SCANNED DEC 1 5 2016

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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 201

Department of the Treasury

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

Open to Public

		e Service			90 and its instructions	is at www.irs	s.gov/io/m990.		Inspection
			endar year, or tax year beg			, and e			
		ipplicable.		randworkers	International, Inc		D Employer	identifica	ition number
	ddress (hange	Doing business as		11: 11: 11: 11: 1	I=		_	
Пи	ame cha	ange	Number and street (or P.O. b	ox if mail is not	delivered to street address)	Room/suite	26-0798625		
\equiv		•	4502 23rd Street			2nd Floor	E Telephone	number	
<u> </u>	utial retu	ırn	City or town Long Island City		State NY	ZIP code 11101	(646) 568-5	870_	
∐ F⊪	nal return	/lerminated	Foreign country name	Foreign r	province/state/county	Foreign posta	code		
\square_{A}	mended	l return	t oreign country manne	, o.c.g.,	or or moor or carroy	1 oreign posta	G Gross reco	niots S	519,766
\equiv			E Name and address of account	-1 -45	·				
□ ^	pplication	n pending	F Name and address of princip	ai onicer.			H(a) is this a group return f		= =
			L			<u></u>	H(b) Are all subordinate		
1 Ta	ıx-exem	pt status:	X 501(c)(3) 501(c)	() ◀	(insert no) 4947(a)(1) or 527	If "No," attach a lis	st (see ins	structions)
JW	ebsite	: > ww	w.brandworkers.org				H(c) Group exemption	number 🕨	
		rganization		Associa	tion Other >	lı ve			
			_=	ASSOCIA	donother =	15.10	ar of formation 2009	IVI Sta	te of legal domicile NY
	art I		mmary						
e '	1		lescribe the organization's				idworkers is a non-	blour or	ganization
ž	ŀ	or local	food-making workers con	jing togetne	r for good lobs and a s	ustainable f	ood system.		
Activities & Governance	!								
Š	2		his box ► if the orga					6 of its r	iet assets.
Ğ	3		r of voting members of the					3	7
Š.	4		r of independent voting m					4	7
iţie	5		imber of individuals empl					5	7
흕	6		amber of volunteers (estin					6	,
Ă	7a		nrelated business revenue					7a	0
	b	Net unr	elated business taxable in	come from	Form 990-T, line 34	21.		7b	0
e					KEUEIVE	ا ل	Prior Year		Current Year
	8		utions and grants (Part VI			ာ ျပ္ကု.	29	5,045	393,609
ē	9	Program	n service revenue (Part V	ااا, line 2g)	. MON # 10.00	ု ဗြို		이	0
Revenue	10	Investm	ent income (Part VIII, col	umn (A),∤l∭	s 3,141,and 7d) ≥	" Izak		0	0
u.	11	Other re	evenue (Part VIII, column	(A), line§ 5,	6d, 8c, 9c, 10c, and 1	1e) .[cː [.	69	9,356	90,473
	12		venue—add lines 8 through				364	4,401	484,082
	13		and similar amounts paid					0	0
	14		s paid to or for members (0	0
es	15		, other compensation, emplo				210	6,219	233,401
Expenses	16a		sional fundraising fees (Pa					0	0
×	b		ndraising expenses (Part			29,605			Profesion Land
ш	17		xpenses (Part IX, column					B,250	150,701
	18		xpenses. Add lines 13–17					4,469	384,102
	19	Revenu	ie less expenses, Subtrac	t line 18 fro	m line 12	<u> </u>		9,932	99,980
Net Assets or Fund Balances		T -2-1	(D1 V 1 - 10)				Beginning of Curren		End of Year
Sala	20		ssets (Part X, line 16)					4,960	196,444
# P	21		abilities (Part X, line 26) .					4,738	6,242
			sets or fund balances. Sul	otract line 2	from line 20		9	0,222	190,202
_	rt II		gnature Block		 				,
			ry, I declare that I have examine rect, and complete. Declaration of					•	
		10 1140, 661	19 19	7-2-	ar didit ombory to bacce on a	THIS CONTRACTOR OF	No		0 -1 0
Sig	ın		Signature of officer	16 6		····	Date	V. 197	2016
He	re		Paniel Gross	Fran	utive Director	-	Date		
			Type or print name and title	1 PYKC	AILLE DIECTO				
		Pri	nt/Type or print name and title	_	Preparer's signature		Date		PTIN
Pai	id	['"	••			a.a. =		Check []	(1) ir l
	pare	, L	Paul Soobryan, CPA		Pare Soobs	~~~		self-emplo	
	-	1	m's name Paul Soobi	yan, CPA			Firm's EIN	81-3	3286647
US	e Onl	יעי עי		9, New York	NY 10116		Phone no.		-522-6071
84	, 4h - 1					iono)	Lamona no.		
	·		iss this return with the pre	<u> </u>		юпѕ),		<u> </u>	. X Yes No
For	Paper	work Red	duction Act Notice, see the	separate ins	structions.				Form 990 (2015)

Form 9	90 (2015)	Brandworkers International, Inc	26-0798625	Page 2
_Pai	rt 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:		
		orkers is a non-profit organization of local food-making workers coming together for bs and a sustainable food system		
2	the pric	organization undertake any significant program services during the year which were not listed or or Form 990 or 990-EZ?		X No
3	service	organization cease conducting, or make significant changes in how it conducts, any program s?	Tyes	X No
4	Describ expens	the 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 expenses, and revenue, if any, for each program service reported.		
4a	worker hand-o highly immigr job Bi allies to ground started	ood produced close to market is soaring in popularity. But the mostly low-income immigrant is employed in local food production factories are being left behind. They work long hours rafting food but wages are too low to live on with dignity. Many workers contend with unsafe working conditions, resulting in serious and even fatal injuries. Workers of color, and workers, and women workers face particularly egregious discrimination and abuse on the andworkers empowers low-income workers to develop as leaders and partner with community		
4b	(Cada) (Expenses \$ including grants of \$) (Reven	¢	
40				
		•		

	(0.1) (F		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
		•••••••••••••••••••••••••••••••••••••••		
4d		program services. (Describe in Schedule O.)		
		ses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total p	rogram service expenses 338,630		

Form 990 (2015) Brandworkers International, Inc Part IV Checklist of Required Schedules

		- 1	162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	$\frac{\hat{X}}{X}$	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		^	
		3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	2		
	VII, VIII, IX, or X as applicable.	1	<u></u>	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		_X_
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	l I		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	المدا		V
٦	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	اممما		v
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			- ^` -
	Schedule D, Parts XI and XII	12a	Х	
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 optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	!		
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		 ^
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			- ^`
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х

Form 990 (2015) Brandworkers International, Inc. 26-0798625 Page 4 Part IV **Checklist of Required Schedules** (continued) 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 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 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 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 23 Χ 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 Х 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 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 25a Χ 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 Χ 25b 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 26 Χ 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 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV . . . 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 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 Х 37

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

Brandworkers International, Inc
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable			
	gaming (gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?.		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	-			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a foreign country (such as a bank account in a bank account in a foreign country (such as a bank account in a bank accou	nancial			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country:	A			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts			
E.	(FBAR)			•	~
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	otion?	5a 5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	CHOTT:	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		30		
Ja	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Ou		
~	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ras]]
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	<u>-</u>	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	 	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		<u> </u>		
а	Initiation fees and capital contributions included on Part VIII, line 12	d			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10th		1	ł	
11	Section 501(c)(12) organizations. Enter:		}		
а	Gross income from members or shareholders]		ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources		}		
	against amounts due or received from them.)				<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For		12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12t	<u> </u>	į		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		100	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	• • • •	13a	₩	├
1.	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	J			
_	the organization is licensed to issue qualified health plans		1		
с 14а			14a	-	X
14a h	If "Vos " has it filed a Form 720 to report those payments? If "No " provide an explanation in School		146	\vdash	┼^

Form 990 (2015) Brandworkers International, Inc. 26-0798625 <u> P</u>age **6** Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI... **Section A. Governing Body and Management** Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting 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. Enter the number of voting members included in line 1a, above, who are independent . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body?. 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Each committee with authority to act on behalf of the governing body? Χ 8b 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

	at the organization of maining addresses in the provide the maines and addresses in concedit of			
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	l		İ
а	The organization's CEO, Executive Director, or top management official.	15a	X	
b	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 arrangement			
	with a taxable entity during the year?	16a		Х
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	L		١.
	the organization's exempt status with respect to such arrangements?	16b		
Sact	tion C Disclosure			

List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

L	Own website	X Another's website	X Upon request	Other (explain in Schedule C
_				

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records:

ate the name, address, and telephone number of the person who possesses the	e organization's books and records:
Brandworkers International, Inc	(646) 568-5870
4502 23rd Street, 2nd Floor, Long Island City, NY 11101	

555 (554	i Danielos de la la constanta de									00.07000	\ r -
orm 990 (2015) Part VII	Brandworkers International, Inc Compensation of Officers, Direct	ctors. Trustee	s. K	ev l	Em	plo	vees	. H	ighest Comp	26-079862 ensated	25 Page
art VII	Employees, and Independent C	-	, ·	- , .		ρ.υ	,	,	.g.ioot oomp	onoutou	
	Check if Schedule O contains a re		e to a	any	line	e in	this	Pa	rt VII		. 🔲
Section A.	Officers, Directors, Trustees, Key E			_						 	
	this table for all persons required to be									ng with or within	the
rganization's	·	•	•						•	Ü	
	of the organization's current officers, of ton. Enter -0- in columns (D), (E), and							s o	r organizations)	, regardless of ar	nount
	of the organization's current key empl										
vho received	e organization's five current highest co I reportable compensation (Box 5 of Fo and any related organizations.										
• List all	of the organization's former officers, k reportable compensation from the orga								d employees wh	o received more	than
	of the organization's former directors				-				tv as a former d	irector or trustee	of the
	more than \$10,000 of reportable comp								•		
•	in the following order: individual trustee	•	nstitu	tion	al tr	uste	ees; c	offic	ers; key employ	ees; highest	
ompensated	d employees; and former such persons										
Check th	ns box if neither the organization nor ar	ny related organ	izatio	n c	omp	ens	sated	any	y current officer,	director, or trust	.ee
					((-					
	(4)			-4 -4-		ition	41		(5)	(5)	(F)
	(A) Name and Title	(B) Average					than one of the state of the st		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any	office				or/trust		compensation from	compensation from related	amount of other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation
		related organizations	rect	tutio	ļ ŭ	휡	est c	тer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	or tru	nalt		loye	e e		(,	ļ	and related
		line)	stee	ust	[ď	ens				organizations
				e			ated			1	
(1) Marino	Acquino	1.00					_				
Board memb	er		Х								
(2) Anne (Clark	1.00	1	Ì						i	
Board chair			X		<u> </u>	_		<u> </u>			
(3) Bulma		1.00	1								
Board memb		1.00	X		 	-		├		 	
(4) Jessie		1.00		ļ	Ì			ļ			
Board memb (5) Richar	 	1.00	_X_	┢	├		ļ	-		 	
Board memb		} <u>1.00</u>	Х					Ì			
	a Tuminaro	1.00			-			_		 	
Board memb			x							f f	
	Turner	1.00			T						
Board memb			X	ł	ł	{		l	l		
(8) Daniel	Gross	60 00								-	
xecutive Di			<u> </u>		X	<u>L</u>			75,000	5,455	
_(9)			-				<u> </u>				
10)		 	1	 	\vdash	├] 	
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(11)		 	t^{-}		T	t^-	_	<u>†</u>	 -		
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(12)											
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40)			1		1			Г			

(14)

_ Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	Highe	est	Compensated	Employees	(conti	nued)	
			}		-	>)	-				Ī		
	(A)	(B)	(do n	ot ch	Pos eck		than o	ne	(D)	(E)	Ì	(F)	
	Name and title	Average	bοx, ι	unles	s pe	rson	ıs both	an	Reportable	Reportable		Estimated	
		hours per week (list any			_	recto	or/truste		compensation from	compensati from relate		amount of other	i
		hours for	or di	nstit	Officer	(ey	mp	Former	the	organizatio	ns	compensati	on
		related organizations	rect	utio	er	emp	est c	Ē	organization (W-2/1099-MISC)	(W-2/1099-M	isc)	from the organization	ภา
		below dotted	1 2	nal ti	!	loye	e on		(,			and related	ď
		line)	Individual trustee or director	Institutional trustee		е	ens					organizatio	ns
			\	ď			Highest compensated employee						
(45)			[-					_			-+		
7,19)			ł	ŀ									
(16)			 				1				-+		
25.20									1				
(17)													
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(18)													
<u>(19)</u>		 	1			1	{				İ		
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(20)			4		ļ								
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357).			1			ļ	1 1				ļ		
(25)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·									$\neg \uparrow$	-	
33-			1		1				<u> </u>		_ L		
1b	Sub-total							•	75,000	5	,455		0
С	Total from continuation sheets to Part VII,	Section A						ightharpoons	0	 	0		0
d_		<u> </u>							75,000		,455		0
2	Total number of individuals (including but not					e) w	ho re	ceiv	ed more than \$	100,000 of			
	reportable compensation from the organization	n ►			0_							- 152 	
•	D. 4.0.							1_			Г	Yes	No
3	Did the organization list any former officer, di						e, or n	ııgn	est compensate	ea	نغذ		ليد
	employee on line 1a? If "Yes," complete Sche										5 -7	3	<u> </u>
4	For any individual listed on line 1a, is the sum										2.4		
	the organization and related organizations gre	eater than \$150	,000-	ır ·	Yes	s, " C	ompi	ete	Scheaule J for	sucn			
_	ındividual			• •	•	•					3	4	X
5	Did any person listed on line 1a receive or ac									ndividual		استماسك	· ·
	for services rendered to the organization? If "	Yes," complete	Scne	aui	9 J	or s	sucn j	oer.	son	· · ·		5	_X_
<u> </u>	tion B. Independent Contractors Complete this table for your five highest comp	ancatad indon	ndor		ontr	acto	re th	at r	ecoived more th	an \$100 00			
,	compensation from the organization Report of											s tax	
	year.	oniponodilon i	,		0	٠. ,	ou. o		ing with or within	i ino organi	Lation	o tan	
	(A)								(B)			(C)	
	Name and business add	dress							Description of se	rvices	Co	mpensation	
	N/A												0
													0
								<u> </u>					0
								<u> </u>					0
		 						<u> </u>					0
2	Total number of independent contractors (inc		mited	i to i	thos	se li			ve) who receive	d j	E. 3.	hour this	
	more than \$100,000 of compensation from th	e organization	•				0	_					

Total revenue. See instructions

26-0798625 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (D) Related or Unrelated Total revenue Revenue exempt business excluded from function revenue tax under sections revenue 512-514 Federated campaigns. Contributions, Gifts, Grants and Other Similar Amounts 1b 0 Membership dues . Fundraising events 1c 0 d Related organizations. 1d 0 e Government grants (contributions) . . . 1e f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 393.609 g Noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f . 393,609 **Business Code** Program Service Revenue 0 0 0 0 0 All other program service revenue Total. Add lines 2a-2f. ol Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds . 0 5 0 (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses . . . c Rental income or (loss). 0 ▶ 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 0 c Gain or (loss) . . d Net gain or (loss) . . . Other Revenue 8a Gross income from fundraising events (not including \$ _____0 of contributions reported on line 1c). See Part IV, line 18 a 122,711 **b** Less: direct expenses 35,684 c Net income or (loss) from fundraising events . 87,027 87,027 9a Gross income from gaming activities. See Part IV, line 19. **b** Less: direct expenses 0 c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . . **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 900099 3,250 11a Sublease rental income 3,250 b Others 900099 196 196 0 C 0 All other revenue . . . Total. Add lines 11a-11d . . . 3,446

484,082

3,446

87,027

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete al	l columns. All other	organizations mus	t complete column	(A).
	Check if Schedule O contains a response or note	e to any line in this l	Part IX		
	not include amounts reported on lines 6b, 7b, 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				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	<u>75,000</u>	56,250	3,750	15,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	118,093	118,093		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .	0			
9	Other employee benefits	23,464	23,464		
10	Payroll taxes	16,844	12,633	842	3,369
11	Fees for services (non-employees):				
а	Management	0	}		
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17 .	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column			ì	
	(A) amount, list line 11g expenses on Schedule O)	15,187	9,503	5,684	
12	Advertising and promotion	0			
13	Office expenses	4,798	3,267	272	1,259
14	Information technology	0			
15	Royalties	0			
16	Occupancy	32,382	19,430	5,198	7,754
17	Travel	703	703		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,019	4,634		385
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	(
23	Insurance	0			
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.)		<u> </u>		
а	Program expense - LWC	89,669			
b	Printing and copying	521	521		
С	Dues, fees and subscription	1,817	100		1,717
d	Postage and shipping	605	363	121	121
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	384,102	338,630	15,867	29,60
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	}		1	•
	from a combined educational campaign and	Į			
	fundraising solicitation. Check here ▶ ☐ If	{			
	following SOP 98-2 (ASC 958-720)			<u></u>	

Part X Balance Sheet

-		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	84,531	1	190,739
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	10,429	3	705
	4	Accounts receivable, net	0	4	0
	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 employees' beneficiary			
ţs		organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	5,000
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	94,960		196,444
	17	Accounts payable and accrued expenses	4,738		6,242
	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	
Sa	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties .	0	24	0
	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	o	25	0
	26	Total liabilities. Add lines 17 through 25	4,738	26	6,242
		Organizations that follow SFAS 117 (ASC 958), check here▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	48,117	27	165,202
3al	28	Temporarily restricted net assets	42,105		25,000
Ā	29	Permanently restricted net assets	42,103	29	25,000
or Fund Balances		<u></u>			
ř		Organizations that do not follow SFAS 117 (ASC958), check here			
		complete lines 30 through 34.		 -	
Net Assets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
<u>e</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	90,222		190,202
	34	Total liabilities and net assets/fund balances	94,960	34	196,444

Form 9	990 (2015) Brandworkers International, Inc	26	-0798625	Pag	ge 12
Part	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		484	,082
2	Total expenses (must equal Part IX, column (A), line 25)	2		384	1,102
3	Revenue less expenses. Subtract line 2 from line 1	3		99	9,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		90),222
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	[
<u> </u>	column (B))	10		190	0,202
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		•	ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990.		_		
	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?		. 2a		X
	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.		· ·	٦.	
	Separate basis Donsolidated basis Both consolidated and separate basis		ļ		
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
	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				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t 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 i	n			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		. 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service Infor

Name of the organization

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

OMB No 1545-0047

2015

Open to Public Inspection

ame	e of the organization					Employer identification	n number	
	ndworkers International, Inc						98625	
	t Reason for Public Charit							
	organization is not a private foundat A church, convention of church							
1					• • •			
2	A school described in section		•					
3	A hospital or a cooperative hos					•		
4	A medical research organization hospital's name, city, and state	· ·	unction with a hospital	l describe	d in secti	on 170(b)(1)(A)(iii) 	. Enter th	e
5	An organization operated for the section 170(b)(1)(A)(iv). (Com	e benefit of a colle plete Part II.)	ge or university owne	d or opera	ated by a	governmental unit o	lescribed	ın
6	A federal, state, or local govern	ment or governme	ental unit described in	section 1	70(b)(1)(A)(v).		
7	X An organization that normally reddescribed in section 170(b)(1)(rom a gov	vernmenta	al unit or from the g	eneral pu	blic
8	A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)				
9	An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	to its exempt functi income and unrela	ons—subject to certainted business taxable	in excepti income (l	ons, and e	(2) no more than 33 on 511 tax) from bus	1/3% of	
10	An organization organized and	operated exclusive	ely to test for public sa	ıfety. See	section !	509(a)(4).		
11	An organization organized and of one or more publicly support Check the box in lines 11a thro	ted organizations d	lescribed in section 5	09(a)(1) d	or section	509(a)(2). See sec	ction 509	(a)(3).
a b	the supported organization(s organization. You must con	s) the power to reg nplete Part IV, Se zation supervised le supporting organ	ularly appoint or elect ctions A and B. or controlled in conne nization vested in the	a majorit	y of the di	rectors or trustees or rted organization(s)	of the sur	porting
С	Type III functionally integra	ated. A supporting	organization operated				ntegrated	with,
d	that is not functionally integrated requirement (see instruction	ntegrated. A supportated. The organizates). You must com	orting organization operation generally must sapplete Part IV, Section	erated in d atisfy a di ns A and	connection stribution D, and P	n with its supported requirement and ar art V.	attentive	
е						s a Type I, Type II, `	Type III	
£	functionally integrated, or Ty Enter the number of supported		ially integrated suppor	ting orgai	nization		ı	0
a	On the fille to the control	v	nted organization(s)	•			٠٠ ١	
	(i) Name of supported organization		(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	other su	mount of apport (see uctions)
				Yes	No			
A)								
B)								
								_
C)		_						
D)								
E)								
r_4-	-1							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

pupport outloadio for organizations = 50011204 in occurrent 1. 5(2)(1.)(1.)(1.) and 1. 5(2)(1.)(1.)
Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	127,496	221,224	328,260	360,583	516,320	1,553,883
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3 .	127,496	221,224	328,260	360,583	516,320	1,553,883
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)					1	124,635
6	Public support. Subtract line 5 from line 4						1,429,248
	tion B. Total Support			<u>_</u>			.,,,
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	127,496	221,224	328,260	360,583	516,320	1,553,883
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			5,908	3,818	3,446	13,172
11	Total support. Add lines 7 through 10 .	-					1,567,055
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here			h, or fifth tax year a	is a section 501(c)	(3)	>
	ction C. Computation of Public Sup			(6)		44	01 21%
14 15	Public support percentage for 2015 (line 6, c Public support percentage from 2014 Sched		-	(1)) .	•	15	91 21% 95 29%
	33 1/3% support test—2015. If the organiza			and line 14 is 33	1/3% or more		
	and stop here. The organization qualifies as 33 1/3% support test—2014. If the organization	a publicly support	ed organization			check this	► X
Ì	box and stop here. The organization qualified						▶□
17a	10%-facts-and-circumstances test—2015. is 10% or more, and if the organization mee Part VI how the organization meets the "fact organization".	ts the "facts-and-ci	rcumstances" test	, check this box and	d stop here. Expla	ain in	. ▶□
t	10%-facts-and-circumstances test—2014. 15 is 10% or more, and if the organization means the "fact supported organization."	neets the "facts-and	d-circumstances" t	est, check this box	and stop here. E		-
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□
				<u> </u>	<u> </u>		

Pa	till Support Schedule for Organ (Complete only if you checked				tion failed to gu	alify under Part	II.
	If the organization fails to qual			•	•		
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🛛 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						<u> </u>
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
	Total. Add lines 1 through 5	0	0	0	. 0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
	Add lines 7a and 7b	0	0	0	0	.0	0
8	Public support (Subtract line 7c from				•		
<u> </u>	line 6)	L				<u> </u>	0
	tion B. Total Support	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total
_		(a) 2011 0	(b) 2012 0	(c) 2013	(d) 2014 0	(e) 2015	(i) Total 0
9 10a	Amounts from line 6				<u>_</u>	0	
ıva	Gross income from interest, dividends, payments received on securities loans,						
	· ·						0
h	rents, royalties and income from similar sources Unrelated business taxable income (less						
J	section 511 taxes) from businesses						
	acquired after June 30, 1975	İ					0
_	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business			0	0	1	
• •	activities not included in line 10b, whether				!		
	or not the business is regularly carried on						0
12	Other income. Do not include gain or				•		<u></u>
-	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,			==			<u> </u>
	and 12)	ol	0	0	0	l ol	0
14	First five years. If the Form 990 is for the org	anization's first, s					_
	organization, check this box and stop here	•					. ▶□
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2015 (line 8, co	-		(f)		15	0.00%
16	Public support percentage from 2014 Schedu	ile A, Part III, line	15			16	0.00%
	ction D. Computation of Investment						
17	Investment income percentage for 2015 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2014 Sc					18	0.00%
19a	33 1/3% support tests—2015. If the organization	ation did not check	the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and st	•	-		_		▶
b	33 1/3% support tests—2014. If the organization						. —
	line 18 is not more than 33 1/3%, check this t	oox and stop here	 The organization 	n qualifies as a pub	olicly supported org	janization	▶ [

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Su

Supporting Organizations

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

Section_A	<u>. All S</u>	Supporting	g Organizations

			Yes	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing		res	No
•	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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u>-</u> -	-	
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	4		
Ja	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		-
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	30		
·	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
44	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		· ·
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	44		
IJ	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	4b		ļ
_	Did the organization support any foreign supported organization that does not have an IRS determination	40	 	 -
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	,		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		<u> </u>
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40	<u> </u>	 -
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		-
-	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		l	l
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	1	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		^	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	,	ì	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7]	
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).	8		1
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.	9a		
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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		<u> </u>	<u> </u>
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons
<u>:</u>	Activities Test. Answer (a) and (b) below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		L
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.	2b		
,	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	•	3a	ļi	
	trustees of each of the supported organizations? Provide details in Part VI.	Ja	 	\vdash
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	l	<u> </u>	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

eme	ergency temporary reduction (see instructions)	6		0
7	Check here if the current year is the organization's first as a non-function	nally-	integrated Type III support	ing organization (see
	instructions)			

8 Minimum Asset Amount (add line 7 to line 6)

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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

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

Section C - Distributable Amount

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

2 Enter 85% of line 1

8

1

2

3

4

5

6

0

0

0

0

0

Current Year

Part \	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Section	n D - Distributions				Current Year					
1	1 Amounts paid to supported organizations to accomplish exempt purposes									
2	Amounts paid to perform activity that	ed								
	organizations, in excess of income									
3	Administrative expenses paid to acc	zations								
4	Amounts paid to acquire exempt-us	se assets								
5	Qualified set-aside amounts (prior I	RS approval required)								
6	Other distributions (describe in Part	t VI). See instructions								
	Total annual distributions. Add lin				0					
	Distributions to attentive supported		the organization is resp	onsive						
	(provide details in Part VI). See inst									
9	Distributable amount for 2015 from				0					
	Line 8 amount divided by Line 9 am				0 000					
				(ii)	(iii)					
Se	ction E - Distribution Allocations ((see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015					
1	Distributable amount for 2015 from	Section C. line 6			0					
2	Underdistributions, if any, for years									
	(reasonable cause required-see ins	-								
3	Excess distributions carryover, if an									
a		.,,, .,								
b										
										
	From 2013	0								
	From 2014									
	Total of lines 3a through e	<u>`</u>	0							
	Applied to underdistributions of prior	or vears		0	···· · · · · · · · · · · · · · · ·					
	Applied to 2015 distributable amount				0					
	Carryover from 2010 not applied (se									
i i	Remainder. Subtract lines 3g, 3h, a		0							
4	Distributions for 2015 from Section									
•	D. line 7.	\$ 0								
	Applied to underdistributions of price			0						
	Applied to 2015 distributable amount				0					
	Remainder. Subtract lines 4a and 4		0							
5	Remaining underdistributions for ye									
•	any. Subtract lines 3q and 4a from	•								
	greater than zero, see instructions)	•		o						
6										
•	and 4b from line 1 (if amount greater than zero, see									
	o									
7										
•										
8	and 4c. Breakdown of line 7:		0							
	DIEGRACOWII OI IIIIC I.	 	 							
<u> a </u> b			 	<u> </u>						
	Excess from 2013		J							
	Excess from 2014	0	·							
	Excess from 2015		<u> </u>							

Schedule A (Fo	orm 990 or 990-EZ) 2015 Brandworkers International, Inc	26-0798625	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, Ine 10; Part II, III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11 B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section B, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; ar lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	ic; Part IV, Section on E, lines 1c, 2a, 2b, nd Part V, Section E,	
Part II Sect	tion B Line 10 Other income were mostly sublease rental income.	••	•••••
			• • • • • • • • • • • • • • • • • • • •
			• • • • • • • • • • • • • • • • • • • •
			•
		,	•••••
			•

SCHEDULE D (Form 990)

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.

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Brandworkers International, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year). 2 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year . . . 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? Yes 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 Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Held at the End of the Tax Year Total number of conservation easements . . . а 2a Total acreage restricted by conservation easements . . . b 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) 8 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 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 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items 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: Assets included in Form 990, Part X.

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): A											
3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection times (check all that apply): a Public exhibition				4 112-4-							Page 2
collection items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other											
a Public exhibition d Loan or exchange programs Competer of tuture generations Other	J		ssion, and othe	i record	s, check a	ily of the lone	owing tha	it are a signific	Jani use	oi us	
b Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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?	а	F		аГ	Loan	or exchange	programs	3			
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		e 🗀	<u> </u>	-					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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?		= '		•		•••••					
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		Provide a description of the organization's	s collections and	d explair	n how they	further the o	organizati	on's exempt p	urpose i	n Part	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, 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? Yes	5									es 🗌	No
Included on Form 990, Part X? Beginning balance. C. Beginning balance. Distributions during the year. Distributions during the year. Distributions during the year. Did	Part	Complete if the organization ans		on Form	n 990, Pa	rt IV, line 9,	or repor	ted an amou	int on F	orm	
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a						r other as	sets not			1
c Beginning balance	_								Y	es	No
c Beginning balance	b	If "Yes," explain the arrangement in Part)	KIII and comple	te the fo	llowing tab	ole:			A 4		
d Additions during the year . 16	c	Reginning halance					10		Amount		0
e Distributions during the year f Ending balance. 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 2 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 2 Beginning of year balance. 0 Contributions. 1 Net investment earnings, gains, and losses. 1 Grants or scholarships. 2 Other expenditures for facilities and programs. 3 Administrative expenses. 4 End dyear balance. 5 De Office respenditures for facilities and programs. 5 Permanent endowment 7 Permanent endowment 8 Permanent endowment 9 Permanent endowment 9 Permanent endowment 9 Permanent endowment 9 Permanent endowment 9 Permanent endowment 1 Percentages on lines 2a, 2b, and 2c should equal 100% 3 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. 3 Sa(ii) 3 Sa(ii) 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 2 Describe in Part XIII the intended uses of the organization's endowment funds. 2 Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 1 Land. 1 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value (d) Book value depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book va									-		
f Ending balance. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII		- ,									
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10	f									· · · · · ·	0
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Beginning of year balance 0 Contributions 0 Net investment earnings, gains, and losses 0 Grants or scholarships 0 Other expenditures for facilities and programs 0 Form 990, Part IV, line 10 Contributions 0 Contri	_							-		es X	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Contributions			KIII. Check nere	e ir the e	xpianation	nas been pr	ovided or	1 Ραπ ΧΙΙΙ			<u></u>
Seginning of year balance Seginning of years back Seginning	Paru		word "Voc"	on Eorn	. 000 Pa	rt IV/ line 10	١				
Beginning of year balance						1		1) Three years bac	k (e) F	our vears	s back
b Contributions	1a			(-)	,	(0) (110)0210	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	(5,7.	ou. your	
c Net investment earnings, gains, and losses	_	· · ·									
d Grants or scholarships	С										
e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance											
and programs	d	Grants or scholarships									
f Administrative expenses	е	Other expenditures for facilities									
g End of year balance		· • —									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	-								_		
a Board designated or quasi-endowment b Permanent 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. 3a(ii) b If "Yes" on line 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 X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land	_								0		0
b Permanent endowment			current year end		e (line 1g,	column (a))	neid as				
The percentages on lines 2a, 2b, and 2c should equal 100% 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. (iii) related organizations. (iii) related organizations. (iii) If "Yes" on line 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 X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land	_		0/2	70							
The percentages on lines 2a, 2b, and 2c should equal 100% 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. If "Yes" on line 3a(II), are the related organizations listed as required on Schedule R? 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 X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		•		nn%							
(ii) unrelated organizations	3a	Are there endowment funds not in the pos			ation that a	are held and	administe	ered for the		Yas	No
(ii) related organizations		•							3a(i)		"
b If "Yes" on line 3a(II), are the related organizations listed as required on Schedule R?		- · ·								7	
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b					hedule R?.					
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	4_			•							
Description of property (a) Cost or other basis (investment) (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value	Part										
(investment) basis (other) depreciation 1a Land		Complete if the organization ans	swered "Yes"	on Forn	<u>1 990, Pa</u>	rt IV, line 11	la See l	Form 990, Pa	art X, Iir	ne 10	
		Description of property							(d) l	Book valu	16
	1a				0	0					0

		(investment)	basis (other)	depreciation	(a) Book voide
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0		0
d	Equipment	0	0	0	0
е	Other	0	0	0	0
	. Add lines 1a through 1e. (Column (d) must		X. column (B), line 10	c)	0

Part VII	Investments—Other Securit Complete if the organization a		90 Part IV line 11h See Forr	n 990 Part X line 12
(a) I	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	luation
(1) Financial of	derivatives	C		
•	eld equity interests			
(3) Other				
(Ď)		·		
(Ē)			<u> </u>	
(F)		· 	 	
		· {		
(H)	-,-,-,,	 		
	nust equal Form 990, Part X, col (B) line 12)	· (<u>"</u>	
Part VIII	Investments—Program Rela Complete if the organization a		90, Part IV, line 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)				
(2)				
(3)			<u> </u>	
(4)		<u></u>		
(5)				
			 	
		 	 	
		 	 	
(9)	must equal Form 990, Part X, col (B) line 13)		<u> </u>	
Part IX	Other Assets.		<u> </u>	· -,
Partix	Complete if the organization a	inchared "Vee" on Form 0	On Part IV line 11d See For	m 000 Part Y line 15
	Complete it the organization a	(a) Description	90, Partiv, line Tid. See For	(b) Book value
		(a) Description		(b) book talac
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				
(5)				
(6))
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X	, col. (B) line 15.) <u></u>	<u></u>	
Part X	Other Liabilities. Complete if the organization a line 25.	answered "Yes" on Form 9	90, Part IV, line 11e or 11f. Se	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value	T	
	income taxes	 	០	
(2)			Ť,	
(3)			7	
(4)			7	
(5)] .	
(6)]	
(7)]	
(8)				
(9)			_	
	nust equal Form 990, Part X, col (B) line 25)	<u></u>	0	
•	uncertain tax positions. In Part XIII, pro		_	
organizations	liability for uncertain tax positions unde	71 F 114 40 (ASC 740). Check nere	en ale levi of the loonlote has been	provided ill Fait Alli [

	Reconciliation of Revenue per Audited Financial Statements with Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		404.000
1	Total revenue, gains, and other support per audited financial statements	1	484,082
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	 	
b	Donated services and use of facilities		
C	Recoveries of prior year grants	_ - } }	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	484,082
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
þ	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	484,082
Par	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	1	384,102
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
- a	Donated services and use of facilities		
b	Prior year adjustments	-	
C	Other losses	\dashv \vdash	
d	Other (Describe in Part XIII.)	\dashv	
	Add lines 2a through 2d	2e	0
е 3	Subtract line 2e from line 1	3	384,102
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	304,102
	·		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	\dashv \vdash	
b	Other (Describe in Part XIII.)		0
_ C	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	384,102
	rt XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2	h. Bort V. lin	o 4: Dort V. line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ii		e 4, Part A, IIIle
2, Pá	art AI, lines 20 and 40, and Part AII, lines 20 and 40. Also complete this part to provide any additional li	normanon.	
			
	/		•••••
			••••

Schedule D (Form		Brandworkers Int				26-0798625	Page 5
Part XIII	Supple	mental Informati	on (continued)				
			•••••		 		
					 • • • • • • • • • • • •		
				• • • • • • • • • • • • • • • • • • • •	 		
			• • • • • • • • • • • • • • • • • • • •		 	· · · · · · · · · · · · · · ·	
			• • • • • • • • • • • • • • • • • • • •		 		
		•					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** Brandworkers International, Inc. 26-0798625 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b C Phone solicitations g | X | Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

(i) Name and address of individ or entity (fundraiser)	lual (ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No		_,_,_		
1		ļ		0	0	0	
2							
3		 	 		0	0	
				0	0	0	
4				0	0	_0	
5				0	0	0	
6				0	0	0	
7			_				
8		-	 	0	0	0	
				0	0	0	
9				0	0	0	
10				0	0	0	
Total				0	0	0	

3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••

to be compensated at least \$5,000 by the organization

		more than \$15,000 of f events with gross rece			ome on Form 990-EZ	, lines 1 and 6b List
		events with gross rese	(a) Event #1 Fundraiser	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	122,711		0	122,711
œ	2	Less [.] Contributions . Gross income (line 1			0	0
		minus line 2)	122,711		0	122,711
	4	Cash prizes			0	0
s	5	Noncash prizes			0	0
Direct Expenses	6	Rent/facility costs	4,067		0	4,067
t Exp	7	Food and beverages	16,328		0	16,328
Direct	8	Entertainment	500		0	500
	9	Other direct expenses	14,789		0	14,789
	10 11	Direct expense summary Ad Net income summary Subtra Gaming. Complete if the	ct line 10 from line 3, co	lumn (d)	<u> </u>	(35,684) 87,027
FC	irt III	than \$15,000 on Form		ed res on Follin 990,	Part IV, line 19, or le	ported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue		:		0
ses	2	Cash prizes				0
xpen	3	Noncash prizes				0
Direct Expenses	4	Rent/facility costs .				0
	5	Other direct expenses				0
	6	Volunteer labor	☐ Yes <u>%</u> ☐ No	Yes %	☐ Yes <u>%</u>	The state of the s
	7	Direct expense summary. Ad	d lines 2 through 5 in col	lumn (d)	•	(0)
	8	Net gaming income summary	y. Subtract line 7 from lin	e 1, column (d)		0
9	a Is	inter the state(s) in which the o s the organization licensed to co "No," explain:	onduct gaming activities	in each of these states?		. Yes No
10		Vere any of the organizatıon's ç "Yes," explain.	gaming licenses revoked	, suspended or terminate	ed during the tax year? .	. Yes No

cneau	tie G (Form 990 or 990-EZ) 2015 Brandworkers international, Inc	20-0	790020	Page 3
11	Does the organization conduct gaming activities with nonmembers?] Yes [] No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes] No
13	Indicate the percentage of gaming activity conducted in:			
a	Fig. 1. The state of the state	13a		<u>%</u>
b 14	An outside facility	13b :		<u>%</u>
	and records:	,		
	Name ▶			
	Address •		• • • • • • • • • • • • • • • • • • • •	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	_		7
	revenue?		_ Yes	No
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$0 and the amount of gaming revenue retained by the third party ▶ \$0.			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17 a b	Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	. [Yes [] No
	or spent in the organization's own exempt activities during the tax year ▶ \$			0
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).			
. 				
. .				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 26-0798625 Brandworkers International, Inc. Form 990, Part VI, Section B, Line 11b: The governing board reviews and approves the Form 990 before it is filed. Form 990, Part VI, Section B, Line 12c: The policy is reviewed frequently by all board members at board meetings. Form 990, Part VI, Section B, Line 15 a & b: The governing board reviews and approves the compensation of the Executive Director and key employees using current salary guidelines and other relevant information. Form 990, Part VI, Section C, Line 19. All governing documents, conflict of interest policy and financial statements are available upon request.