

Jump to Schedule: Form 990

efile Public Visual Render **ObjectID: 201740349349300024 - Submission: 2017-02-03**
Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax****Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except foundations)**

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

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
DRYAD

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
PO BOX 585

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
DURHAM, NC 27510**F** Name and address of principal officer:MEREDITH MOROVATI
108 WEATHERVANE DRIVE
CARRBORO, NC 27510**H(a)** Is this a gr

subordinat

H(b) Are all sub
included?

If "No," att

H(c) Group exel**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.DATADRYAD.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formati**Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE THE AVAILABILITY OF DATA UNDERLYING FINDINGS IN THE SCIENTIFIC LITERATURE FOR
REUSE.**2** Check this box ☐**3** Number of voting members of the governing body (Part VI, line 1a)**4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total unrelated business revenue from Part VIII, column (C), line 12**b** Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)**Prior Yo**

Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	
	19 Revenue less expenses. Subtract line 18 from line 12	
Net Assets or Fund Balances		Beginning of Cu
	20 Total assets (Part X, line 16)	
	21 Total liabilities (Part X, line 26)	
	22 Net assets or fund balances. Subtract line 21 from line 20	

Part II 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 furnished to preparer in accordance with the Internal Revenue Code and other laws applicable to the preparation of this return.

Sign Here	Signature of officer	2017-01-25
	MEREDITH MOROVATI EXECUTIVE DIRECTOR	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name J BRIAN STITCHER CPA	Preparer's signature J BRIAN STITCHER CPA	Date 2017-01-25	Check <input type="checkbox"/> self-employed
	Firm's name ▶ JBS & CO LLC			Firm's EIN
	Firm's address ▶ 101 LOG CANOE CIR STE I STEVENSVILLE, MD 216662106			Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 1126

Form 990 (2015)

Part III Statement of Program Service Accomplishments

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

1	Briefly describe the organization's mission: MEMBERSHIP AND SUBMISSION OF MANUSCRIPTS AND DATA BY PUBLISHERS AND RESEARCHERS TO FACILITATE BY ORGANIZATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations received and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **305,727** including grants of \$) (Revenue \$)

THE DRYAD DIGITAL REPOSITORY IS A CURATED RESOURCE THAT MAKES THE DATA UNDERLYING SCIENTIFIC PUBLICATIONS AND CITABLE. OVER 2680 DATA PACKETS WERE ARCHIVED ALLOWING A GENERAL-PURPOSE HOME FOR A WIDE DIVERSITY OF RESEARCHERS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)




4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses** **305,727**

Form 990 (2015)

Part IV Checklist of Required Schedules

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 
- 2** Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to for public office? If "Yes," complete Schedule C, Part I
- 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
- 5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 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, historic

- 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*
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete 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 for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt nego services? *If "Yes," complete Schedule D, Part IV*
- 10** Did the organization, directly or through a related organization, hold assets in temporarily restricted endow permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11** If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, ' or X as applicable.
- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*
- b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or mor assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
- c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or mo total 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 asse in Part X, line 16? *If "Yes," complete Schedule D, Part IX*
- e** Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D,*
- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule*
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
- b** 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*
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundra business, investment, and program service activities outside the United States, or aggregate foreign investr at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to foreign organization? *If "Yes," complete Schedule F, Parts II and IV*
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other a or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services o column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *complete Schedule G, Part III*
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*
- 22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*
- 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*
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 on 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*
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 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*
- b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year 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*
- 26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*
- 27** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*
- 28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV for instructions for applicable filing thresholds, conditions, and exceptions):
- a** A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*
- b** A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*
- c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) is an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*
- 29** Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M*
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified collection contributions? *If "Yes," complete Schedule M*
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*
- 34** Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, line 1*
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*
- 36 Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable organization? *If "Yes," complete Schedule R, Part V, line 2*
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and All Form 990 filers are required to complete Schedule O.

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	
b Enter the number of Forms W-2G included in line 1a. <i>Enter -0-if not applicable</i>	1b	

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?

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	
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year?*If "No" to line 3b, provide an explanation in Schedule O*

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) or a non-US entity that has a financial account in a foreign country?

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

5a 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?

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts are not tax deductible?

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 or services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

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 8879, Statement of Qualified Intellectual Property Contribution, if required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 4797, Depreciation Schedule, if required?

8 Sponsoring organizations maintaining donor advised funds.

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b**11 Section 501(c)(12) organizations.** Enter:

a Gross income from members or shareholders

11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11b**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

12b**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instruction for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13b

c Enter the amount of reserves on hand

13c**14a** Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .

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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 lines 8a through 8c, 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

1a Enter the number of voting members of the governing body at the end of the tax year

1a

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

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with another officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direction of officers, directors or trustees, or key employees to a management company or other person? .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

- 6** Did the organization have members or stockholders?
- 7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint members of the governing body?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code*)

- 10a** Did the organization have local chapters, branches, or affiliates?
- b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, branches, or affiliates to ensure their operations are consistent with the organization's exempt purposes?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before the meeting?
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- 12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13*
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a** The organization's CEO, Executive Director, or top management official
- b** Other officers or key employees of the organization
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).*
- 16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- 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 status with respect to such arrangements?

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed: _____
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.
- ☒ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ILONA PAGE ILONA PAGE PO BOX 700 PO BOX 700 CARRBORO, NC 27510 (919) 960-1270
-

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 year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless 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 who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100, organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received 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, 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, trustee, key employee, or highest compensated employee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
(1) MEREDITH MOROVATI EXECUTIVE DIRECTOR	40.00	X		X				92,700
(2) LIZ FERGUSON BOARD MEMBER	2.00	X						0
(3) EMILIO BRUNA BOARD MEMBER	2.00	X						0
(4) SIMON HODSON BOARD MEMBER	2.00	X						0
(5) TODD VISION SECRETARY/BO	5.00	X		X				0
(6) MARTIN FENNER BOARD MEMBER	2.00	X						0
(7) SUSANNA-ASSUNTA SANSONE BOARD MEMBER	2.00	X						0
(8) KEVIN SMITH BOARD MEMBER	2.00	X						0

(9) INGRID DILLO BOARD MEMBER	2.00	X							0
(10) JENNIFER LIN BOARD MEMBER	2.00	X							0
(11) JOHAN NILSSON BOARD MEMBER	2.00	X							0
(12) WILLIAM MICHENER CHAIRMAN	5.00			X					0
(13) THEODORA BLOOM DEPUTY CHAIR	5.00			X					0
(14) CHARLES FOX TREASURER	5.00			X					0


Form 990 (2015)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	c org 2
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$10,000 in compensation from the organization 

Part VIII Statement of Revenue

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

<https://projects.propublica.org/nonprofits/organizations/461685419/201740349349300024/full>

Contributions, Gifts
and Other Similar

d Related organizations	1d	
e Government grants (contributions)	1e	
f All other contributions, gifts, grants, and similar amounts not included above	1f	238,139
g Noncash contributions included in lines 1a-1f:\$ _____		
h Total. Add lines 1a-1f		259,639

Program Service Revenue

	Business Code		
2a PROGRAM SERVICE REVENUE	518210	262,219	262,219
b _____			
c _____			
d _____			
e _____			
f All other program service revenue.			
g Total. Add lines 2a-2f		262,219	

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)			
4 Income from investment of tax-exempt bond proceeds			
5 Royalties			
	(i) Real	(ii) Personal	
6a Gross rents			
b Less: rental expenses			
c Rental income or (loss)			
d Net rental income or (loss)			
	(i) Securities	(ii) Other	
7a Gross amount from sales of assets other than inventory			
b Less: cost or other basis and sales expenses			
c Gain or (loss)			
d Net gain or (loss)			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		
b Less: direct expenses	b		
c Net income or (loss) from fundraising events			
9a Gross income from gaming activities. See Part IV, line 19	a		
b Less: direct expenses	b		
c Net income or (loss) from gaming activities			

c Net income or (loss) from gaming activities ▶			
10a Gross sales of inventory, less returns and allowances	a		
b Less: cost of goods sold	b		
c Net income or (loss) from sales of inventory ▶			
Miscellaneous Revenue	Business Code		
11a			
b			
c			
d All other revenue			
e Total. Add lines 11a–11d ▶			
12 Total revenue. See Instructions. ▶		521,858	262,219

Form 990 (2015)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			
4 Benefits paid to or for members			
5 Compensation of current officers, directors, trustees, and key employees	92,700	46,350	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
7 Other salaries and wages	165,592	82,796	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,194	5,597	
9 Other employee benefits	30,744	15,372	
10 Payroll taxes	21,427	10,713	
11 Fees for services (non-employees):			
a Management			

b Legal			
c Accounting	8,468	8,468	
d Lobbying			
e Professional fundraising services. See Part IV, line 17			
f Investment management fees			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,442	1,221	
12 Advertising and promotion	12,912	6,456	
13 Office expenses	1,548	1,481	
14 Information technology			
15 Royalties			
16 Occupancy			
17 Travel	9,564	9,564	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials			
19 Conferences, conventions, and meetings	1,522	1,522	
20 Interest			
21 Payments to affiliates			
22 Depreciation, depletion, and amortization	3,062		
23 Insurance	4,618		
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 SUBCONTRACTORS	90,045	90,045	
b FASEB SUBCONTRACT	39,100		
c INTERNET	16,572	16,572	
d BANK AND PAYPAL CHARGES	6,180	6,180	
e All other expenses	3,390	3,390	
25 Total functional expenses. Add lines 1 through 24e	521,080	305,727	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).			

Form 990 (2015)

Part X Balance Sheet

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

	(A) Beginning of year
1 Cash-non-interest-bearing	20,0
2 Savings and temporary cash investments	

Assets	3	Pledges and grants receivable, net	
	4	Accounts receivable, net	43,5
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	
	7	Notes and loans receivable, net	
	8	Inventories for sale or use	
	9	Prepaid expenses and deferred charges	2,3
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a
	b	Less: accumulated depreciation	10b
	11	Investments—publicly traded securities	
	12	Investments—other securities. See Part IV, line 11	
	13	Investments—program-related. See Part IV, line 11	
	14	Intangible assets	
	15	Other assets. See Part IV, line 11	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	65,9
	Liabilities	17	Accounts payable and accrued expenses
18		Grants payable	
19		Deferred revenue	12,6
20		Tax-exempt bond liabilities	
21		Escrow or custodial account liability. Complete Part IV of Schedule D	
22		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	
23		Secured mortgages and notes payable to unrelated third parties	
24		Unsecured notes and loans payable to unrelated third parties	
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	10,1
26	Total liabilities. Add lines 17 through 25	31,5	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27	Unrestricted net assets	34,3
	28	Temporarily restricted net assets	
	29	Permanently restricted net assets	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30	Capital stock or trust principal, or current funds	
	31	Paid-in or capital surplus, or land, building or equipment fund	
	32	Retained earnings, endowment, accumulated income, or other funds	
33	Total net assets or fund balances	34,3	
34	Total liabilities and net assets/fund balances	65,9	

Form 990 (2015)

Part 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)
- 2** Total expenses (must equal Part IX, column (A), line 25)
- 3** Revenue less expenses. Subtract line 2 from line 1
- 4** Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
- 5** Net unrealized gains (losses) on investments
- 6** Donated services and use of facilities
- 7** Investment expenses
- 8** Prior period adjustments
- 9** Other changes in net assets or fund balances (explain in Schedule O)
- 10** Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2015)

Additional Data

Software ID:**Software Version:****Form 990, Special Condition Description:****Special Condition Description**[↑ Back to Top](#)**efile Public Visual Render** | **ObjectID: 201740349349300024 - Submission: 2017-02-03****SCHEDULE A**
(Form 990 or 990EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support****Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is www.irs.gov/form990.****Name of the organization**

DRYAD

Employer

46-16854

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
 - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 5 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 6 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 7 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, member fees, and dues; (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 511 tax) from businesses acquired after 1975. See **section 509(a)(2).** (Complete Part III.)
 - 9 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 10 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** (Complete Part III.)
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** (Complete Part III.)
- a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), to which the supported organization(s) has the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization or management of the supporting organization vested in the same persons that control or manage the supported organization. **You must complete Part IV, Sections A and C.**
- c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, one or more supported organizations (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) but not functionally integrated. The organization generally must satisfy a distribution requirement and an attachment requirement. **You must complete Part IV, Sections A and D, and Part V.**

(see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of support instruc
			Yes	No	
Total					

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

Cat. No. 11285F

Schedule

Page 2

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e)
1 Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)					
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
3 The value of services or facilities furnished by a governmental unit to the organization without charge..					
4 Total. Add lines 1 through 3					
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).					
6 Public support. Subtract line 5 from line 4.					

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e)
7 Amounts from line 4.					
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					
9 Net income from unrelated business activities, whether or not the business is regularly carried on.					
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).					

- 11 Total support.** Add lines 7 through 10. [] [] [] []
- 12** Gross receipts from related activities, etc. (see instructions)
- 13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 509(a)(2) organization, check this box and **stop here**
-
- Section C. Computation of Public Support Percentage**
-
- 14** Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))
- 15** Public support percentage for 2014 Schedule A, Part II, line 14
- 16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule

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Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			55,287	29,276	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			150,106	202,956	
3 Gross receipts from activities that are not an unrelated trade or business under section 513.. . . .					
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.					
5 The value of services or facilities furnished by a governmental unit to the organization without charge.					
6 Total. Add lines 1 through 5.			205,393	232,232	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
8 Add lines 7a and 7b.					

c Add lines 7a and 7b. . . .

8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015
9 Amounts from line 6. . . .			205,393	232,232	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .					
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
c Add lines 10a and 10b.					
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .			1,003		
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .			206,396	232,232	
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sect					
check this box and stop here.					

Section C. Computation of Public Support Percentage

- 15** Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))
- 16** Public support percentage from 2014 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

- 17** Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))
- 18** Investment income percentage from **2014** Schedule A, Part III, line 17
- 19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 3 more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organ
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see in

Schedule

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," check 11a or 11b in Part I, answer (b) and (c) below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (i) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority of the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor in section 4958(c)(3)(C), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, an entity in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine if the organization had excess business holdings).

Schedule

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?

- c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part V*

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing benefits carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior year, a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant influence on the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (1):
 - a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
 - b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity.
- 2** Activities Test. **Answer (a) and (b) below.**
 - a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the supported organizations? *Provide details in **Part VI**.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*

Schedule

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Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See** Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

- | | | | |
|----------|--|----------|--|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

(A) Prior Year

- | | | | |
|----------|---|-----------|--|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

- | | | | |
|----------|---|----------|--|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
|----------|---|----------|--|

1 Adjusted net income for prior year (from Section A, line 9, Column A)

2 Enter 85% of line 1

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III support instructions)

1	
2	
3	
4	
5	
6	

Schedule

Page 7

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

4 Amounts paid to acquire exempt-use assets

5 Qualified set-aside amounts (prior IRS approval required)

6 Other distributions (describe in Part VI). See instructions

7 **Total annual distributions.** Add lines 1 through 6.

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions

9 Distributable amount for 2015 from Section C, line 6

10 Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015
1 Distributable amount for 2015 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)		
3 Excess distributions carryover, if any, to 2015:		
a		
b		
c		
d From 2013.		
e From 2014.		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2015 distributable amount		
i Carryover from 2010 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2015 from Section D, line 7:		
\$		

a	Applied to underdistributions of prior years		
b	Applied to 2015 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
7	Excess distributions carryover to 2016. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c	Excess from 2013.		
d	From 2014.		
e	From 2015.		

Schedule A

Page 8

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 1; lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also provide any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART III, LINE 12	CURRENCY CONVERSION 1,003

Schedule

Additional Data

Software ID:

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Schedule B

Schedule of Contributors

Form 990
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

SCHEDULE OF CONTRIBUTORS

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

Name of the organization DRYAD	Empl 46-16
--	----------------------

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

Form 990-PF

- ☐ 527 political organization
- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling more than \$5,000 (or more than \$1,000 for religious, charitable, scientific, literary, or educational purposes) from any one contributor. Complete Parts I and II. See instructions for determining contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1, received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) \$10,000, if the organization is a religious, charitable, scientific, literary, or educational organization. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaling \$5,000 or more during the year. If this box is checked, enter here the total contributions that were received during the year for an *exclusive* purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it is not a religious, charitable, etc., contributions totaling \$5,000 or more during the year.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization DRYAD	Employer id 46-1685419
--------------------------------------	----------------------------------

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
<u>RESTRICTED</u>		\$ <u>RESTRICTED</u>
-		\$
-		\$
-		\$
-		\$

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		
		\$

Schedule B (F

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization DRYAD	Employer identifier 46-1685419
--------------------------------------	--

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

[illegible]

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization DRYAD	Employer id 46-1685419
--------------------------------------	----------------------------------

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7) than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions for the year. (Enter this information once. See instructions.)* \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of gift
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferee to donor	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of gift
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferee to donor	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of gift
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferee to donor	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of gift
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferee to donor	

Schedule B (Form 990)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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 at www.irs.gov/form990

Name of the organization DRYAD	Employer identification number 46-1685419
--	---

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds available for distribution
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important building or structure
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a Held
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet the revenue and expenses from the sale of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of its exempt purpose, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet the revenue and expenses from the sale of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of its exempt purpose, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

Cat. No. 52283D

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Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant part of the organization's collections (check all that apply):
- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- c Beginning balance
- d Additions during the year

1c	
1d	

d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . .

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 1

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y
1a Beginning of year balance				
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 percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
1a Land			
b Buildings			
c Leasehold improvements			
d Equipment			
e Other			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

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Schedule D (Form 990) 2015

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-y
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		

(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part IV, line 11d.

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
	INSURANCE PAYABLE	4,300
	PAYROLL LIABILITIES	3,089
	OTHER CURRENT LIABILITIES	700
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		8,089

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statement describing the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been previously disclosed.

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Schedule D (Form 990) 2015

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	

e	Add lines 2a through 2d		2
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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 a

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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**
www.irs.gov/form990.

Name of the organization DRYAD	Employment 46-16
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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE TREASURER AND EXECUTIVE DIRECTOR REVIEW FORM 990 AND SEND THE FINAL DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 12C	PER THE BYLAWS, A PROCEDURE IS IN PLACE TO ENFORCE THE CONFLICTS OF INTERI
FORM 990, PAGE 6, PART VI	DOCUMENTS ARE MADE AVAILABLE AT HTTP://WIKI.DATADRYAD.ORG/BOARD_MATERIAL

Additional Data

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ProPublica Illinois
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News Apps
Get Involved
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Corrections

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