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)

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

Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u>	For	the 2015 calendar year, or tax year beginning , 2015	, and ending		, 20					
B	Chack I	applicable:		D Employer Identifica	tion number					
_		PER SCHOLAS, INC.		04-3252955	5					
	che									
	Ner	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number						
L	-	al return 804 E 138TH STREET, 2ND FLOOR								
L	terr	I return/ City or town, state or province, country, and ZIP or foreign postal code								
	retu			G Gross receipts \$	8,846,150					
L		Institution F Name and address of principal officer: PLINIO AYALA		H(a) is this a group return subordinates?	n for Yes X N					
		804 E 138TH STREET, 2ND FL, BRONX, NY 10454	-1902	H(b) Are all subordinates in	cluded? Yes No					
1	Tax-e	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a list.	(see instructions)					
J		ite: > WWW.PERSCHOLAS.ORG		H(c) Group exemption nu	imber 🕨					
К	Form	of organization: X Corporation Trust Association Other	L Year of forma	tion: 1994 M State	of legal domicile: MA					
Ρ	artl	Summary								
	1	Briefly describe the organization's mission or most significant activities: TO PRO			TECHNOLOGY					
e		JOB TRAINING & CAREER DEVELOP. SERVICES TO INDIV.								
nan		COMMUNITIES; & TO OFFER A COMPLETE IT ASSET DISPO	SITION SOLU	JTION.						
Governance	2	Check this box if the organization discontinued its operations or dispose	d of more than 25%	of its net assets.						
ő	3	Number of voting members of the governing body (Part VI, line 1a)			21.					
ත් හ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20.					
itie	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	144.					
Activities &	6	Total number of volunteers (estimate if necessary)		6	23.					
•	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.						
	b	Net unrelated business taxable income from Form 990-T, line 34			0.					
				Prior Year	Current Year					
e	8	Contributions and grants (Part VIII, line 1h)		7,701,783.	8,110,395.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,162.	80,271.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		320,776.	397,877.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		8,021,397.	8,588,543.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10),		4,088,429.	4,917,442.					
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 497,896.								
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,752,237.	3,314,756.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,840,666.	8,232,198.					
	19	Revenue less expenses. Subtract line 18 from line 12		1,180,731.	356,345.					
Assets or Balances				ning of Current Year	End of Year					
alai	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20.		5,643,561.	7,678,930.					
All	21	Total liabilities (Part X, line 26)		806,941.	2,485,965.					
Z	22			4,836,620.	5,192,965.					
Pa		Signature Block								
Und	er per	nalties of perjury, I declare that I have examined this return, including accompanying schedul ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	es and statements, a h preparer has any kn	nd to the best of my kn	owledge and belief, it is					
Sig	n	1 1no lino	A	JUI	<u>2 4 2016</u>					
Her		Signature of officer		Date						
1.01	~	DINO LIANOS, CFO Type or print name and title								
										
Paid		Print/Type preparer's name Preparer's signature	Date	Check if PT	IN					

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047 20

Open to Public

Inspection

15

(Rev. January 2014)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part J Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time

to me moom	e lax relums.	Enter mer sidentifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	PER SCHOLAS, INC.	04-3252955
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
filing your	804 E 138TH STREET, 2ND FLOOR	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
matrociona.	BRONX, NY 10454-1902	

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ►DINO LIANOS

T	elephone No. ▶ 718 991-8400 FAX No. ▶				
• If	the organization does not have an office or place of business in the United States, check this box			i	SS ►
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)				his is
for t	he whole group, check this box			and at	ttach
	with the names and EINs of all members the extension is for.	• •			
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of the	ne			
	until 08/15, 20 16, to file the exempt organization return for the organization nar		ove	. The	extension is
	for the organization's return for:				
	► X calendar year 20 15 or				
	tax year beginning, 20, and ending		20		
			-		
2	If the tax year entered in line 1 is for less than 12 months, check reason:	returr	1		
	Change in accounting period				
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, les	s any			
	nonrefundable credits. See instructions.	1	3a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits	and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.		3b	\$	Ο.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using E	FTPS			
	(Electronic Federal Tax Payment System). See instructions.		3c	\$	0.
Caut	ion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO ar	d Form	88	79-EO f	for payment

instructions

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

Form 8868 (Rev. 1-2014)

	PER SCHOLAS, INC.	04-3252955
Form 990) (2015)	Page 2
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	X
1 Brie	fly describe the organization's mission:	
OPE	NING DOORS TO TECHNOLOGY CAREERS FOR INDIVIDUALS FROM OFTEN	
OVE	CRLOOKED COMMUNITIES.	
	the organization undertake any significant program services during the year which were not listed	
	r Form 990 or 990-EZ?	X Yes No
	'es," describe these new services on Schedule O.	
	the organization cease conducting, or make significant changes in how it conducts, any prices?	
	<i>r</i> ices? ′es," describe these changes on Schedule O.	
	scribe the organization's program service accomplishments for each of its three largest program	n services, as measured by
exp	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grant total expenses, and revenue, if any, for each program service reported.	
4a (Co	de:) (Expenses \$ _{6,636,304.} including grants of \$) (Revenue \$)	21.650
	TACHMENT 1	/
<u>4h (Co</u>	do:) (Exponence [©] including grants of [©]) (Povenue [©]	
	de:) (Expenses \$ _{207,625.} including grants of \$) (Revenue \$) GET RECOVERY - PER SCHOLAS' RECYCLING BUSINESS OFFERS A	274,291.)
	MPLETE, IT ASSET DISPOSITION SOLUTION. OPERATING AS A NONPROFIT	
	CIAL VENTURE, WE PARTNER WITH INDUSTRY LEADERS TO COLLECT USED	
	JIAL VENIORE, WE PARINER WITH INDUSIRI LEADERS TO COLLECT USED	
	DPERLY RECYCLING THE TRULY END-OF-LIFE EQUIPMENT AND	
	CONDITIONING THAT WITH CONTINUED USEFULNESS. OUR ACTIVITY	
	CATES VALUABLE JOBS WHILE DIVERTING THOUSANDS OF TONS OF	
<u>ЕГ</u>	CTRONIC WASTE FORM LANDFILL DISPOSAL.	
4c (Co	de:) (Expenses \$ including grants of \$) (Revenue \$))
4d Oth	er program services (Describe in Schedule O.)	
	penses \$ including grants of \$) (Revenue \$)	
	al program service expenses ► 6,843,929.	
JSA		Form 990 (2015)
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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
5		2		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
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		X
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,"			77
-	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u		444		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15		45		Х
10	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part I	25b		X
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			37
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		x
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> .	28c		x
20		29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		- 21
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		
31	Part I.	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		
32	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	ĺ

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 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. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payment reportable gaming (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. b If at least one is reported on line 2a, did the organization file all required federal emploe Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions 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? <i>If "No" to line 3b, provide an explanation in Schee</i> 4a At any time during the calendar year, did the organization have an interest in, or a signatur over, a financial account in a foreign country: b If "Yes," enter the name of the foreign country: b If "Yes," enter the name of the foreign country: 	1a 0. 1b 0. s to vendors and 2a 144 oyment tax returns? ructions)	1c	Yes	No No
 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payment reportable gaming (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 b If at least one is reported on line 2a, did the organization file all required federal emploe Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction b) If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schee</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account account)? b If "Yes," enter the name of the foreign country: ▶ 	1b 0. s to vendors and 2a 144 oyment tax returns? ructions)	2b 3a 3b	X	
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 c Did the organization comply with backup withholding rules for reportable payment reportable gaming (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 b If at least one is reported on line 2a, did the organization file all required federal employ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schee 4a At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account)? b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and 	s to vendors and 2a 144 byment tax returns? ructions) edule O. e or other authority t, or other financial	2b 3a 3b		X
 reportable gaming (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 b If at least one is reported on line 2a, did the organization file all required federal employ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schee</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account)? b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and 	2a 144 byment tax returns? 144 ructions) 144 r? 144 edule O 144 e or other authority 144 t, or other financial 144	2b 3a 3b		X
 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 b If at least one is reported on line 2a, did the organization file all required federal emploe Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions a 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? <i>If "No" to line 3b, provide an explanation in Schee</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account account)? b If "Yes," enter the name of the foreign country: ►	2a 144 byment tax returns? 144 ructions) 144 ructions) 144 edule O 144 e or other authority 144 t, or other financial 144	2b 3a 3b	X	x
 Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction and 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? <i>If "No" to line 3b, provide an explanation in Schee</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account account)? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and 	2a 144 byment tax returns? 144 byment tax returns? <t< td=""><td>2b 3a 3b</td><td>x</td><td>X</td></t<>	2b 3a 3b	x	X
 b If at least one is reported on line 2a, did the organization file all required federal employ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction of 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? <i>If "No" to line 3b, provide an explanation in Schee</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account)? b If "Yes," enter the name of the foreign country: ►	yment tax returns? ructions) ? edule O e or other authority t, or other financial	3a 3b	X	X
 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? <i>If "No" to line 3b, provide an explanation in Schee</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account)? b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and 	edule O e or other authority t, or other financial	3b		X
 b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schee</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account)? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and 	edule O e or other authority t, or other financial	3b		X
 4a At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account)? b If "Yes," enter the name of the foreign country: ►	e or other authority t, or other financial			
 over, a financial account in a foreign country (such as a bank account, securities account account)? b If "Yes," enter the name of the foreign country: ▶	t, or other financial	4a		
 account)? b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and 		4a		
 b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and 		4a		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and	Financial Accounts			X
	Financial Accounts			
(FBAR).	0	50		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax		5b 5c		
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 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 su				
gifts were not tax deductible?		6b		1
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 a	nd 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	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property				
required to file Form 8282?		7c		Х
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a person		7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef	fit contract?	7f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund				
sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.		0.0		
a Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related perso	on?	30		
 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. 				
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 I	lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Schedule	e 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?		14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in So	chedule O	14b Form		

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Form 9	90 (2015) PER SCHOLAS, INC. 04-3252	2955	F	Page 6				
Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.							
Seat	Check if Schedule O contains a response or note to any line in this Part VI	• • •		X				
Seci	ion A. Governing bouy and Management		Yes	No				
10	Enter the number of voting members of the governing body at the end of the tax year $1a$							
Id								
	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							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
-	any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct							
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:	0.0	Х					
a	The governing body?	8a 8b	<u></u>	x				
р 9	Each committee with authority to act on behalf of the governing body?							
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	э.)					
			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	X					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	37					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х					
-	rise to conflicts?	120	21					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х					
13	describe in Schedule O how this was done	13	X					
13 14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by							
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		Х				
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 the	4.01						
Saati	organization's exempt status with respect to such arrangements? on C. Disclosure	16b						
17 18	List the states with which a copy of this Form 990 is required to be filed ► <u>ATTACHMENT 2</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5016	-)(<u>3</u>)-	only				
10	available for public inspection. Indicate how you made these available. Check all that apply.	501(0	57(3)5	ony)				
10		orect	nalia	ر ممر				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.		holic	, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and record DINO LIANOS, 804 E 138TH STREET, 2ND FL, BRONX, NY 10454-1902 718-991-8400	s: 🕨						

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	iot ch unles r and	is pe	ition more rson lirect	e than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	ber in the second se	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		organization and related organizations
_(1)PLINIO_AYALA PRESIDENT AND CEO	50.00	x		x				197,233.	0.	8,180.
(2)LEWIS E. MILLER	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3)JOHN HOYT STOOKEY	5.00									
BOARD DIRECTOR AND FOUNDER		Х						0.	0.	0.
(4)AMI_ARIEL	2.00									
DIRECTOR		Х						0.	0.	0.
_(5)JAMES_BONHAM (THRU 2/15)	2.00									
DIRECTOR		X						0.	0.	0.
_ (6) DEREK_BRADDOCK	2.00									
DIRECTOR		X						0.	0.	0.
(7) MANNY CANCEL (THRU 11/15)	2.00									_
DIRECTOR		X						0.	0.	0.
_ (8)KEN_COOPER	2.00									
DIRECTOR		X						0.	0.	0.
_(9)DARYAN_DEHGHANPISHEH DIRECTOR	2.00	Х						0.	0.	0.
(10) CHARLES EATON	2.00									
DIRECTOR		Х						0.	0.	0.
(11)JOHN_FOX	2.00									
DIRECTOR		Х						0.	0.	0.
(12) ED GLABUS (FROM 11/15) DIRECTOR	2.00	x						0.	0.	0.
(13)JEAN HILL	2.00							0.	0.	
DIRECTOR	+	Х						0.	0.	0.
(14)JOSHUA_JARRETT (THRU 2/15) DIRECTOR	2.00	X						0.	0.	0.

			ľ						hest Compensat				
	(A) Name and title	(B) Average hours per week (list any hours for related	box, office	not ch unles er and	s per a di	tion more son rect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar com	(F) stimated nount of other npensati rom the	f
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	janizatio d related anizatio	b
15) WAYNE KUNOW (FROM 11/15) DIRECTOR	2.00	X						0.	0.			C
16	CAROLYN P. LANDIS	2.00											
17	DIRECTOR) JAN LODAL	2.00	X		+				0.	0.			(
±	DIRECTOR		Х						0.	0.			(
18) TRENTON MANNING DIRECTOR	2.00	X						0.	0.			(
19) MARY BETH MOLLOY (FROM 11/15) DIRECTOR	2.00	X						0.	0.			(
20) JOE OURS DIRECTOR	2.00	X						0.	0.			
21) DAMIEN RIVERA (FROM 11/15) DIRECTOR	2.00	X						0.	0.			
22		8.00	X						0.	0.			
23	GREGORY W. SILLS	5.00	37						0	0.			
24	DIRECTOR JOE SQUERI DIRECTOR	2.00	X						0.	0.			
25) DINO LIANOS	50.00				_							
	TREASURER AND CFO				Х				135,536.	0.		4,3	
	Sub-total				• •	• •	• •		197,233. 412,086.	0.		8,1	
	:Total from continuation sheets to Part VII, S I Total (add lines 1b and 1c)					•			609,319.	0.		12,9	
2	Total number of individuals (including but not reportable compensation from the organizatio	limited to tl					e) who	o re		\$100,000 of			
				-								Yes	Ν
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		
4	For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,00)0?	lf	"Yes	s," (complete Schedu	le J for such	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>	accrue col	mpen	satic	on fi	rom	any	un	related organization	on or individual	5		
Se	ection B. Independent Contractors	.,											
1	Complete this table for your five highest com compensation from the organization. Report of												

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ▶ 0.		

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		y L 11	ipio			апа г	iigi	hest Compensat				
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee			an ee)	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	other compens		of tion		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	org an	om the anizatio d relate anizatio	on ed
6) ANGIE KAMATH EXECUTIVE DIRECTOR, NY	40.00	-				x		143,007.	0		-	38
7) MICHELLE PULARO (FROM 1/15) CHIEF ADMINISTRATIVE OFFICER	40.00	-				X		133,543.	0			50
		-										
		-										
		-										
		-										
		-										
		-										
		-										
Ib Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				 							
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		listeo				o re	eceived more than	\$100,000 of			
B Did the organization list any former offic	or directo	or or	tru	sto	o 1		mn	lovoo or highos	t componented		Yes	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividu	ıal	••	•••	•••			3		
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	0,00	00?	lf	"Yes	;"	complete Schedu		4	X	
 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye 	accrue co	mpen	satio	on f	from	any	un	related organizati		5		
Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c	pensated in	ndepe	ende	nt o	cont	racto	rs t	hat received more	e than \$100,000	of		
year.								(P)		(0)		
Name and business add	lress							(B) Description of se	ervices	(C) Compens		
							1					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Form	990 (2	2015) PER SCHOL	AS, INC.			04-32529	55 Page 9
Pa	rt VII						
		Check if Schedule O contains a resp	oonse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
					function revenue	revenue	under sections 512-514
nts nts	1a	Federated campaigns 1a					
Gran	b	Membership dues					
fts, (Am	с	Fundraising events	52,118.				
, Gif	d	Related organizations 1d					
ons	е	Government grants (contributions) 1e	1,274,724.				
buti ther	f	All other contributions, gifts, grants, and similar amounts not included above . 1f					
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f: \$	6,783,553.				
	g h	Total. Add lines 1a-1f		8,110,395.			
Program Service Revenue			Business Code				
eve	2a		_				
Ce R	b		_				
ervi	С						
m S	d		-				
gra	e f	All other program service revenue	_				
Pro	g	Total. Add lines 2a-2f		0.	T		
	3	Investment income (including divid	lends, interest,				
		and other similar amounts)		80,271.			80,271
	4 5	Income from investment of tax-exempt bo Royalties		0.			
		(i) Real	(ii) Personal	0.			
	6a	Gross rents					
	b	Less: rental expenses	2.				
	с	Rental income or (loss) 3,20					
	_d	Net rental income or (loss)	(ii) Other	3,206.			3,206
	7a	Gross amount from sales of (i) Securities assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)		0.			
an	8a	Gross income from fundraising	ATCH 3				
Revenue		events (not including \$52,118.	AICH 5				
r Re		of contributions reported on line 1c). See Part IV, line 18	a 69,582.				
Other	b	Less: direct expenses	b 89,495.				
0	c	Net income or (loss) from fundraising even		-19,913.			-19,913
	9a	Gross income from gaming activities. See Part IV, line 19	2				
	b	Less: direct expenses	-				
	c	Net income or (loss) from gaming activitie		0.			
	10a	Gross sales of inventory, less returns and allowances	a 295,941.				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	295,941.	295,941.		
	11a	MISCELLANEOUS INCOME	900099	118,643.			118,643
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		118,643.			
JSA	12	Total revenue. See instructions.	🏲	8,588,543.	295,941.		182,207

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Form **990** (2015)

Part IX Statement of Functional Expenses

Do not include amounts reported			in this Part IX		
8b, 9b, and 10b of Part VIII.	011 III Ies 00, 70,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to dom	estic organizations				
and domestic governments. See Part	IV, line 21	0.			
2 Grants and other assistance	e to domestic				
individuals. See Part IV, line 22		0.			
3 Grants and other assistant	ce to foreign				
organizations, foreign governme	ents, and foreign				
individuals. See Part IV, lines 15	and 16	0.			
4 Benefits paid to or for members		0.			
5 Compensation of current off	icers, directors,				
trustees, and key employees		345,312.	79,097.	126,938.	139,277
6 Compensation not included abov	e, to disqualified				
persons (as defined under section					
persons described in section 4958(c)		0.			
7 Other salaries and wages		3,960,709.	3,588,339.	251,358.	121,012
8 Pension plan accruals and contr					
section 401(k) and 403(b) emplo	``	0.			
9 Other employee benefits		211,816.	158,775.	28,263.	24,778
10 Payroll taxes		399,605.	345,202.	36,000.	18,403
11 Fees for services (non-employees					
a Management	·	0.			
b Legal		14,428.	2,656.	11,772.	
c Accounting		44,285.	36,313.	4,429.	3,543
d Lobbying		0.		_,	-,
e Professional fundraising services. Se		0.			
f Investment management fees		0.			
9 Other. (If line 11g amount exceeds 10		930,815.	710,573.	122,547.	97,695
(A) amount, list line 11g expenses on Sche		95,716.	81,210.	8,641.	5,865
 Advertising and promotion Office expanses 		205,222.	151,633.	44,577.	9,012
13 Office expenses		142,214.	122,902.	18,908.	404
14 Information technology		0.	122,902.	10,900:	101
15 Royalties		748,072.	686,240.	51,458.	10,374
16 Occupancy		259,933.	125,558.	80,271.	54,104
17 Travel		239,933.	125,550.	00,271.	54,104
18 Payments of travel or entertain		0.			
for any federal, state, or local p		18,599.	13,063.	1,887.	3,649
19 Conferences, conventions, and	-		12,658.	1,00/.	3,049
20 Interest		12,658.	12,050.		
21 Payments to affiliates		0.	222 707	25 410	
22 Depreciation, depletion, and am		358,125.	332,707.	25,418.	C 100
23 Insurance	•••••	74,761.	61,470.	7,109.	6,182
24 Other expenses. Itemize expense					
above (List miscellaneous expense					
line 24e amount exceeds 10% of					
(A) amount, list line 24e expenses	on Schedule O.)				
aSTUDENT_SUPPLIES	_	176,213.	176,109.	104.	
bOPERATING_LEASES	_	20,530.	20,530.		
cMISCELLANEOUS_EXPENS	<u> ES</u>	213,185.	138,894.	70,693.	3,598
d	[_				
e All other expenses	[_				
25 Total functional expenses. Add lin		8,232,198.	6,843,929.	890,373.	497,896
26 Joint costs. Complete this I		T			
organization reported in colum from a combined educational	campaign and				
fundraising solicitation. Check he	ere 🕨 📄 if				
following SOP 98-2 (ASC 958-7)	20)	0.			

Form 990 (2015)

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	n 990 (Page 11
Pa	rt X						
		Check if Schedule O contains a response of	r note	e to any line in this P	art X.		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,868,778.	1	2,163,270.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			1,809,746.	3	2,572,857.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and	orme	r officers, directors,			
		trustees, key employees, and highest co	mper	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	and on tary	contributing employers employees' beneficiary	0.	6	0.
ŝts	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use	• • •		0.	8	0.
۷	9	Prepaid expenses and deferred charges	• • •		47,618.	-	62,011.
	-	Land, buildings, and equipment: cost or			11,7010.	5	0270111
	Iva		10a	3,972,728.			
	h	Less: accumulated depreciation			1,892,250.	10c	2,858,167.
	11	Investments - publicly traded securities			0.		0.
	12	Investments - other securities. See Part IV, line 11			0.		0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets	0.		0.		
	15	Other assets. See Part IV, line 11	• • •		25,169.		22,625.
	16	Total assets. Add lines 1 through 15 (must equal		5,643,561.	16	7,678,930.	
	17	Accounts payable and accrued expenses			302,684.	17	600,171.
	18	Grants payable			0.		0.
	19	Deferred revenue			504,257.		1,635,794.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0.	21	0.
ŝ	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
abi		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ξ	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated	hird p	arties	0.	24	250,000.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			806,941.	26	2,485,965.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	there \blacktriangleright X and			
Fund Balances	27	Unrestricted net assets			3,648,120.	27	4,572,965.
Bal	28	Temporarily restricted net assets			1,188,500.	28	620,000.
pu	29	Permanently restricted net assets		<u></u>	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔄 and			
its	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31	
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Ne	33	Total net assets or fund balances		[4,836,620.	33	5,192,965.
	34	Total liabilities and net assets/fund balances	<u></u>	<u> </u>	5,643,561.	34	7,678,930.
							Form 990 (2015)

PER	SCHOLAS,	INC.
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Form 99	90 (2015)				Pa	ge 12
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)	1		8,5	88,5	543.
2	Total expenses (must equal Part IX, column (A), line 25)					L98.
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,836,620.		
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
-	33, column (B))	10		5,192,965.		
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	beliar	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audi		· · -			
	separate basis, consolidated basis, or both:	leu or	I a			
	X Separate basis Consolidated basis Both consolidated and separate basis					
-			w la t			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	-	-	2c	х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20		
	If the organization changed either its oversight process or selection process during the tax year, e	xpiain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth		3a		x
	the Single Audit Act and OMB Circular A-133?		· · -	Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	0		26		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits.		3b		