

**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  
**2015**  
Open to Public Inspection

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

**A** For the 2015 calendar year, or tax year beginning and ending

**B** Check if applicable:

**C** Name of organization

TOSTAN, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2121 DECATUR PLACE, N.W.

City or town, state or province, country, and ZIP or foreign postal code  
WASHINGTON, DC 20008

**F** Name and address of principal officer: ALEXANDER DAVEY  
SAME AS C ABOVE

**D** Employer identification number

98-0118876

**E** Telephone number

(202) 299-1156

**G** Gross receipts \$ 10,231,633.

**H(a)** Is this a group return

for subordinates? Yes ☐ No ☒

**H(b)** Are all subordinates included? Yes ☐ No ☐

If No, attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: WWW.TOSTAN.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1991 **M** State of legal domicile: DE

## Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 7

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 6

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)

5 10

6 Total number of volunteers (estimate if necessary)

6 15

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

7b 0.

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
10,683,440.	8,843,234.

9 Program service revenue (Part VIII, line 2g)

0. 0.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

23,303. 9,744.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

17,800. -130,223.

12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)

10,724,543. 8,722,755.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

224,003. 130,529.

14 Benefits paid to or for members (Part IX, column (A), line 4)

0. 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

3,651,940. 3,762,983.

16a Professional fundraising fees (Part IX, column (D), line 11e)

0. 0.

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 332,842.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

4,613,538. 4,069,228.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

8,489,481. 7,962,740.

19 Revenue less expenses. Subtract line 18 from line 12

2,235,062. 760,015.

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year	End of Year
10,439,711.	10,681,052.

21 Total liabilities (Part X, line 26)

188,867. 147,435.

22 Net assets or fund balances. Subtract line 21 from line 20

10,250,844. 10,533,617.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature

ALEXANDER DAVEY, CHIEF OPERATING OFFICER

Date

10-19-16

Paid

Print preparer's name

DAVID F. CRALING CPA

Preparer's signature

DAVID F. CRALING CPA

Date

10-5-16

Preparer's ID number

P 00366995

Preparer

Firm's name

GELMAN, ROSENBERG & FREEDMAN

Firm's EIN

52-1392008

Use Only

Firm's address

4550 MONTGOMERY AVE SUITE 650N,

BETHESDA, MD 20814-2930

Phone no. (301) 951-9090

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

☒ Yes ☐ No

Department of the Treasury LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

**TO EMPOWER AFRICAN COMMUNITIES TO BRING ABOUT SUSTAINABLE DEVELOPMENT  
AND POSITIVE SOCIAL TRANSFORMATION BASED ON RESPECT FOR HUMAN RIGHTS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **6,452,396.** including grants of \$ **130,529.**) (Revenue \$ **-155,020.**)  
**TOSTAN PROVIDES A HUMAN RIGHTS-BASED PARTICIPATORY EDUCATION PROGRAM TO AFRICANS WHO HAVE LITTLE OR NO ACCESS TO FORMAL SCHOOLING. TOSTAN WORKS IN MOSTLY RURAL REGIONS TO PROMOTE COMMUNITY GOALS RELATED TO HEALTH AND HYGIENE, HUMAN RIGHTS AND DEMOCRACY, THE ENVIRONMENT, AND ECONOMIC DEVELOPMENT. THROUGH ITS HOLISTIC 30-MONTH COMMUNITY EMPOWERMENT PROGRAM (CEP), TOSTAN DIRECTLY EDUCATES THOUSANDS OF PARTICIPANTS IN DOZENS OF LOCAL LANGUAGES EACH YEAR. TOSTAN'S PROGRAMS INDIRECTLY AFFECT MILLIONS OF AFRICANS THROUGH THE INNOVATIVE USE OF EXTENDED COMMUNITY NETWORKS AND OUTREACH ACTIVITIES TO SPREAD COMMUNITY-LED SOCIAL CHANGE. TOSTAN'S LOCAL, REGIONAL, AND NATIONAL STAFF IS SUPPORTED BY TOSTAN'S INTERNATIONAL OFFICE IN DAKAR, SENEGAL AND THE US OFFICE IN WASHINGTON, DC. (SEE SCHEDULE O)**

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **6,452,396.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b> X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X

Form 990 (2015)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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		X
<b>22</b> 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		X
<b>23</b> 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		X
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> 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	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b	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 payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <b>N/A</b>		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? <b>N/A</b>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 <b>N/A</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders <b>N/A</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>N/A</b> <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2015)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 7		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 6		
<b>2</b> 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? ..... <b>2</b>		X
<b>3</b> 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? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> 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? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> 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 ..... <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</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? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **AL, CA, GA, MD, MA, NJ, NM, NY, TN, VA**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
**MALICK TOUNKARA - (202)299-1156**  
**VDN ET ROUTE DE AEROPORT, BP, DAKAR-YOUFF 29371 SENEGAL**







**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,047,033.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	7,796,201.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,025,318.			
	<b>h Total.</b> Add lines 1a-1f		8,843,234.			
	<b>Program Service Revenue</b>	<b>Business Code</b>				
<b>2 a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		6,766.			6,766.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses		284,762.			
	<b>c</b> Rental income or (loss)		439,782.			
	<b>d</b> Net rental income or (loss)		-155,020.	-155,020.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses		1,072,074.			
	<b>c</b> Gain or (loss)		1,069,096.			
	<b>d</b> Net gain or (loss)		2,978.	2,978.		2,978.
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS		900099	24,797.			24,797.
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			24,797.			
<b>12 Total revenue.</b> See instructions.			8,722,755.	-155,020.	0.	34,541.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	130,529.	130,529.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	300,575.	193,362.	82,962.	24,251.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,100,622.	2,475,888.	527,624.	97,110.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	178,298.	142,129.	30,254.	5,915.
9 Other employee benefits	87,276.	70,454.	15,121.	1,701.
10 Payroll taxes	96,212.	76,393.	16,219.	3,600.
11 Fees for services (non-employees):				
a Management				
b Legal	24,235.	15,267.	5,995.	2,973.
c Accounting	69,500.	48,576.	15,764.	5,160.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	512,111.	366,659.	91,116.	54,336.
12 Advertising and promotion				
13 Office expenses	407,823.	377,201.	25,010.	5,612.
14 Information technology				
15 Royalties				
16 Occupancy	1,071,387.	777,172.	183,279.	110,936.
17 Travel	84,835.	80,798.	3,027.	1,010.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,401.	2,913.	1,482.	1,006.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,910.		118,910.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>COMMUNITY MEET/TRAINING</b>	1,765,569.	1,689,955.	58,144.	17,470.
b <b>MEMBERSHIP SUBSCRIPTION</b>	4,790.	2,584.	1,314.	892.
c <b>PUBLICATIONS</b>	445.	240.	122.	83.
d <b>PAYROLL SERVICES FEES</b>	160.	86.	44.	30.
e All other expenses	4,062.	2,190.	1,115.	757.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,962,740.	6,452,396.	1,177,502.	332,842.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	3,204,254.	1	4,269,872.
	2 Savings and temporary cash investments .....	491,454.	2	49,726.
	3 Pledges and grants receivable, net .....	5,776,625.	3	5,586,063.
	4 Accounts receivable, net .....	86,871.	4	58,564.
	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 organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	21,138.	9	16,841.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,507,715.		
	b Less: accumulated depreciation .....	10b 826,246.	800,379.	10c 681,469.
	11 Investments - publicly traded securities .....	46,495.	11	6,388.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	12,495.	15	12,129.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	10,439,711.	16	10,681,052.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	188,867.	17	147,435.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	188,867.	26	147,435.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	1,160,004.	27	1,106,489.
	28 Temporarily restricted net assets .....	9,090,840.	28	9,427,128.
	29 Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	10,250,844.	33	10,533,617.
34 <b>Total liabilities and net assets/fund balances</b> .....	10,439,711.	34	10,681,052.	

Form 990 (2015)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,722,755.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,962,740.
3	Revenue less expenses. Subtract line 2 from line 1	3	760,015.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,250,844.
5	Net unrealized gains (losses) on investments	5	4,135.
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	-481,377.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,533,617.

**Part XII Financial Statements and Reporting**

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

Form 990 (2015)

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public  
Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

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

(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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990 or 990-EZ) 2015

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**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 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. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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 supporting organizations)? If "Yes," answer 10b below.		
<b>b</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.)		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
<b>3b</b>		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2015

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

## General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

**TOSTAN, INC.****98-0118876****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,005,055.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>899,973.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>767,226.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>586,679.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>527,665.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>460,355.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>389,039.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>255,390.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>251,937.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**TOSTAN, INC.****98-0118876****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$ <u>215,061.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>		\$ <u>201,527.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>		\$ <u>153,044.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>16</u>		\$ <u>150,219.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>17</u>		\$ <u>112,816.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>18</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**TOSTAN, INC.****98-0118876****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>20</u>		\$ <u>90,646.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>21</u>		\$ <u>56,753.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>22</u>		\$ <u>56,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>23</u>		\$ <u>55,486.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>24</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**TOSTAN, INC.****98-0118876****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>26</u>		\$ <u>40,716.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>27</u>		\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>28</u>		\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>29</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>30</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**TOSTAN, INC.****98-0118876****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>		\$ <u>26,345.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>32</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>33</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>34</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>35</u>		\$ <u>18,210.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>36</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**TOSTAN, INC.****98-0118876****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>38</u>		\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>39</u>		\$ <u>11,986.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>40</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>41</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>42</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>		\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TOSTAN, INC.</b>	<b>98-0118876</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>50</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>51</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>52</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>53</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>54</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**TOSTAN, INC.****98-0118876****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**TOSTAN, INC.****98-0118876****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**TOSTAN, INC.****98-0118876****Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	<u>16,393 SHARES OF CAIBX STOCK</u> _____ _____ _____	\$ <u>1,005,055.</u>	<u>12/31/15</u>
<u>26</u>	<u>498 SHARES OF PRILX STOCK</u> _____ _____ _____	\$ <u>20,264.</u>	<u>12/31/15</u>
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization	Employer identification number
TOSTAN, INC.	98-0118876

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

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 ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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.

1a 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.

b 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:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

(ii) Assets included in Form 990, Part X .....

▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 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 ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 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? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** 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 ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Temporarily restricted endowment ► \_\_\_\_\_ %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		271,433.		271,433.
b Buildings		451,750.	301,918.	149,832.
c Leasehold improvements				
d Equipment		526,116.	351,620.	174,496.
e Other		258,416.	172,708.	85,708.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				681,469.

Schedule D (Form 990) 2015

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2015

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,726,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,135.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,135.
3	Subtract line 2e from line 1	3	8,722,755.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,722,755.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,962,740.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,962,740.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,962,740.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

FOR THE YEAR ENDED DECEMBER 31, 2015, TOSTAN HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE E**  
(Form 990 or 990-EZ)

**Schools**

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**TOSTAN, INC.**

Employer identification number

**98-0118876**

**Part I**

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.  
If you need more space, use Part II .....

**SEE PART II**

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff? .....
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
- d Copies of all material used by the organization or on its behalf to solicit contributions? .....
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5 Does the organization discriminate by race in any way with respect to:
- a Students' rights or privileges? .....
- b Admissions policies? .....
- c Employment of faculty or administrative staff? .....
- d Scholarships or other financial assistance? .....
- e Educational policies? .....
- f Use of facilities? .....
- g Athletic programs? .....
- h Other extracurricular activities? .....
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency? .....
- b Has the organization's right to such aid ever been revoked or suspended? .....
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....

YES NO

1 X

2 X

3 X

4a X

4b X

4c X

4d X

5a X

5b X

5c X

5d X

5e X

5f X

5g X

5h X

6a X

6b X

7 X

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

Schedule E (Form 990 or 990-EZ) (2015)

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

**LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:**

TOSTAN HAS A RACIALLY NON-DISCRIMINATORY POLICY IN PLACE.

HOWEVER, BECAUSE THE ORGANIZATION ONLY WORKS IN AFRICA, THE

COMMUNITY IT SERVES IS AFRICAN, AS ARE 99% OF ITS EMPLOYEES.

ADDITIONNALLY, THE ORGANIZATION'S EDUCATION EFFORTS WITHIN

COMMUNITIES ARE ON-GOING AND THERE IS NOT SPECIFIC

SOLICITATION OR REGISTRATION PERIOD.

**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

DURING 2015, TOSTAN RECEIVED \$1,047,033 OF NON-U.S. GOVERNMENT ASSISTANCE.



**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**Open to Public  
Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	6	805	PROGRAM SERVICE ACTIVITIES	COMMUNITY EMPOWERMENT PROGRAMS	5,398,439.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		130,529.
3 a Sub-total .....	6	805			5,528,968.
b Total from continuation sheets to Part I .....	0	0			0.
c Totals (add lines 3a and 3b) .....	6	805			5,528,968.

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

Schedule F (Form 990) 2015





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ..... ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2015

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**PART I, LINE 2:**

TOSTAN AND THE GRANTEE SIGN A CONTRACT THAT DEFINES THE SCOPE OF THE PROJECT, THE BUDGET AND THE PAYMENT SCHEDULE. IN ADDITION, THE GRANTEE IS REQUIRED TO PROVIDE DETAILED EXPENSE REPORTS TO TOSTAN.

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2015

## Open To Public Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

<b>Part I</b>	<b>Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
---------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 .....

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

<b>Part II</b>	<b>Loans to and/or From Interested Persons.</b>
----------------	---

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

**Total** .....

Part III	Grants or Assistance Benefiting Interested Persons.
----------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
THE GREENBAUM FOUNDATION	SUBSTANTIAL CONTRIB	1,000,000.	PROVIDED TW		X

**Part V Supplemental Information**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: THE GREENBAUM FOUNDATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 1,000,000.

(D) DESCRIPTION OF TRANSACTION: PROVIDED TWO \$500,000 UNSECURED,  
 NON-INTEREST LOANS TO TOSTAN. BOTH LOANS WERE SATISFIED IN FULL PRIOR TO  
 DECEMBER 31, 2015.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**TOSTAN, INC.**

Employer identification number

**98-0118876**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	2	1,025,318.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....				
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2015)



**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS RECEIVED IS REPORTED IN THIS COLUMN.

Area for supplemental information with horizontal lines.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

TOSTAN, INC.

Employer identification number  
98-0118876

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

IN 2015, TOSTAN OPERATED IN 6 COUNTRIES:

GUINEA: TOSTAN WORKED WITH 40 COMMUNITIES, WITH A TOTAL OF 2,354  
PARTICIPANTS.

GUINEA-BISSAU: TOSTAN WORKED WITH 50 COMMUNITIES, WITH A TOTAL OF 3,815  
PARTICIPANTS.

MALI: TOSTAN WORKED WITH 40 COMMUNITIES, WITH A TOTAL OF 2,185  
PARTICIPANTS.

MAURITANIA: TOSTAN WORKED WITH 30 COMMUNITIES, WITH A TOTAL OF 2,096  
PARTICIPANTS.

SENEGAL: TOSTAN WORKED WITH 326 COMMUNITIES, WITH A TOTAL OF 16,463  
PARTICIPANTS.

THE GAMBIA: TOSTAN WORKED WITH 40 COMMUNITIES, WITH A TOTAL OF 3,608  
PARTICIPANTS.

TOTAL NUMBER OF TOSTAN PROGRAM PARTICIPANTS IN 2015 IN THE 6 COUNTRIES:  
30,521 IN 526 AFRICAN COMMUNITIES.

COMMUNITY EMPOWERMENT PROGRAM (CEP): OUR UNIQUE THREE-YEAR PROGRAM  
EMPOWERS COMMUNITY MEMBERS IN SIX WEST AFRICAN COUNTRIES WITH THE  
SKILLS AND KNOWLEDGE THEY NEED TO LEAD THEIR OWN DEVELOPMENT. THE CEP  
IS A NON-FORMAL EDUCATION PROGRAM, BASED ON HUMAN RIGHTS, AND IS  
IMPLEMENTED IN 22 LOCAL LANGUAGES. IT COMBINES MODERN EDUCATION  
TECHNIQUES WITH TRADITIONAL AFRICAN ORAL TEACHING METHODS AND IS  
UNDERPINNED BY A RESPECTFUL APPROACH TO LOCAL BELIEFS AND CULTURE.

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

IMPACT AREAS: OUR WORK USES A HOLISTIC APPROACH FOR COMMUNITY-LED DEVELOPMENT, AND OUR IMPACTS ARE FOUND ACROSS FIVE KEY AREAS: GOVERNANCE, EDUCATION, HEALTH, ENVIRONMENT, AND ECONOMIC GROWTH. EACH IMPACT AREA IS ELABORATED UPON BELOW:

GOVERNANCE: CEP PARTICIPANTS LEARN ABOUT THE FUNDAMENTAL ELEMENTS OF DEFENDING AND RESPECTING THOSE RIGHTS.

IN 2015, 356 COMMUNITIES IN SIX COUNTRIES PARTICIPATED IN THE CEP, WHILE 170 ADDITIONAL COMMUNITIES TOOK PART IN A POST-CEP PROGRAM OR MODULE.

EACH COMMUNITY DEMOCRATICALLY SELECTS 17 MEMBERS TO FORM A COMMUNITY MANAGEMENT COMMITTEE (CMC) WHO ARE TRAINED IN THE SKILLS NECESSARY TO IMPLEMENT PROJECTS IN THEIR COMMUNITIES. THESE COMMITTEES BECOME A STRONG LEADERSHIP PRESENCE IN TOSTAN COMMUNITIES, CONTRIBUTING TO THE GROWTH OF GOOD GOVERNANCE AND DEMOCRACY. THEY WORK TO INCREASE DEMOCRATIC PARTICIPATION BY ENCOURAGING RESIDENTS TO REGISTER TO VOTE AND PARTICIPATE IN NATIONAL ELECTIONS AND BY HELPING THEM OBTAIN NATIONAL IDENTITY CARDS AND REGISTER BIRTHS.

THE PARTICIPATION AND LEADERSHIP OF WOMEN IN CMCS IS HIGHLY ENCOURAGED, AND IN 2015, 100% OF CMCS IN GUINEA, GUINEA-BISSAU, MALI, MAURITANIA AND SENEGAL HAD A MAJORITY OF FEMALE MEMBERS. THESE WOMEN EMERGE AS COMMUNITY LEADERS, ACTIVISTS, AND ROLE MODELS, SHOWING YOUNG GIRLS AND BOYS ALIKE THAT WOMEN CAN SUCCEED IN LEADERSHIP ROLES AND WORK ALONGSIDE MEN AS EQUALS.

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

EDUCATION: CMCS ORGANIZED DURING THE CEP LEAD INITIATIVES THAT ENSURE GIRLS AND BOYS ARE ENROLLED IN SCHOOL. WHEN A FAMILY IS CONSIDERING REMOVING THEIR CHILD FROM SCHOOL, CMC MEMBERS MEET WITH THEM TO DISCUSS OTHER POSSIBLE SOLUTIONS.

CHILD/FORCED MARRIAGE IS ONE PRACTICE THAT IS A KEY FACTOR IN DETERMINING WHETHER A GIRL WILL STAY IN SCHOOL. FOLLOWING THEIR PARTICIPATION IN OUR HOLISTIC PROGRAM, 381 COMMUNITIES ACROSS THE COUNTRIES IN WHICH WE WORK PLEDGED TO ABANDON CHILD/FORCED MARRIAGE IN 2015, BRINGING THE TOTAL NUMBER TO 7,630 AS A RESULT, THOUSANDS OF GIRLS ARE LIKELY TO HAVE THE OPPORTUNITY TO STAY IN SCHOOL FOR LONGER, RATHER THAN BE MARRIED AT A YOUNG AGE.

IN THE FINAL MODULE OF THE CEP, THE AAWDE, PARTICIPANTS LEARN TO READ AND WRITE IN THEIR LOCAL LANGUAGES, AS WELL AS BASIC MATH SKILLS. LEARNING HOW TO SEND AND RECEIVE SMS TEXT MESSAGES THROUGH THE MOBILE PHONES FOR LITERACY AND DEVELOPMENT (MPLD) MODULE, DESCRIBED BELOW, ENCOURAGES PARTICIPANTS TO PRACTICE AND SHARE THEIR NEWLY ACQUIRED LITERACY SKILLS.

2015 ALSO SAW THE GROWTH OF OUR REINFORCEMENT OF PARENTAL PRACTICES (RPP) MODULE, FUNDED BY THE WILLIAM AND FLORA HEWLETT FOUNDATION. THIS MODULE BUILDS ON KNOWLEDGE GAINED DURING THE CEP TO ENABLE PARENTS AND COMMUNITIES TO CREATE AN ENVIRONMENT WHICH SUPPORTS CHILDREN'S EARLY DEVELOPMENT AND LEARNING IN ORDER TO BETTER PREPARE THEM FOR SUCCESS IN SCHOOL AND LIFE.

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

HEALTH: DURING THE CEP, PARTICIPANTS LEARN ABOUT THEIR RIGHT TO HEALTH AND THE RIGHT TO BE FREE FROM ALL FORMS OF VIOLENCE, ABOUT HYGIENE AND HOW DISEASES ARE SPREAD AND PREVENTED. THEY ALSO DISCUSS THE HEALTH RISKS OF HARMFUL PRACTICES SUCH AS FEMALE GENETAL CUTTING (FGC) AND CHILD/FORCED MARRIAGE.

THE CEP ENCOURAGES COMMUNITY MEMBERS TO SHARE THE KNOWLEDGE THEY GAIN ABOUT HEALTH AND HUMAN RIGHTS WITH THEIR SOCIAL NETWORKS, AND COMMUNITIES OFTEN LAUNCH SPECIFIC INITIATIVES TO IMPROVE CHILD AND MATERNAL HEALTH IN THEIR VILLAGES. COMMUNITIES RAISE AWARENESS ON THE IMPORTANCE OF VACCINATIONS AS WELL AS TAKING ACTION TO IMPROVE COMMUNITY HYGIENE AND PREVENTING DISEASES SUCH AS MALARIA.

ENVIRONMENT: OUR CEP EQUIPS COMMUNITY MEMBERS WITH THE KNOWLEDGE AND SKILLS TO FIND CREATIVE AND SUSTAINABLE SOLUTIONS TO ENVIRONMENTAL PROBLEMS. DURING THE CEP, PARTICIPANTS LEARN HOW DISEASES ARE TRANSMITTED AND HOW THIS IS LINKED TO UNHYGIENIC PRACTICES THAT CAN POLLUTE THE ENVIRONMENT. OUR RESPECTFUL AND NON-JUDGMENTAL APPROACH PROMOTES COMMUNITY DISCUSSION ABOUT THE ENVIRONMENT. AS A RESULT, COMMUNITIES LEAD INITIATIVES TO MAKE THEIR ENVIRONMENTS MORE HYGIENIC IN ORDER TO PROTECT THE COMMUNITY'S HEALTH.

COMMUNITIES ALSO USE THEIR PROBLEM SOLVING SKILLS TO IMPLEMENT ENVIRONMENTAL INITIATIVES TO ADDRESS THEIR PARTICULAR NEEDS. 6241 VILLAGE CLEANING ACTIVITIES HAVE BEEN ORGANIZED ACROSS THE 6 COUNTRIES.

ECONOMIC GROWTH: THE FINAL PHASE OF THE CEP, THE AAWDE, INCLUDES CLASS SESSIONS ON BASIC LITERACY, MATH, PROJECT MANAGEMENT, AND BUDGETING

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

SKILLS THAT HELP PARTICIPANTS SUCCESSFULLY PLAN AND LAUNCH SMALL BUSINESSES IN THEIR COMMUNITIES. WE ALSO PROVIDE SMALL COMMUNITY DEVELOPMENT GRANTS TO CMCS. THE CMCS OFTEN USE THESE GRANTS TO ESTABLISH A ROTATING MICROCREDIT FUND THAT HELPS COMMUNITY MEMBERS, PARTICULARLY WOMEN, WITH THE INVESTMENT THEY NEED TO START SMALL BUSINESSES, INVEST IN AGRICULTURE, OR TAKE ON OTHER INCOME-GENERATING ACTIVITIES. THE CMC ALSO ENCOURAGES COMMUNITY MEMBERS TO SAVE AND PLAN FOR THE FUTURE.

CROSS-CUTTING ISSUES: IN ADDITION, OUR WORK ADDRESSES FOUR CROSS-CUTTING THEMES, WHICH ARE IMPORTANT FOR COMMUNITY WELL-BEING. THESE ISSUES ARE CHILD PROTECTION, THE REINFORCEMENT OF PARENTAL PRACTICES, THE EMPOWERMENT OF WOMEN AND GIRLS, AND FEMALE GENITAL CUTTING (FGC). WE BELIEVE THAT THESE CROSS-CUTTING ISSUES REQUIRE HOLISTIC AND HUMAN RIGHTS-BASED SOLUTIONS, AND OUR PROGRAM AIMS TO STRENGTHEN POSITIVE SOCIAL NORMS WHILE ADDRESSING THOSE WHICH LEAD TO HARMFUL PRACTICES.

FGC: THE HUMAN RIGHTS-BASED CEP ALLOWS COMMUNITY MEMBERS TO DRAW THEIR OWN CONCLUSIONS ABOUT FGC AND LEAD THEIR OWN MOVEMENTS FOR CHANGE. IN THE CEP CLASS SESSIONS ON HUMAN RIGHTS, PARTICIPANTS LEARN ABOUT THEIR RIGHT TO HEALTH AND THE RIGHT TO BE FREE FROM ALL FORMS OF VIOLENCE. THEY ALSO DISCUSS THE RESPONSIBILITIES THEY SHARE TO PROTECT THESE RIGHTS IN THEIR COMMUNITY. IN SESSIONS ON HEALTH, THEY LEARN ABOUT THE POTENTIAL, IMMEDIATE, AND LONG-TERM HARMFUL CONSEQUENCES OF THE PRACTICE AND DISCUSS WAYS TO PREVENT THESE HEALTH PROBLEMS IN THE FUTURE.

Name of the organization	Employer identification number
TOSTAN, INC.	98-0118876

RATHER THAN BLAMING OR CRITICIZING, WE ENCOURAGE DIALOGUE AROUND THESE AND OTHER PRACTICES THAT COMMUNITIES FEEL HINDER THEIR VISION FOR THEIR COMMUNITY'S DEVELOPMENT. PARTICIPANTS AND COMMUNITY MANAGEMENT COMMITTEE (CMC) MEMBERS SPEAK WITH FRIENDS AND FAMILY AS WELL AS TRAVEL TO OTHER COMMUNITIES TO RAISE AWARENESS ABOUT WHAT THEY HAVE LEARNED. THROUGH THIS PROCESS, MANY COMMUNITIES DECIDE TO END FGC TOGETHER, SOME WITHOUT HAVING DIRECTLY PARTICIPATED IN OUR CLASSES. IN 2014, A TOTAL OF 209 COMMUNITIES TOOK THIS STEP TO ABANDON THE PRACTICE.

CHILD PROTECTION: THROUGH OUR CEP MODULE ON CHILD PROTECTION, CMCS ARE TRAINED TO ADDRESS THE DEEP SOCIAL NORMS AND PRACTICES THAT NEGATIVELY AFFECT CHILDREN. THE CHILD PROTECTION MODULE TRAINING IS FOR CMC MEMBERS IN COMMUNITIES THAT HAVE IMPLEMENTED THE CEP. THE MODULE HELPS BUILD CONSENSUS AROUND HUMAN RIGHTS AND CHILDREN'S RIGHTS WHILE BUILDING AWARENESS OF THE VARIOUS MORAL, SOCIAL, AND LEGAL NORMS THAT AFFECT CHILDREN. INSTEAD OF FOCUSING ON IMMEDIATE RELIEF, THE MODULE HELPS COMMUNITIES ADDRESS THE DEEP SOCIAL NORMS AND PRACTICES THAT ARE AT THE SOURCE OF THESE ISSUES AFFECTING CHILDREN. IT EMPHASIZES THE IMPORTANCE OF EDUCATION AND INTRODUCES IDEAS FOR HOW COMMUNITIES CAN WORK TOGETHER TO PROTECT THEIR CHILDREN.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

THE CHILD PROTECTION MODULE STRENGTHENS THE CAPACITY OF COMMUNITIES TO PROVIDE PROTECTION FOR CHILDREN AND PREVENT VIOLATIONS OF CHILDREN'S RIGHTS BY REINFORCING THE CAPACITIES OF COMMUNITIES AND THEIR SURROUNDING VILLAGES TO IDENTIFY AT-RISK CHILDREN, REINFORCING THE CAPACITIES OF COMMUNITIES TO PREVENT THE TRAFFICKING OR MIGRATION OF CHILDREN TO URBAN CENTERS, REINFORCING THE CAPACITIES OF COMMUNITIES TO HELP CHILDREN IN DIFFICULT SITUATIONS SUCH AS SEXUAL ABUSE, INCEST,

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

FORCED MARRIAGE AND FGC, AND FOSTERING THE CREATION OF DYNAMIC AND FUNCTIONAL COMMISSIONS FOR CHILD PROTECTION IN ALL COMMUNITIES. ALL COMMUNITIES WHO PARTICIPATE IN THE CEP, SPECIFICALLY THE CMCS, ARE TRAINED IN THE CHILD PROTECTION MODULE.

AFTER THE TRAINING, CMCS ESTABLISH COMMISSIONS FOR CHILD PROTECTION (CCPS), WHICH LEAD THE COMMUNITY IN ADVOCATING FOR CHILDREN'S RIGHTS AND TRANSFORMING EXISTING SOCIAL NORMS THAT SUSTAIN HARMFUL PRACTICES. THOUSANDS OF CHILDREN HAVE BEEN REGISTERED AT BIRTH BY CMCS, IMPROVING THEIR ACCESS TO SCHOOL AND LEGAL RECOGNITION. IN ADDITION TO LEADING THESE COMMUNITY-WIDE PROJECTS, CMCS ALSO INTERVENE DIRECTLY IN CASES OF CHILD ABUSE.

EARLY CHILDHOOD DEVELOPMENT: IN ORDER TO ADDRESS THIS ISSUE, WE DEVELOPED THE REINFORCEMENT OF PARENTAL PRACTICES (RPP) MODULE. THE RPP MODULE CONDUCTED A SUCCESSFUL PILOT PROGRAM IN 2012 AHEAD OF ITS LAUNCH IN MARCH 2013 AND IN 2014 WAS INTRODUCED IN 110 COMMUNITIES IN SENEGAL. THE MODULE AIMS TO REINFORCE KNOWLEDGE GAINED IN THE CEP THAT ENCOURAGES PARENTS AND OTHER COMMUNITY MEMBERS TO CREATE AN ENVIRONMENT FOR CHILDREN'S DEVELOPMENT. AS A RESULT, THE MODULE WILL HELP IMPROVE CHILDREN'S EARLY DEVELOPMENT AND LEARNING, ALLOWING THEM TO PERFORM BETTER AND STAY IN SCHOOL.

RESEARCH HAS SHOWN THAT CERTAIN SOCIAL NORMS AND TRADITIONAL PRACTICES IN SENEGAL CAN HINDER THE BRAIN DEVELOPMENT OF INFANTS. FOR EXAMPLE, THE BELIEF THAT INFANTS MUST BE PROTECTED FROM DANGEROUS SPIRITS: TO PROTECT THEM CERTAIN PARENTS AVOID LOOKING NEWBORN BABIES IN THE EYE AND SPEAKING REGULARLY AND DIRECTLY TO THEM. HOWEVER, RECENT



Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

DISCOVERIES ABOUT BRAIN DEVELOPMENT IN YOUNG CHILDREN HAVE SHOWN  
IMPORTANCE OF STIMULATING INTERACTIONS BETWEEN PARENTS AND THEIR  
CHILDREN.

DURING THE RPP MODULE, FACILITATORS SHARE WITH COMMUNITY MEMBERS SIMPLE  
TECHNIQUES THAT ENRICH INTERACTIONS BETWEEN PARENTS AND THEIR YOUNG  
CHILDREN AND ARE ALL LINKED TO CHILDREN'S BASIC HUMAN RIGHTS TO  
EDUCATION AND HEALTH. THESE TECHNIQUES INCLUDE SPEAKING TO THEIR  
YOUNG CHILDREN USING A RICH AND COMPLEX VOCABULARY, ASKING THEIR  
CHILDREN QUESTIONS AND HELPING THEM RESPOND, PLAYFULLY COPYING THEIR  
CHILDREN, TELLING THEM STORIES, AND DESCRIBING OBJECTS IN DETAIL TO  
THEM. PRIMARY CAREGIVERS IN EACH COMMUNITY ARE TRAINED TO TEACH OTHERS  
THE SAME SKILLS AFTER TOSTAN LEAVES.

THIS MODULE IS IMPLEMENTED IN WOLOF, PULAAR, AND MANDINKA COMMUNITIES  
IN SENEGAL.

2015 WAS ANOTHER SUCCESSFUL YEAR FOR RPP, WITH RELIGIOUS LEADERS,  
SCHOOL DIRECTORS, TEACHERS, CAREGIVERS AND COMMUNITY MEMBERS COMING  
TOGETHER TO ADVOCATE FOR POSITIVE EARLY CHILDHOOD DEVELOPMENT (ECD)  
PRACTICES.

HIGHLIGHTS INCLUDE:

OVER THE SUMMER OF 2015, TOSTAN RECEIVED THE RESULTS OF A RIGOROUS  
EXTERNAL EVALUATION OF THE RPP PROGRAM IN THE KAOLACK REGION, CONDUCTED  
BY STANFORD UNIVERSITY. RESULTS SHOWED THAT CAREGIVERS IN RPP  
COMMUNITIES NEARLY DOUBLED (78%) THE AMOUNT OF SPEECH DIRECTED AT THEIR

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

CHILD DURING A 5 MINUTE NATURALISTIC PLAY SESSION. 95% OF CAREGIVERS SCORED AS VERY KNOWLEDGEABLE ABOUT ECD, COMPARED TO 34% IN NON-RPP COMMUNITIES. THERE WAS A SIZEABLE REDUCTION IN HOW STRONGLY CAREGIVERS APPROVED OF PHYSICAL PUNISHMENT OF CHILDREN, AS COMPARED TO CAREGIVERS IN CONTROL VILLAGES. CHILDREN IN RPP VILLAGES SHOWED IMPRESSIVELY LARGE GAINS IN LANGUAGE SKILLS ONE YEAR LATER. CHILDREN IN BOTH GROUPS MORE THAN DOUBLED THE NUMBER OF WORDS THEY SAID IN THE 5 MINUTE PLAY SESSION, BUT THE INCREASE WAS 50% GREATER FOR CHILDREN IN THE RPP GROUP.

IN FEBRUARY AND MARCH OF 2015, EACH OF THE TOSTAN REGIONAL OFFICES HELD A WORKSHOP FOR RELIGIOUS LEADERS ON CHILDREN'S RIGHTS AND PARTICULARLY CHILDREN'S' RIGHT TO AN EDUCATION FREE FROM VIOLENCE, HIGHLIGHTING THE APPROACH OF THE PROPHET TO EDUCATING HIS OWN CHILDREN. AT THE END OF THE SEMINARS, RELIGIOUS LEADERS VALIDATED AND SIGNED A DOCUMENT PLEDGING TO PROMOTE NON-VIOLENCE IN THEIR COMMUNITIES. THEY HAVE SINCE BECOME POWERFUL ADVOCATES FOR CHILDREN'S RIGHTS AND AGENTS OF SOCIAL CHANGE. THEY USE OCCASIONS LIKE COMMUNITY CEREMONIES AND FRIDAY SERMONS TO SHARE THE TEACHINGS OF THE RPP PROGRAM. WORKING WITH RELIGIOUS LEADERS HAS BECOME AN INCREASINGLY KEY PILLAR OF THE PROGRAM AND HAS CONTRIBUTED SIGNIFICANTLY TO THE PROGRAM'S SUCCESS IN PARTICIPATING COMMUNITIES AND BEYOND.

2015 ALSO SAW LARGE NUMBER OF PARENTS AND CAREGIVERS ACCOMPANYING THEIR CHILDREN TO SCHOOL, AND MEETING WITH TEACHERS AND MONITORING THEIR CHILDREN'S PROGRESS, OFTEN FOR THE FIRST TIME. TEACHERS AND SCHOOL DIRECTORS BEGAN VISITING COMMUNITY MEMBERS MORE OFTEN, FOR EXAMPLE, CHECKING IN WITH PARENTS OF CHILDREN THAT HAD BEEN ABSENT FROM SCHOOL.

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

COMMUNITY MEMBERS RALLIED TOGETHER TO BUY AND REPAIR SCHOOL FURNITURE AND SCHOOL SUPPLIES, AND SOME PLANTED TREES TO ENSURE ENOUGH SHADE AT SCHOOL DURING THE HOTTEST MONTHS.

EMPOWERMENT OF WOMEN AND GIRLS: WOMEN AND GIRLS MAKE UP MORE THAN HALF OF OUR CEP PARTICIPANTS. DURING OUR PROGRAM, WOMEN DEVELOP LEADERSHIP SKILLS, ENGAGE IN DIALOGUE, AND DEMONSTRATE THEIR ABILITY TO MAKE IMPORTANT DECISIONS FOR THEMSELVES AND THEIR FAMILIES, SHOWING HOW IMPORTANT THEY ARE TO THEIR COMMUNITY'S DEVELOPMENT.

WE ALSO WORK TO ENGAGE MEN AND BOYS IN THE CEP, ENCOURAGING THEM TO PARTICIPATE IN DISCUSSIONS ABOUT HUMAN RIGHTS. MEN AND WOMEN WORK TOGETHER TO PROMOTE EQUALITY AND DEVELOP NEW SOCIAL NORMS AROUND RESPECTING THE HUMAN RIGHTS AND DIGNITY OF ALL. WE ENCOURAGE WOMEN TO TAKE ON LEADERSHIP ROLES IN THEIR COMMUNITIES. IN 2015, 100% OF CMCS IN GUINEA-BISSAU, GUINEA, MALI, SENEGAL, MAURITANIA AND THE GAMBIA HAD A MAJORITY OF FEMALE MEMBERS.

CMCS: AS PART OF THE CEP, EACH PARTICIPATING COMMUNITY DEMOCRATICALLY SELECTS A CMC TO COORDINATE DEVELOPMENT ACTIVITIES. EACH CMC HAS 17 MEMBERS, NINE OF WHOM MUST BE WOMEN. EACH COMMITTEE IS MADE UP OF SEVERAL COMMISSIONS, INCLUDING HEALTH, ENVIRONMENT, CHILD PROTECTION, EDUCATION, INCOME-GENERATING ACTIVITIES, AND SOCIAL MOBILIZATION, WHICH CONTINUE TO LEAD DEVELOPMENT ACTIVITIES AND PROMOTE HUMAN RIGHTS-BASED DEVELOPMENT LONG AFTER THE PROGRAM HAS FINISHED.

ORGANIZED DIFFUSION: THROUGH ORGANIZED DIFFUSION, THE IMPACT OF THE TOSTAN PROGRAM IS MULTIPLIED. EACH CLASS MEMBER COMMITS TO SHARING

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

THEIR KNOWLEDGE WITH AT LEAST ONE PERSON WITHIN THEIR FAMILY AND WIDER COMMUNITY, PERMITTING NEW IDEAS TO BE SPREAD QUICKLY THROUGH THE COMMUNITY AND BEYOND. EACH PARTNER COMMUNITY ADOPTS ANOTHER COMMUNITY WITHIN THEIR SOCIAL NETWORK, OPENING DIALOGUE AND ALLOWING NEIGHBORING OR INTRAMARRYING COMMUNITIES TO MAKE DECISIONS AS ONE GROUP. OUR WORK OFTEN STRETCHES ACROSS COUNTRY BORDERS TO CREATE IMPACTS ON A REGIONAL SCALE, SUCH AS THE INTERNATIONAL MOVEMENT TO ABANDON FEMALE GENITAL CUTTING (FGC) AND CHILD/FORCED MARRIAGE.

COMMUNITY GRANTS: COMMUNITY DEVELOPMENT GRANTS ARE SMALL GRANTS, USUALLY BETWEEN \$300 AND \$1,000, PROVIDED TO CMCS TO HELP FUND COMMUNITY DEVELOPMENT PROJECTS AS WELL AS TO ESTABLISH CMC-RUN MICROCREDIT FUNDS. THE ROTATING MICROCREDIT FUNDS SET UP BY THE CMCS HELP VILLAGERS, PARTICULARLY WOMEN, OBTAIN THE INVESTMENT THEY NEED TO START SMALL BUSINESSES, INVEST IN AGRICULTURE, OR TAKE ON OTHER INCOME-GENERATING ACTIVITIES. THE CMCS OPERATE THE MICROCREDIT FUND BASED ON A GROUP-LENDING, REVOLVING-FUNDS SYSTEM. THE CMC WORKS TOGETHER TO SET THE INTEREST RATE AND THE LENGTH OF THE LOANS THEY WILL GRANT. STRONG COMMUNITY TIES HELP ENCOURAGE A HIGH REPAYMENT RATE. THE INTEREST FROM THESE FUNDS IS THEN USED TO EXPAND THE NUMBER OF LOANS AVAILABLE, UNDERTAKE COMMUNITY PROJECTS, OR ESTABLISH A SOLIDARITY FUND FOR CHILDREN'S EDUCATIONAL EXPENSES AND EMERGENCY MEDICAL NEEDS.

COMMUNITY DEVELOPMENT GRANTS GIVE CMCS AND INDIVIDUAL COMMUNITY MEMBERS THE OPPORTUNITY TO PUT THE LITERACY, NUMERACY, AND PROJECT MANAGEMENT KNOWLEDGE THEY GAINED DURING THE CEP INTO PRACTICE. THE GRANTS PROVIDE A WAY FOR COMMUNITY MEMBERS TO PARTICIPATE IN INCOME-GENERATING ACTIVITIES, ALLOWING THEM TO PROVIDE FOR THEIR FAMILIES AND SUSTAINABLY

Name of the organization	Employer identification number
TOSTAN, INC.	98-0118876

INVEST IN THEIR COMMUNITIES.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

EMPOWERED COMMUNITIES NETWORK (ECN): THE ECN HAS BEEN SET UP TO SUPPORT COMMUNITIES TO PARTNER WITH OTHER ORGANIZATIONS ON DEVELOPMENT INITIATIVES. THROUGH THE ECN, WE CONNECT TRAINED CMCS WITH NONPROFIT PARTNERS, MICROFINANCE INSTITUTIONS, BUSINESSES, GOVERNMENT AUTHORITIES, AND OTHER SERVICE PROVIDERS SO THEY CAN ACCESS RESOURCES AND FUNDING TO CONTINUE THEIR COMMUNITY-LED DEVELOPMENT PROJECTS. THE ECN ALSO ASSISTS CMCS TO FORM FEDERATIONS AND WORK TOGETHER ON DEVELOPMENT PROJECTS, ENSURING THE SUSTAINABILITY OF THE CEP.

MOBILE PHONE FOR LITERACY AND DEVELOPMENT (MPLD) MODULE: THE MODULE FOCUSES ON USING MOBILE PHONE TECHNOLOGY, SPECIFICALLY SMS TEXT MESSAGING, AS A TOOL TO REINFORCE LITERACY AND NUMERACY SKILLS, AND IS NOW AN INTEGRATED PART OF THE CEP. MOBILE PHONES AND THEIR NETWORKS ARE BECOMING INCREASINGLY MORE PREVALENT IN THE COMMUNITIES WITH WHICH WE PARTNER. WE FOUND THAT USING MOBILE PHONE TECHNOLOGY IS A RELEVANT AND INNOVATIVE WAY TO REINFORCE LITERACY AND NUMERACY SKILLS LEARNED IN THE CEP. TOSTAN FACILITATORS TEACH PARTICIPANTS THE PRACTICAL USES OF STANDARD MOBILE PHONE FUNCTIONS AND HOW SMS TEXTING CAN BE USED AS A TOOL TO PRACTICE THEIR LITERACY SKILLS. THE MOBILE PHONES ARE USED TO REINFORCE LITERACY, ORGANIZATION, AND MANAGEMENT SKILLS, AS WELL AS TO BUILD CONSENSUS AROUND LOCAL DEVELOPMENT INITIATIVES.

SMS TEXTING BECOMES A SUSTAINABLE AND RELEVANT OPTION FOR REINFORCING LITERACY AND NUMERACY AS ACCESS TO MOBILE PHONE TECHNOLOGY INCREASES. MOBILE PHONES AND SMS TEXT MESSAGING CAN BE USED AS A TOOL TO ACCELERATE POSITIVE SOCIAL TRANSFORMATION. THEY CONNECT WOMEN WITH EACH

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

OTHER AND WITH THEIR COMMUNITIES; AMPLIFY THE VOICE AND INFLUENCE OF YOUTH AND MARGINALIZED GROUPS IN A COMMUNITY'S DECISION-MAKING PROCESS; ORGANIZING ADVOCACY WORK; AND ACCELERATE LARGE-SCALE SOCIAL MOVEMENTS.

THE PEACE AND SECURITY PROJECT: THE PEACE AND SECURITY PROJECT WORKS TO STRENGTHEN AND SUPPORT THE GRASSROOTS STRATEGY OF COMMUNITY-LED DEVELOPMENT FOUND IN THE CEP TO IMPROVE PEACE AND SECURITY IN THE WEST AFRICAN REGION. IT FOCUSES ON BUILDING WAYS TO OVERCOME BARRIERS THAT LIMIT AN INDIVIDUAL'S ABILITY TO DEVELOP THROUGH COLLABORATION AT THE LOCAL, REGIONAL, AND NATIONAL LEVEL.

THE PEACE AND SECURITY PROJECT FIRST STRENGTHENS PEACE-BUILDING AT THE COMMUNITY LEVEL BY REINFORCING THE PREVENTION OF VIOLENCE SKILLS LEARNED IN THE CEP. THESE SKILLS INCLUDE IMPROVED COMMUNICATION AND PROBLEM-SOLVING SKILLS AS WELL AS THE PEACEFUL RESOLUTION OF COMMUNITY AND FAMILIAL CONFLICTS. THE PROJECT ALSO WORKS TO DEVELOP STRATEGIES FOR FOSTERING PEACE AND SECURITY ACROSS SOCIAL NETWORKS THROUGH RESEARCH AND COLLABORATION. THE PEACE AND SECURITY PROJECT RESEARCHED THE FUNCTION AND NATURE OF MAJOR SOCIAL NETWORKS IN SENEGAL, GAMBIA AND GUINEA-BISSAU, AND IDENTIFIED PERSONS OF INFLUENCE IN TERMS OF PEACE AND SECURITY IN PULAR, MANDINKA, AND DIOLA COMMUNITIES. IT ALSO WORKS TO CONNECT GRASSROOTS COMMUNITIES AND THEIR SOCIAL NETWORKS WITH REGIONAL AND INTERNATIONAL INSTITUTIONS. WITH THIS INCREASED COLLABORATION, REGIONS AND NATIONS AS A WHOLE CAN WORK TOGETHER TO IDENTIFY BARRIERS TO THE PEACE AND SECURITY OF THEIR AREA AND CREATE SOLUTIONS THAT WILL OVERCOME THOSE BARRIERS.

THE PEACE AND SECURITY PROJECT CONDUCTED PRELIMINARY RESEARCH IN 2012,

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

WAS FORMALLY LAUNCHED IN MARCH 2013 IN 60 COMMUNITIES SPREAD ACROSS  
GUINEA-BISSAU, SENEGAL AND THE GAMBIA.

IN 2015, THE PROGRAM SAW THE OPENING OF 60 NEW PEACE AND SECURITY  
CENTERS IN SENEGAL, THE GAMBIA AND GUINEA BISSAU, WITH THE  
PARTICIPATION OF 3,058 INDIVIDUALS (87% OF WHICH WERE WOMEN). THOSE  
PARTICIPANTS IN TURN "ADOPTED" (= SHARED AND DISCUSSED WHAT THEY HAD  
LEARNED) 2,328 PEOPLE AND 70 COMMUNITIES (31 IN SENEGAL, 19 IN GAMBIA  
AND 20 IN GUINEA-BISSAU), ALL OF THIS RESULTING IN THE ENGAGEMENT OF  
ALMOST 5,400 PEOPLE.

THE PROGRAM ALSO SAW THE ESTABLISHMENT OF 60 PEACE COMMITTEES COMPOSED  
OF WOMEN AND MEN IN THE THREE COUNTRIES WHERE THE PROJECT IS TAKING  
PLACE, BRINGING THE TOTAL NUMBER OF PEACE COMMITTEES TO 120. THESE  
PEACE COMMITTEES IN TURN:

- DEVELOPED ACTION PLANS AS PART OF THEIR CONFLICT PREVENTION TASKS AT  
THE COMMUNITY LEVEL;
- CARRIED OUT AWARENESS-RAISING ACTIVITIES ON RESPECT FOR HUMAN RIGHTS  
AND HUMAN SECURITY;
- RESOLVED 77 DIVERSE CONFLICTS (RELATING TO MARRIAGE, CROSS-COMMUNITY  
CONFLICT, PROPERTY CONFLICT AND SO FORTH) IN JUST THE LAST FEW MONTHS  
OF THE YEAR.

THE COMMUNITY MANAGEMENT COMMITTEES IN THE THREE PARTICIPATING  
COUNTRIES, ESTABLISHED DURING THE CEP, THEMSELVES CARRIED OUT HUNDREDS  
OF ADVOCACY AND AWARENESS RAISING ACTIVITIES ON HUMAN RIGHTS, HUMAN  
SECURITY AND PEACEFUL CONFLICT RESOLUTION.

THE SOLAR POWER! PROJECT: THE SOLAR POWER! PROJECT WAS LAUNCHED IN

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

2009 IN COLLABORATION WITH THE BAREFOOT COLLEGE IN INDIA, AND IT AIMS TO ADDRESS THE ISSUE OF LIMITED ACCESS TO ELECTRICITY BY EMPOWERING RURAL COMMUNITIES ACROSS AFRICA WITH THE SKILLS TO PROVIDE LOW-COST AND SUSTAINABLE ELECTRICITY FOR THEMSELVES. MANY RURAL COMMUNITIES WITH WHICH WE PARTNER ARE NOT CONNECTED TO THEIR COUNTRY'S ELECTRICAL INFRASTRUCTURE. WITHOUT ACCESS TO ELECTRICITY, COMMUNITY MEMBERS' PRODUCTIVITY IS LIMITED BY THE HOURS OF DAYLIGHT.

THROUGH THE SOLAR POWER! PROJECT, WE SPONSOR WOMEN FROM RURAL AFRICAN COMMUNITIES TO ATTEND THE BAREFOOT COLLEGE IN INDIA, WHERE THEY COMPLETE A SIX-MONTH TRAINING PROGRAM IN SOLAR ELECTRICAL ENGINEERING. THE COMPREHENSIVE TRAINING PROVIDES PARTICIPANTS WITH THE KNOWLEDGE AND SKILLS TO INSTALL, MAINTAIN, AND REPAIR SOLAR PANELS. BACK IN THEIR HOME VILLAGES, EACH SOLAR ENGINEER INSTALLS ONE SOLAR UNIT IN AT LEAST 50 HOMES, PROVIDING EACH FAMILY WITH A FIXED LAMP, A BRIGHT SOLAR LANTERN, AN LED FLASHLIGHT, AND A PLUG FOR CHARGING MOBILE PHONES. EACH PARTICIPANT ALSO TRAINS WOMEN FROM NEIGHBORING RURAL COMMUNITIES IN SOLAR ELECTRICAL ENGINEERING, SPREADING THE IMPACT OF THE PROGRAM AND PROVIDING EACH ENGINEER WITH A MEANS OF INCOME.

THE SOLAR POWER! PROJECT PROVIDES RURAL COMMUNITIES WITH ACCESS TO A CLEAN AND RENEWABLE ENERGY SOURCE, ALLOWING FOR GREATER ENVIRONMENTAL SUSTAINABILITY. THE PROJECT ALSO ALLOWS WOMEN TO EMERGE AS LEADERS AND ENTREPRENEURS IN THEIR COMMUNITIES. THROUGH THEIR TRAINING, THEY BUILD A MARKETABLE SKILL SET AND THE ABILITY TO SHARE THEIR KNOWLEDGE WITH OTHERS.

THE PRISON PROJECT: AIMS TO HELP DETAINEES REINTEGRATE BACK INTO THEIR



Name of the organization	Employer identification number
TOSTAN, INC.	98-0118876

COMMUNITIES THROUGH PARTICIPATION IN A MODIFIED VERSION OF THE CEP.

PARTICIPATION BUILDS THEIR KNOWLEDGE OF HUMAN RIGHTS AND EQUIPS THEM WITH PRACTICAL SKILLS TO START INCOME-GENERATING ACTIVITIES. WE ALSO FACILITATE FAMILY MEDITATIONS TO HELP INTEGRATE FORMER DETAINEES BACK INTO THEIR COMMUNITIES UPON RELEASE.

AN INTERNATIONAL AGREEMENT ADDRESSING PRISON CONDITIONS IN AFRICA ALLOWS PRISONS TO FORM PARTNERSHIPS WITH ORGANIZATIONS AND NGOS LIKE TOSTAN TO PROVIDE REHABILITATION SERVICES. THESE SERVICES ENCOURAGE SUCCESSFUL REINTEGRATION OF PRISONERS INTO SOCIETY UPON THEIR RELEASE. AS PART OF THE MODIFIED VERSION OF THE CEP WE IMPLEMENT IN PRISONS, FACILITATORS LEAD CLASS DISCUSSIONS ON TOPICS INCLUDING HUMAN RIGHTS EDUCATION, PROBLEM SOLVING, HYGIENE, HEALTH, AND LITERACY, AS WELL AS PROVIDE FAMILY MEDITATION AND SKILL TRAININGS IN PROJECT MANAGEMENT AND INCOME-GENERATING ACTIVITIES. UPON RELEASE, PARTICIPANTS ALSO HAVE ACCESS TO START-UP FUNDS FOR THE ESTABLISHMENT OF SMALL BUSINESSES. THE REVENUE GENERATED FROM THE SKILLS TRAININGS AND ECONOMIC ACTIVITIES OF THE PRISONERS WHO ARE STILL IMPRISONED MAKE THESE FUNDS POSSIBLE.

THE PRISON PROJECT (PP) CURRENTLY WORKS IN SIX SENEGALESE PRISONS.

IN 2015:

- 782 DETAINEES PARTICIPATED IN 435 CEP SESSIONS ON DEMOCRACY, HUMAN RIGHTS AND RESPONSIBILITIES, PROBLEM SOLVING, HEALTH AND HYGIENE, AND PRACTICAL SKILLS IN LITERACY, NUMERACY, PROJECT MANAGEMENT AND INCOME GENERATING ACTIVITIES.

- TOSTAN SUPERVISORS HELD AN ADDITIONAL 100 AWARENESS-RAISING SESSIONS TO REINFORCE CLASS CONTENT AND DEAL WITH SPECIFIC ISSUES RELEVANT TO

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

EACH PRISON, SUCH AS INFECTIOUS DISEASE TRANSMISSION

- TOSTAN STAFF FACILITATED A TOTAL OF 364 IN-PERSON MEDIATIONS AND 5306  
TELEPHONE MEDIATIONS.

- TRAININGS IN INCOME-GENERATING ACTIVITIES INCLUDED POULTRY FARMING,  
FABRIC DYEING, SHOE AND BAG MAKING, MARKET GARDENING, AND FRUIT AND  
CEREAL PROCESSING.

#### RECOGNITION:

TOSTAN CONTINUED TO GET HIGH-LEVEL RECOGNITION FOR ITS WORK IN 2015,  
MOLLY MELCHING ACCEPTED--ON BEHALF OF TOSTAN--THE THOMAS J DODD PRIZE  
IN INTERNATIONAL JUSTICE AND HUMAN RIGHTS, ALONG WITH PRESIDENT BILL  
CLINTON. MELCHING ALSO RECEIVED THE JURY SPECIAL PRIX IN INDIVIDUAL  
PHILANTHROPY FROM THE BNP PARIBAS FOUNDATION, AND THE UNIVERSITY OF  
ILLINOIS HUMANITARIAN AWARD.

#### FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

2015 AND BEYOND: FUTURE PERSPECTIVES.

LAUNCHED IN 2010, TOSTAN'S STRATEGIC PLAN 2010-2015 HAS GUIDED OUR WORK  
FOR THE PAST SIX YEARS. IT HAS THE MAIN GOAL OF REACHING 3,000  
COMMUNITIES, AND ENVISIONS CHANGES FOR THE ORGANIZATION AND ITS  
PROGRAMS.

BUILDING UPON THE MID-TERM ASSESSMENT COMPLETED IN DECEMBER 2012  
(AVAILABLE IN OUR 2012 ANNUAL REPORT), TOSTAN IN 2015 ASSESSED ITS  
PROGRESS TO-DATE, WITH A VIEW TOWARD SHAPING A NEW STRATEGIC PERIOD  
BEGINNING IN 2016.

DURING THIS REVIEW, WE CONFIRMED THAT WE HAD SUCCESSFULLY LAUNCHED A  
NEW COLLABORATIVE FUNDING MODEL IN OUR GENERATIONAL CHANGE IN THREE

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

YEARS CAMPAIGN, WE SAW MAJOR IMPROVEMENTS IN OUR LOGISTICS CAPACITIES,  
AND WE REDESIGNED OUR BRANDING AND LAUNCHED A BRAND NEW WEBSITE.  
CRUCIALLY, WE ALSO DEVELOPED EXCITING NEW PROGRAMS AND INTEGRATED  
OTHERS INTO THE FULL COMMUNITY EMPOWERMENT PROGRAM.

THE REVIEW REVEALED THAT WHILE MOST OF OUR INTERNAL OPERATIONAL GOALS  
WERE MET, SOME OPPORTUNITIES REMAINED, WHILE OTHERS HAD FALLEN OUT OF  
DATE. FINALLY, THE ORGANIZATION SAW AN OPPORTUNITY TO BETTER DESIGN ITS  
NEXT STRATEGIC PLANNING PROCESS, TO ADAPT AND ADJUST IN REAL TIME AS  
REALITIES CHANGE. THESE CRITICAL AREAS FOR IMPROVEMENT WILL BE MAJOR  
FACTORS IN SHAPING OUR NEXT STRATEGIC PERIOD, WHICH IS CURRENTLY  
INTENDED TO EXTEND FROM 2016-2022.

FORM 990, PART I LINE 5 AND PART V, LINE 2A:

THE ORGANIZATION ALSO HAS ADDITIONAL STAFF OF 805 LOCATED IN AFRICA.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

MALI, MAURITANIA, GUINEA, GUINEA-BISSAU,  
SENEGAL, THE GAMBIA

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. A DRAFT OF THE RETURN  
WAS REVIEWED BY SENIOR MANAGEMENT AND AUDIT COMMITTEE. THE FINAL FORM 990  
WAS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES AND BOARD MEMBERS ARE ASKED TO ANNUALLY SUBMIT ANY CONFLICTS  
OF INTEREST IN WRITING. NEW HIRES WILL BE ASKED IF THERE IS A CONFLICT AND

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

NOTICE WILL BE GIVEN TO THE SENIOR MANAGEMENT IMMEDIATELY AND BOARD YEARLY. IF A CONFLICT ARISES, THE BOARD OF DIRECTORS DETERMINE WHETHER THE CONFLICT EXISTS AND, IF SO, THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT TOSTAN'S BEST INTERESTS.

BOARD MEMBERS HAVE A DUTY TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST. THE BOARD OF DIRECTORS DETERMINES WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT TOSTAN'S BEST INTERESTS. VOTES WILL BE BY A MAJORITY VOTE, WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM PROVIDED THAT AT LEAST ONE CONSENTING DIRECTOR IS DISINTERESTED.

AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER WILL NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER. ANYONE IN A POSITION TO MAKE DECISIONS ABOUT SPENDING TOSTAN'S RESOURCES (I.E., TRANSACTIONS SUCH AS PURCHASES CONTRACTS) - WHO ALSO STANDS TO BENEFIT FROM THAT DECISION - HAS A DUTY TO DISCLOSE THAT CONFLICT AS SOON AS IT ARISES (OR BECOMES APPARENT); S/HE WILL NOT PARTICIPATE IN ANY FINAL DECISIONS.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

THE BOARD COMMITTEE REVIEWS COMPARABLE SALARIES BEFORE MAKING ANY  
RECOMMENDATIONS FOR SENIOR STAFF SALARIES. THE PROCESS IS DOCUMENTED. A  
REVIEW WAS LAST CONDUCTED IN JUNE 2013.

THE BOARD COMMITTEE ALSO REVIEWS COMPARABLE SALARIES BEFORE MAKING ANY  
RECOMMENDATIONS FOR THE KEY EMPLOYEES SALARIES. THE PROCESS IS DOCUMENTED.

TOSTAN'S COMPENSATION POLICY IS TO PAY AT THE 25TH PERCENTILE OF THE MARKET  
FOR SENIOR MANAGEMENT AND TOWARDS THE 75TH PERCENTILE FOR AROUND 900  
AFRICAN STAFF MEMBERS IN THE FIELD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REFUND OF RESTRICTED FUNDS TO DONORS	-10,165.
FUNDS WRITTEN-OFF	-7,260.
EXCHANGE RATE LOSS	-463,952.
TOTAL TO FORM 990, PART XI, LINE 9	-481,377.