ENGLARD CPA'S PC 33 W. HAWTHORNE AVENUE; SUITE 32 VALLEY STREAM, NY 11580

US KIMBERLEY PROCESS AUTHORITY INSTITUTE C/O JVC 801 SECOND AVENUE, NO. 303 NEW YORK, NY 10017

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

ENGLARD CPA'S PC 33 W. HAWTHORNE AVENUE VALLEY STREAM, N.Y. 11580 516 678-2600

NOVEMBER 3, 2017

US KIMBERLEY PROCESS AUTHORITY INSTITUTE C/O JVC 801 SECOND AVENUE NO. 303 NEW YORK, NY 10017

US KIMBERLEY PROCESS AUTHORITY INSTITUTE C/O JVC:

ENCLOSED IS THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2017.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

RESPECTFULLY,

ENGLARD CPA'S PC

ENGLARD CPA'S PC 33 W. HAWTHORNE AVENUE VALLEY STREAM, N.Y. 11580 516 678-2600

NOVEMBER 3, 2017

US KIMBERLEY PROCESS AUTHORITY INSTITUTE C/O JVC 801 SECOND AVENUE NO. 303 NEW YORK, NY 10017

US KIMBERLEY PROCESS AUTHORITY INSTITUTE C/O JVC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2016 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

RESPECTFULLY,

ENGLARD CPA'S PC

Filing Instructions Prepared by: Prepared for: US KIMBERLEY PROCESS AUTHORITY INSTI ENGLARD CPA'S PC C/O JVC 801 SECOND AVENUE NO. 303 33 W. HAWTHORNE AVENUE; SUITE 32 NEW YORK, NY 10017 VALLEY STREAM, NY 11580 2016 FORM 990 PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2017. MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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FEDERAL INFORMATIONAL FORMS

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FILEABLE FORMS

EXTENDED TO NOVEMBER 15, 2017

990

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

6

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

_	י טי נוופ	e zo to calendar year, or tax year beginning	anig		
В	Check if applicable	OP KIMPERTEI PROCESS AUTHORITI INSTITUT	E	D Employer iden	lification number
	Addres	C/O JVC			
	Name change	Doing business as		41-	2077173
L	Initial return	` '	om/suite	E Telephone num	
	Final return/ termin		3		467-1944
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	28,887.
F	lreturn	NEW TORK, NI TOOI/		H(a) Is this a group	
L	Applic tion pendir		* NT37	for subordina	
_		C/O DVC 801 SECOND AVENUE #303, NEW YORK	_	1 ' '	es included? Yes No
		empt status:	527	1	n a list. (see instructions)
			l Voor	H(c) Group exemp	M State of legal domicile: NY
	art I	organization:	L Year	or formation. 2005	M State of legal doffliche. N 1
		Briefly describe the organization's mission or most significant activities: IMPROV	E BU	SINESS IN	THE US
Activities & Governance	'	DIAMOND INDUSTRY BY DESIGNING, CONTROLLING	AND	ISSUING K	IMBERLEY
rna		Check this box if the organization discontinued its operations or disposed			
ove.				ı	3
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4 0
es &		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5 0
Ϋ́È		Total number of volunteers (estimate if necessary)			6 0
ζĘ.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		[7	7a 0.
_		Net unrelated business taxable income from Form 990-T, line 34			7b 0.
				Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)			0.
eun		Program service revenue (Part VIII, line 2g)		25,617	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,617	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.
꼾	b	Total fariation g experiess (Fart 17, Sciariii (2), III 6 25)	<u>•</u>	20 005	12 610
_	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		39,805 39,805	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-14,188	
	19	Revenue less expenses. Subtract line 18 from line 12			-
Net Assets or Find Balances		Total access (Dort V. line 10)	Ве	ginning of Current Yea	
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	├─	13,437	
Net/	21 22	Net assets or fund balances. Subtract line 21 from line 20		58,376	
P	art II	Signature Block		307370	11/0131
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules an	d statem	ents, and to the best of	my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			,
	,				
Sig	ın	Signature of officer		Date	
He		MARTIN HOCHBAUM, TRES			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	MURRY ENGLARD MURRY ENGLARD	1	1/03/17 self-em	
Pre	parer	Firm's name ENGLARD CPA'S PC		Firm's EIN	13-3636309
Use	Only	Firm's address 33 W. HAWTHORNE AVENUE; SUITE 32			
		VALLEY STREAM, NY 11580		Phone no. 5	
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	_ _	·····	X Yes No

Pai	t III Statement of Program Service Acco	mplishments	<u> </u>
	Check if Schedule O contains a response or note	e to any line in this Part III	
1	Briefly describe the organization's mission: NON	E	
2	Did the organization undertake any significant program	services during the year which were not listed	
			Yes X No
	If "Yes," describe these new services on Schedule 0.		
3	Did the organization cease conducting, or make signifi	cant changes in how it conducts, any program	services? Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplis	hments for each of its three largest program s	ervices, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are requi	red to report the amount of grants and allocation	ons to others, the total expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	IMPROVE BUSINESS INTERESTS		
	CONTROLLING AND ISSUING KIM	BERLEY PROCESS CERTIFIC.	ATES FOR EXPORTING
	ROUGH DIAMONDS FROM THE US		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
	<u> </u>		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
	<u> </u>		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of	f\$ (Revenue \$)
4e	Total program service expenses	19,600.	,
			Form 990 (2016)

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41-2077173 Part IV | Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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 Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Part X, line 16? If "Yes," complete Schedule D, Part IX Х X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Х complete Schedule G, Part III

Form 990 (2016)

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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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
	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,"			v
	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	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u>-</u> -
	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		X
	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			
00	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?			
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		 ^
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Total 7 mm 500 maio dre required to complete defreduce o			(0040)

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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			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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
b	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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
J a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2016)

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Form 990 (2016)

C/O JVC

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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					X			
Sec	tion A. Governing Body and Management								
		1	ı		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>3</u>					
	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	1b		<u>0</u>					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X			
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:						
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such c								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc	e to con	flicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	∕es," d	escribe						
	in Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13		Х			
14	Did the organization have a written document retention and destruction policy?			14		Х			
15	Did the process for determining compensation of the following persons include a review and approv								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)							
а	The organization's CEO, Executive Director, or top management official			15a		Х			
	Other officers or key employees of the organization			15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain	in Sci	hedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finan	cial				
	statements available to the public during the tax year.		. ,,						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:						
	CORPORATION - 646 467-1944		·						
	C/O JVC 801 SECOND AVENUE #303. NEW YORK, NY 1001	7							

41-2077173

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization
(1) MARTIN HOCHBAUM CHAIRMAN; TRES	10.00	1		x				5,000.	0.	(
(2) CECILE GARDNER	0.00			х				0.	0.	
(3) MARK GERSHBURG SECT	0.00			X				0.	0.	

Form 990 (2016)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			imated	
	hours per week					is bot or/trus		compensation from	compensation from related			ount of other	
	(list any	ctor						the	organization			ensatio	n
	hours for	or dire				ted		organization	(W-2/1099-MI	SC)		m the	
	related organizations	ustee	truste		يو	suadı		(W-2/1099-MISC)				nization	
	below	Individual trustee or director	Institutional trustee		ploye	st com						related nization	
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Forme				3		-
		\square											
		H											
	+	${m H}$											_
		Ш											
		$\mid \cdot \mid$											
		\square											
		\prod											
	+	${m H}$											_
		Ш											
		\prod											
1b Sub-total						<u> </u>		5,000.		0.		(0.
c Total from continuation sheets to Part \							>	0.		0.			0.
d Total (add lines 1b and 1c)								5,000.		0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	le			,
compensation from the organization											١,	Yes N	10 (
3 Did the organization list any former officer	r, director, or tru	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on	ļ			
line 1a? If "Yes," complete Schedule J for	such individual										3	:	X
4 For any individual listed on line 1a, is the s	-		-					•	the organization				
and related organizations greater than \$15											4	- 12	X
5 Did any person listed on line 1a receive or	=				-			ed organization or indiv	idual for services	\$	_	١,	X
rendered to the organization? If "Yes," con Section B. Independent Contractors	прієте Ѕспеаиі	e J To	or s	ucn	pers	son .					5		
1 Complete this table for your five highest c										npens	ation fr	om	_
the organization. Report compensation for	r the calendar y	ear e	endi	ng v	vith	or w	rithir T	n the organization's tax : (B)	year.		(C)		
(A) Name and busines	s address	NC	INC	3				Description of s	ervices	С	ompen	sation	
										<u> </u>			
2 Total number of independent contractors		not lir	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	nization >					U					Form 9	90 (20	16)

Form 990 (2016) C/O JVC
Part VIII | Statement of Revenue

		Check if Schedule O cont	tains a resnonse	or note to any line	in this Part VIII			
		Check if Schedule O cont	anis a response	or note to any inte	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
e Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f CERTIFICATES, I	1b	Business Code	28,887.	28,887.		
Program Service Revenue	b c d e f		enue		28,887.	20,007.		
	3 4 5	Investment income (including other similar amounts) Income from investment of ta	dividends, interest	est, and proceeds				
	b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
en	d	Gain or (loss) Net gain or (loss) Gross income from fundraisin	ng events (not	>				
Other Revenu		contributions reported on line Part IV, line 18 Less: direct expenses	a					
	9 a b	Net income or (loss) from fund Gross income from gaming and Part IV, line 19 Less: direct expenses Net income or (loss) from gam	ctivities. See a					
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a					
[Miscellaneous Revenu		Business Code				
	11 a b c							
	е	Total. Add lines 11a-11d Total revenue. See instructions.			28,887.	28,887.	0.	0.

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		=		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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,				
6	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7					
7 8	Other salaries and wages				
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
'' a	Management	5,000.		5,000.	
b	Legal	, , , , ,		,	
c	Accounting	1,625.		1,625.	
d	Lobbying	,		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	3,927.		3,927.	
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	11,781.		11,781.	
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 0.) JEWELERS VIGILANCE COMM	15,000.	15,000.		
a b	CIBJO FEE	4,600.	4,600.		
D C	PRINTING & PUBLICATIONS	700.	- ,000•	700.	
c d	BANK CHARGES	15.		15.	
-	All 11			100	
е 25	Total functional expenses. Add lines 1 through 24e	42,648.	19,600.	23,048.	0
<u>23 </u>	Joint costs. Complete this line only if the organization	,	_5,000	_3,0200	
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)

Part X | Balance Sheet

Part X	Balance Sheet			
	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	56,813.	1	97,671
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
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			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8 3	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	15,000.	9	15,000
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
Ь			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)	71,813.	16	112,671
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
i ₂₃	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	13,437.	24	68,056
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		25	
26	Total liabilities. Add lines 17 through 25	13,437.	26	68,056
	Organizations that follow SFAS 117 (ASC 958), check here and			
3	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
27 28 29 30 31 32	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	58,376.	30	44,61
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	(
32	Retained earnings, endowment, accumulated income, or other funds	0.	32	(
33	Total net assets or fund balances	58,376.	33	44,615
34	Total liabilities and net assets/fund balances	71,813.	34	112,671

Form **990** (2016)

orn	n 990 (2016) C/O JVC	41-207	7173	Pag	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	28	8,8	87.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	42	7,6	48.	
3	Revenue less expenses. Subtract line 2 from line 1	3			61.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58	3,3	76.	
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	44	.,6	<u> 15.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.				
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 reviewe	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		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O.				
За	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	iired audit				

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

632012 11-11-16

Form **990** (2016)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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.

2016

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

•	Section $501(a)(4)$ (5) or (6) organize	tions: Complete Bort III			
	Section 501(c)(4), (5), or (6) organization US KIMB	ERLEY PROCESS AU	THORITY INST	TITUTE Emp	oloyer identification number
	C/O JVC				41-2077173
Pa	rt I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		>	\$
Pa	rt I-B Complete if the org	ganization is exempt und	ler section 501(c)(3)	
	Enter the amount of any excise tax				<u> </u>
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	·····	\$ \$
	If the organization incurred a section				
	Was a correction made?				
b	If "Yes." describe in Part IV.				
Pa	rt I-C Complete if the org	janization is exempt und	ler section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt funct	ion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities			>	\$
3	Total exempt function expenditures		•		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en				
	made payments. For each organiza	·	• •		•
	contributions received that were propolitical action committee (PAC). If				ate segregated fund or a
	. ,				() () () () ()
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

US KIMBERLEY PROCESS AUTHORITY INSTITUTE

Schedule C (Form 990 or 990-EZ) 2016	C/O J	7C			41-2	077173 Page 2
Part II-A Complete if the org	ganizatio	n is exe	mpt under sectio	n 501(c)(3) and fil	led Form 5768 (e	lection under
section 501(h)).						
	-			n Part IV each affiliated	I group member's nam	ne, address, EIN,
expenses, and sha						
B Check ► ☐ if the filing organiza	ation check	ed box A ai	nd "limited control" pro	ovisions apply.		1 a > A cont
Limi	its on Lobb	ying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expen	ditures" m	eans amou	ınts paid or incurred.)	totals	lotaio
1a Total lobbying expenditures to infl	luence nubl	ic oninion (arass roots lobbying)			
b Total lobbying expenditures to infl						
c Total lobbying expenditures (add l						
d Other exempt purpose expenditur						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er						
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zer						
j If there is an amount other than ze			,		Г	¬,, ¬,,
reporting section 4911 tax for this					L	Yes No
(Some organizations t			eraging Period Under 01(h) election do not	` '	of the five columns h	nelow
(Oome organizations t			ate instructions for li	•	or the five columns t	CIOW.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year	(a) 2	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
	1		1	1	I	

Schedule C (Form 990 or 990-EZ) 2016

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

of the	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
J	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
a	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5) or se	ection	
Part	The state of the organization is exempt under section of (6)(1), section	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5), 0. 00	.00.011	
Part	501(c)(6).				
Part	501(c)(6).			Yes	No
			1	Yes X	No
1	Were substantially all (90% or more) dues received nondeductible by members?				No X
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year?	2 3 5), or se	X	X
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? on 501(c)(t "No," OR	2 3 5), or se (b) Par	X	X
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? on 501(c)(t "No," OR	2 3 5), or se (b) Par	X	X
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	e prior year? on 501(c)(t "No," OR	2 3 5), or se (b) Par	X	X
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? on 501(c)(t "No," OR	2 3 5), or se (b) Par	X	X
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	e prior year? on 501(c)(t "No," OR	2 3 5), or se (b) Par	X	X X
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SCHEDULE 0

(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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

C/O JVC

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

US KIMBERLEY PROCESS AUTHORITY INSTITUTE Emplo

Employer identification number 41-2077173

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CERTIFICATES FOR EXPORT OF ROUGH DIAMONDS FROM THE US
FORM 990, PART VI, SECTION B, LINE 11B:
ORGANIZATIONS GOVERNING BODY REVIEWS THE FORM 990
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying nu	mber	
Type or print	US KIMBERLEY PROCESS AUTHORITY INSTITUTE C/O JVC				Employer identification number (EIN) $41-2077173$		
File by the due date for filing your return. See	e for Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)		
instruction	s. City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10017						
Enter th	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1	
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
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	
If the	organization does not have an office or place of business is for a Group Return, enter the organization's four digit ☐ . If it is for part of the group, check this box	Group Exe	emption Number (GEN) I	f this is fo	r the whole group,		
1 Ir	equest an automatic 6-month extension of time until r the organization named above. The extension is for the	NOVE	MBER 15, 2017 , to file				
>	x calendar year 2016 or tax year beginning the tax year entered in line 1 is for less than 12 months, change in accounting period		d ending on: Initial return I	Final retur	<u>.</u> n		
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069.	enter the tentative tax, less any				
	onrefundable credits. See instructions.	, ,		За	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				·		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	S	0.	
	alance due. Subtract line 3b from line 3a. Include your pa			1 -2			
by using EFTPS (Electronic Federal Tax Payment System). S			•		\$	0.	
	: If you are going to make an electronic funds withdrawal			453-EO aı	nd Form 8879-EO	for paymen	
instructi						-	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)