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)				Farm 900 (2015)

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			104,568.	1	132,310.
	2	Savings and temporary cash investments			104,300.	2	132,310.
	3	Pledges and grants receivable, net				3	
Ì	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L					The state of the s
	6	Loans and other receivables from other disqualified pasection 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete		6	And the second second		
ts	7	Notes and loans receivable, net	, . , .			7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		8,804.			
	b		10b	2,747.	5,849.	10 c	6,057.
	11	Investments – publicly traded securities			3,015.	11	0,037.
	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	1 965	15	1,965.		
	16	Total assets. Add lines 1 through 15 (must equal line :	34)		112,382.	16	140,332.
	17	Accounts payable and accrued expenses			18,780.	17	22,377.
	18	Grants payable			10,700.	18	22,511.
1	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I'	V of So	chedule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, dire I disqu	ectors, trustees, alified persons.		当 22	
-	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third	partie:	S.,,,		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to re plete P	lated third parties, art X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	<u></u> .		18,780.	26	22,377.
ces		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	her e*	X and complete			
an	27	Unrestricted net assets			93,602.	27	117,955.
Bal	28	Temporarily restricted net assets			,	28	
٦	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) and complete lines 30 through 34.			10 mm 1 m	A STATE OF THE STA	The second of th
	30	Capital stock or trust principal, or current funds			Annual transport of the production of the property of the production of the producti	30	Transport Substitute Processin No. 2, No. 24, 1975, 1975, 1985, 19
sse	31	Paid-in or capital surplus, or land, building, or equipm	ent fur	nd		31	
A	32	Retained earnings, endowment, accumulated income,	or oth	er funds		32	
Net Assets	33	Total net assets or fund balances			93,602.	33	117,955.
	34	Total liabilities and net assets/fund balances			112,382.	34	140,332.
RA	<u> </u>				-==/	<u> </u>	

Form 990 (2015) GREY2K USA Worldwide, Inc.	04-3	3554776	Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI.			
The trial of all this, column (A), line (7)	1	1	608,079.
2 Fotal expenses (must equal Part IX, column (A), line 25)	F	2	583,726.
The vertice less expenses. Subtract line 2 from line 1	Γ	3	24,353.
• The assets of fund balances at beginning of year (must equal Part X, line 33, column (A))	J -	4	93,602.
5 Net unrealized gains (losses) on investments	-	5	
beriated services and use of facilities	J-	6	
/ mivesument expenses	F-	7	
The period adjustments	ļ-	8	
- 1 and singles in the assets of fully balances (explain in Schedule O)		9	0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33) Part XII Financial Statements Description Part XII Financial Statements Part XII Part XII Financial Statements Part XII Financial Statements Part XII Financial Statements Part XII Part XII	 		
Part XII Financial Statements and Reporting		10	117,955.
The same reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
1 Accounting method wood to account to			Yes No
Accounting method used to prepare the Form 990: Cash X Accrual Other			No.
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
		İ	
2 a 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 compiler separate basis, consolidated basis, or both:	d or reviewed	on a	
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?			a. V
11 165, CHECK 3 DOX DEIOW to indicate whother the financial attack in a			2 b X
	on a separate	9	3.00
X Separate basis Consolidated basis Both consolidated and separate basis		į,	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for or review, or compilation of its financial statements and selection of an independent accountant?	versight of the	e audit,	Alerson Melena Lulid VI
If the organization changed either its oversight process or selection process during the			2 c X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set Audit Act and OMB Circular A-133?	forth in the S	ingle	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization stid out	raa tha ra		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ryo ine requi	ed audit	3 b
BAA			Ju

BAA

Form 990 (2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public

Employer identification number

Schedule C (Form 990 or 990-EZ) 2015

04-3554776

Department of the Treasury Internal Revenue Service

GREY2K USA Worldwide,

► Complete if the organization is described below Attach to Form 990 or Form 990-EZ.

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Par	TI-A Complete if the org	ganization is exempt under section	501(c) or is a sect	ion 527 organizatio	n .				
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV. See Part	IV				
2	Political expenditures				25	0.			
3	Volunteer hours								
		rganization is exempt under section				_			
1		ise tax incurred by the organization under							
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.						
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year.?		···· Yes	No			
4 :	4 a Was a correction made?								
1	olf 'Yes,' describe in Part IV.								
Pai	t I-C Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).					
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities \$					
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	etion 527 exempt					
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.								
4		eForm 1120-POL for this year?			Yes X	No			
5	Enter the names, addresses organization made payments amount of political contributions	and employer identification number (EIN) s. For each organization listed, enter the ai ons received that were promptly and direc al action committee (PAC). If additional spa	of all section 527 polymount paid from the	itical organizations to w filing organization's fund arate political organizat	which the filing ds. Also enter the				
	(a) Name	(b) Address	(c)EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received a promptly and cirectly delivered to a separat political organization. none, enter -0	and / te			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990.57) 20	15 CDENOTE TRADE				
Schedule C (Form 990 or 990-EZ) 20 Part II-A Complete if	the organization i	Worldwide, Inc. s exempt under secti	on 501(c)(3) and fi	04-355 led Form 5768 (electi	4776 Page 2
section 501	(h)).			100 1 01111 5700 (01001)	off diffder
A Check ► if the fili	ng organization belo	ngs to an affiliated group	(and list in Part IV ea	ach affiliated group memb	er's name,
address	, EIN, expenses, and	I share of excess lobbying	g expenditures).		
B Check ► If the fill	ng organization chec	cked box A and 'limited co	ontrol' provisions appl	У.	
(The terr	Limits on Lobby n 'expenditures' mea	ring Expenditures ans amounts paid or incu	ırred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	tures to influence pul	olic opinion (grass roots I	obbying)		
b Total lobbying expendit	tures to influence a l	egislative body (direct lob	bying)		
c Total lobbying expendit	tures (add lines 1a a	nd 1b)			
d Other exempt purpose	expenditures				
e Total exempt purpose e					
f Lobbying nontaxable ar both columns		ount from the following ta	ble in		
If the amount on line 1e, co		The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over		\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			C.
g Grassroots nontaxable	amount (enter 25%)	or line it)			
h Subtract line 1g from lii i Subtract line 1f from lir	ne la li zero or less	o, enter -U			
j If there is an amount of	ther than zero on eit	her line 1h or line 1i did	the organization file F	orm 4720 reporting	
section 4911 tax for thi	s year?				Yes No
(So	me organizations th	4-Year Averaging Period at made a section 501(h) ns below. See the instruc	election do not have	to complete all of the five	•
		ying Expenditures Durin		•	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))		191 - 191 -			
c Total lobbying expenditures		The state of the s	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3200 3200 3200 3200 3200 3200 3200 3200	
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(;	a)	(b)
of the lobbying activity.	Yes	No	Amount
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 		,	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i).?. c Media advertisements? d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
Za Did the activities in line I cause the organization to be not described in section 501(a)(3)			
b If 'Yes,' enter the amount of any tax incurred under section 4912. c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		leno 11	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5)	, or	S-33
1 Were substantially all (90% or more) dues received nondeductible by members?. 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	• • • • • •		2
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Fanswered 'Yes.'			
1 Dues, assessments and similar amounts from members		1	
Section 162(e) nondeductible lobbying and political expenditures(do not include amounts of political expenses for which the section 527(f) tax was paid).	ĺ		
a Current year. b Carryover from last year.	[2 a	
c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	F	2 c	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information		٠,	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

GREY2K USA Worldwide, Inc. endorses and provides small financial contributions to state lawmakers, as permitted

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is awww.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	GREYZK USA Worldwide, Inc.			04-3554776
Pa	d J. Organizations Maintaining Donor Ac	dvised Funds or Othe	r Similar Funds or Ac	counts.
	Complete if the organization answere	ed 'Yes' on Form 990,	Part IV, line 6.	
1	Total number at end of year	(a) Donor advised for	ınds (b)	Funds and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor arare the organization's property, subject to the organization's	dvisors in writing that the a	assets held in donor advise ontrol?	d funds
6	Did the organization inform all grantees, donors, at for charitable purposes and not for the benefit of the impermissible private benefit?			
Pai	t II Conservation Easements.	·····		
	Complete if the organization answere	ed 'Yes' on Form 990.	Part IV. line 7	
1	Purpose(s) of conservation easements held by the	organization (check all that	t apply).	
	Preservation of land for public use (e.g., recrea	ation or education)	Preservation of a historic	ally important land area
	Protection of natural habitat	, L	Preservation of a certified	
	Preservation of open space	L.		The stratters
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eld a qualified conservation	contribution in the form of	a conservation easement on the
				Held at the End of the Tax Year
;	a Total number of conservation easements		2a	
I	Total acreage restricted by conservation easement	s	2b	
•	Number of conservation easements on a certified h	nistoric structure included i	n (a) 2 c	
•	d Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/17/06, an	d not on a historic	
3	Number of conservation easements modified, trans tax year ►	sferred, released, extinguis	hed, or terminated by the c	rganization during the
4	Number of states where property subject to conser	vation easement is located	>	
5	Does the organization have a written policy regardi and enforcement of the conservation easements it	ing the periodic monitoring	inspection, handling of via	olations, Yes No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of viola	tions, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspec ▶\$	cting, handling of violations	, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the rec	uirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	conservation easements ir e organization's financial s	its revenue and expense s atements that describes th	statement, and balance sheet, and e organization's accounting for
Pai	Complete if the organization answere	of Art, Historical Trea ed 'Yes' on Form 990,	sures, or Other Simila Part IV, line 8.	r Assets.
1 :	a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial	O TOT DUDIIC EXPEDITION AGU	cation or recearch in furthe	ent and balance sheet works of erance of public service, provide,
ĺ	o If the organization elected, as permitted under SFA historical treasures, or other similar assets held for following amounts relating to these items:	AS 116 (ASC 958), to report public exhibition, educated	t in its revenue statement and, or research in furtheran	and balance sheet works of art, ce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line	1	1.	⊳ \$
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, his amounts required to be reported under SFAS 116 (storical treasures, or other	similar assets for financial	
;	a Revenue included on Form 990, Part VIII, line 1		the second	⊳ \$
	Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • • •		▶\$

Schedule D (Form 990) 2015 GREY2	K USA World	dwide Ind		04.25	E 433.6	
Part III Organizations Maintain	ing Collection	s of Art Historia	cal Treasures or O	04-35	54776	Page 2
3 Using the organization's acquisition items (check all that apply): a Public exhibition	on, accession, an	d other records, ch	neck any of the following or exchange programs	ng that are a significant	use of its co	<i>I</i> llection
b Scholarly research		e Other		•		
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIII.	nization's collection					
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintain	ied as part of the	organization's collection	าว	YAC	No
Part IV Escrow and Custodial And Iline 9, or reported an a	rrangements. C amount on For	Complete if the o m 990, Part X,	rganization answere line 21.	ed 'Yes' on Form 99	0, Part IV,	
a Is the organization an agent, trust on Form 990, Part X? b If 'Yes,' explain the arrangement				ner assets not included	Yes	No
bit res, explain the arrangement	in Part XIII and c	omplete the follow	ing table:			
c Reginning halance					Amount	
c Beginning balance d Additions during the year	* * * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • • • • • • •		1c		
e Distributions during the year	*******			1 d		
f Ending balance	* * * * * * * * * * * * * * * * * * * *			1e		
2 a Did the organization include an ar	mount on Form 9	90 Part V line 21	for accretion an attack of	1f		
b If 'Yes,' explain the arrangement	in Part XIII. Chec	k here if the expla	nation has been provid	led on Part XIII	Yes	No No
Part V Endowment Funds. Cor	mplete if the o	rganization ans	wered 'Yes' on For	m 990 Part IV lin	e 10	
	(a) Current year	(b) Prior yea				years back
1 a Beginning of year balance				(4) Times years base	(0) (001)	Joans Buch
b Contributions.						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentagea Board designated or quasi-endow			ne 1g, column (a)) held	d as:		
b Permanent endowment ►	06					
c Temporarily restricted endowmen The percentages on lines 2a, 2b,		% 				
3a Are there endowment funds not in organization by:	n the possession	of the organization	that are held and adm	ninistered for the	Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the relat	ted organizations	listed as required	on Schedule R?		3b	
4 Describe in Part XIII the intended	uses of the orga	nization's endowm	ent funds.		<u> </u>	
Part VI Land, Buildings, and E	quipment.					
Complete if the organiz	zation answere		n 990, Part IV, line	e 11a. See Form 99	0, Part X,	line 10.
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	(value
1 a Land				A THE STATE OF THE		
b Buildings						

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b Buildings			ACTOR OF THE SEC. OF THE SEC. ACTOR	
c Leasehold improvements		4,134.	690.	3,444.
d Equipment		2,230.	1,101.	1,129.
e Other		2,440.	956.	1,484.
otal. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X, co	olumn (B), line 10c.) .		6,057.

BAA

Schedule D (Form 990) 2015

Complete if the organization answered	'Yes' on Form 99	N/A 0, Part IV, line 11b. See Form 990, Part X, line 1
(a) Description of security or category(including name of security)	(b) Book value	10, Fait IV, line Trb. See Form 990, Part X, line I
(1) Financial derivatives	(b) Book Value	(c) Method of valuation: Cost or end-of-year market value
(2) Closely-held equity interests.		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related.	······································	N/A
Part VIII Investments - Program Related. Complete if the organization answered (a) Description of investment	Yes' on Form 99	0, Part IV, line 11c. See Form 990, Part X, line 1
	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
_(7)	- · · · · · · · · · · · · · · · · · · ·	
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets	N/	7
Complete if the organization answered 'Ye	es' on Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(1) (a) Desc	cription	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B)) line 15)	>
Part X Other Liabilities.		
Complete if the organization answered 'Yes' on Form S	990. Part IV. line 11e or	r 11f See Form 990 Part X line 25
(a) Description of liability	(b) Book value	e Promoto Tomo Co
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
	>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's t	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 ha	s been provided in Part XI	See Part XIII [

Part YI Poconciliation of Date Ohr Worldwide, Tile.	04-3554776	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return.	
Complete if the organization answered 'Yes' on Form 990, Part I	V, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		608,079.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	100 pt 10	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	54.74.7957	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1		C00 070
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 175	608,079.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	<u> </u>	
c Add lines 4a and 4b.	San	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4 c	500 070
Part XII Reconciliation of Expenses per Audited Financial Statements With	Evenence new Details	608,079.
Complete if the organization answered 'Yes' on Form 990, Part I'	V line 12e	
1 Total expenses and losses now audited financial state	v, iiie iza.	
1 Total expenses and losses per audited financial statements		583,726.
2 / who write a house of time in but not of thorning 990, Part IX, line 25:		
a Donated services and use of facilities	7.79(2)	
b Prior year adjustments		
c Other losses 2c	3,1	
d Other (Describe in Part XIII.).		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1		583,726.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	To the second se	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.).	7 v 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		583,726.
Part XIII Supplemental Information.		

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

Part X - FIN 48 Footnote

The organization adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The organization has analyzed the tax positions taken in its filings with the Internal Revenue Service and state jurisdictions where

Schedule D (Form 990) 2015

Part X - FIN 48 Footnote (continued)

it operates. The organization believes that its income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse affect on the organization's financial condition, results of operations or cash flows. Accordingly, the organization has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at December 31, 2015.

The organization's policy is to classify income tax related interest and penalties in interest expense and other expenses, respectively.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990.

Inspection Employer identification number

GREY2K USA Worldwide, Inc.

04-3554776

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Christine A. Dorchak and Carey M. Theil are wife and husband.

Form 990, Part VI, Line 11b - Form 990 Review Process

The organization's Forms 990 are reviewed prior to filing with the IRS by the President. Copies of the completed forms 990 are provided to all board members for their review.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The governing board and executive director are required to sign annual statements of conformity with the organization's conflict of interest policy.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

A personnel committee consisting of several board members reviews each employee annually, employees answer various questions, the personnel committee conducts follow up meetings and makes salary recommendations to the board each year.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are available to the public upon request.

Schedule R (Form 990) 2015 (f) Direct controlling entity (g) Sec 512(b)(13) controlled entity? å × Open to Public OMB No. 1545-0047 2015 Inspection Yes Employer identification number (f) Direct controlling entity 04-3554776 **Partil** Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets N/A Public charity status (if section 501(c)(3)) Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Not for Profit Information about Schedule R (Form 990) and its instructions is alww.irs.gov/form990. **e** (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section ന TEEA5001L 06/01/15 501 (c) (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) MA (b) Primary activity To educate the public about greyhounds (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization GREY2K USA Worldwide, Inc Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) \mathbb{E}_{1}^{1} (F) ල 1 2 ල 4

Schedule R (Form 990) 2015 GREY2K USA Worldwide, Inc.

Percentage ownership Sec 512(b)(13) controlled entity? ž ક Yes managing partner? General or ŝ 9 Percentage ownership Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Bart IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV Ξ (i)
Code V-UBI
amount in box
20 of Schedule
K-1 (Form (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
Direct
controlling
entity (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization 1 1 Part III \in 1 \in 3 <u>ල</u> \mathfrak{G}_{1}^{1} ୍ର

Schedule R (Form 990) 2015

TEEA5002L 06/01/15

04-3554776

Schedule R (Form 990) 2015 GREY2K USA Worldwide, Inc.

rait v iraiisacuons With Related Organizations Complete if the organization answered 'Yes'	on Form 990, Part I	Part IV, line 34, 35b, or 3	36.	
Note. Complete line I if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
י באיזיים של אפל אפן נוסף אפל אפן ווישט איזיים של אפן ווישט איזיים מאון אפל אפן ווישט איזיים פון ווישט איזיים a Receipt of (i) interest (ii) annities איזיים איזי	anizations listed in Part	S - V?		
Giff, grant, or capital contribution to related organization(s)				×
			1b	×
d loans or loan distraction for related organization (s)			1c	X
a found of found increasing the relation of gallication (s)			1d	×
c Logis of toal gualantees by fetated organization(s)			<u>a</u>	×
f Dividends from related organization(s)				
			1 f	×
			1g	×
			- J	×
j Lease of facilities, equipment, or other assets to related organization(s)				×
			1 <u>j</u>	×
Performance of services or membership or fundraising solicitations for related organization(s)				× :
m Performance of services or membership or fundraising solicitations by related organization(s)				×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			E -	×
o Sharing of paid employees with related organization(s)			- F	×
			0	X
p Reimbursement paid to related organization(s) for expenses			1 -	>
q Reimbursement paid by related organization(s) for expenses			- L	< >
			5	∀
			11	X
s l			1	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ding covered relationsh	ips and transaction thre	ĺ	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	ermining
	type (a-s)	10.00	amount involved	olved
(1) GREY2K USA Education Fund, Inc.	- [3,200.	Cash	
(2)				
(8)				
(4)				
(5)				
(9)				
BAA TEEA5003L 10/12/15		Schedu	Schedule R (Form 990) 2015	0) 2015

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

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

-)				1				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre-	Are all partners section 501(c)(3)	ers Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	(j) General or managing partner?	Percentage ownership
			from tax under	200	5		-	(Form 1065)	-	
and the second s		The state of the s	sections 512-514)	Yes No	0		Yes No		Yes No	
(1)										
										
1										
ì										
(3)										
l				·			-			
(4)								The state of the s		
(9)								and distribution of the same of		
(c)	***************************************									
									<u></u>	
(9)										
										
				-						
(8)		;								
		-								
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).