	0	00	Return of Organization Exempt Fror	m In	come -	Тах	OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	<b>2015</b>			
Department of the Treasury			Do not enter social security numbers on this form as it n	Open to Public			
		nue Service	Information about Form 990 and its instructions is at www.	ww.irs.g	ov/form990.		Inspection
A F	or the	e 2015 calend	ar year, or tax year beginning $$ OCT $1$ , $2015$ and ending	<u>g S</u> E	P30,	2016	
B C a	heck if pplicabl	le: <b>C</b> Name of	organization	D	Employer	identifica	ation number
	_Addre	PROS	PERITY CATALYST, INC.				
	Name chang		isiness as			27-29	11776
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	/suite E	Telephone	e number	
	Final return	/	TERHOUSE STREET			202-2	79-1558
	termir ated	City or to	own, state or province, country, and ZIP or foreign postal code	G	Gross receipt	:s \$	989,868.
	Amen return Applio		RIDGE, MA 02138	н	<b>l(a)</b> Is this a		
	_tion pendi		nd address of principal officer:CATHERINE GIBBONS				Yes X No
	-	SAME	AS C ABOVE				uded? Yes No
		empt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or <b>PROSPERITYCATALYST.ORG</b>	527			st. (see instructions)
					l(c) Group e		
	orm of <b>rt l</b>	f organization: [ Summary	X Corporation Trust Association Other ► L	Year of t	ormation: Z	MUTO	State of legal domicile: ${f VT}$
ГС			e the organization's mission or most significant activities: PROSPERI	TTV	CATAL V	ידע שס	VELODG AND
e	1	Briefly describ	HENS WOMEN-LED BUSINESSES IN DISTRESS	י בבב מביה	DECTON	<u>a da</u>	OVIDING
Governance							
/eri			if the organization discontinued its operations or disposed of				ets. 12
ĝ			ing members of the governing body (Part VI, line 1a)				12
٥ŏ			ependent voting members of the governing body (Part VI, line 1b)				9
Activities			of individuals employed in calendar year 2015 (Part V, line 2a)				19
tivi			of volunteers (estimate if necessary)				0.
Ac			d business revenue from Part VIII, column (C), line 12				0.
	b	Net unrelated	business taxable income from Form 990-T, line 34				
					Prior Year		Current Year
ne			and grants (Part VIII, line 1h)	-	1,047,		960,062.
Revenue		•	ce revenue (Part VIII, line 2g)			0.	29,806.
Вe			come (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,047,		989,868.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		96,	361.	47,128.
	14	•	to or for members (Part IX, column (A), line 4)		240		0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		348,		252,901.
Expense	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10)         undraising fees (Part IX, column (A), line 11e)         ng expenses (Part IX, column (D), line 25)			0.	0.
ă					650	<u> </u>	(00.010
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		658,		689,913.
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,103,		989,942.
	19	Revenue less	expenses. Subtract line 18 from line 12		-55,		-74.
Net Assets or Fund Balances				Begin	ining of Curre		End of Year
sset	20	Total assets (F	Part X, line 16)		291,		265,508.
it As	21		(Part X, line 26)		134,		108,260.
ž	22		und balances. Subtract line 21 from line 20		157,	322.	157,248.
Pa	irt II	Signature					
Unde	er pena	alties of perjury, I	declare that I have examined this return, including accompanying schedules and st	tatement	s, and to the l	best of my l	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 of officer CATHERINE GIBBONS, EXE Type or print name and title	CUTIVE DIRECTOR	Date								
Paid	Print/Type preparer's name CHARLES J• WEBB, CPA	Preparer's signature CHARLES J. WEBB,	e e e e e e e e e e e e e e e e e e e	PTIN 201584539							
	Firm's name 💊 ALEXANDER , ARONS		, P.C. Firm's EIN ▶ 04	1-2571780							
Use Only	Firm's address ⊾ 21 EAST MAIN STR	EET									
	WESTBOROUGH, MA	01581	Phone no. 508 – 3	866-9100							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
532001 12-1	6-15 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions		Form <b>990</b> (2015)							
c	EE COUEDITE O EOD ODCANTZ	AUTON MICCION CUA	MENT CONTRACTOR	זאר							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	PROSPERITY CATALYST, INC. 27-2911776 Page	<b>2</b>
Par		_
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: PROSPERITY CATALYST INCUBATES AND LAUNCHES WOMEN-LED BUSINESSES IN	
	DISTRESSED REGIONS, CREATING OPPORTUNITIES FOR WOMEN TO ACHIEVE	
	ECONOMIC EMPOWERMENT. WE PROVIDE TOOLS, TRAINING AND COMMUNITY FOR	
	WOMEN IN THESE REGIONS TO THRIVE AS SKILLED ENTREPRENEURS AND LEADERS.	
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 X N	
		ю
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1
3	If "Yes," describe these changes on Schedule O.	10
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 \$137,834. including grants of \$47,128. ) (Revenue \$ HAITI PROGRAM	_ )
	IN 2013, PCAT PROVIDED BUSINESS MANAGEMENT TRAINING TO 100 WOMEN	
	APPRENTICE ENTREPRENEURS (AES) IN CAP-HAITIAN AND LAUNCHED A WOMEN-LED	
	CANDLE PRODUCTION AND EXPORT COMPANY CALLED FANM LIMYE (WOMEN	
	ILLUMINATED). IN JANUARY 2015 PCAT MOVED THE OPERATION TO	
	PORT-AU-PRINCE, WHERE IT WOULD BE EASIER AND CHEAPER TO ACCESS SUPPLIES	3
	AND TO CONNECT TO BOTH LOCAL AND EXPORT MARKETS.	
	OVER THE LAST YEAR, PCAT WORKED WITH 12 ARTISAN BUSINESSES IN	
	PORT-AU-PRINCE, DELIVERING BUSINESS PLANNING AND MANAGEMENT TRAINING;	
	11 OF THE 12 BUSINESSES HAVE SUCCEEDED IN DEVELOPING THEIR BUSINESS	
	PLANS. WITH ASSISTANCE FROM AN INTERNATIONAL DESIGNER, PCAT ALSO	
	ASSISTED THE ARTISANS TO LAUNCH TWO LINES OF CANDLES, ONE USING	
4b	(Code:) (Expenses \$691,991. including grants of \$) (Revenue	• )
	IRAQ PROGRAM	
	IN 2013, PCAT LAUNCHED A THREE-YEAR PROGRAM IN BAGHDAD, IRAQ, WHERE IT	
	HAS TRAINED AND EMPLOYED OVER 75 WOMEN TO PRODUCE CANDLES. THROUGH A PARTNERSHIP WITH A FOR-PROFIT CANDLE COMPANY, PCAT ENGAGED A DESIGNER	
	TO DEVELOP A UNIQUE PRODUCT OFFERING FOR GLOBAL MARKETS, CALLED THE	
	AKKADIAN COLLECTION, WHICH WAS INTRODUCED TO US MARKETS IN LATE 2015	
	(SEE WWW.AKKADIANCOLLECTION.COM), AND HAS SINCE SOLD OVER \$100,000	
	WORTH OF PRODUCT. THE AKKADIAN COLLECTION WAS FEATURED AT THE NY NOW	
	TRADE SHOW IN AUGUST 2016 TO CONNECT WITH NEW US-BASED BUYERS.	
	IN SEPTEMBER 2016, PCAT WAS AWARDED A NEW GRANT BY THE DEPARTMENT OF	
	STATE TO EXPAND ITS OPERATIONS IN IRAQ TO SERVE INTERNALLY DISPLACED	_
	PEOPLE (IDPS) IN KURDISTAN, MANY OF WHOM COME FROM AREAS HELD BY ISIS.	
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 ► 829,825.	_
	Form <b>990</b> (20	15)
532002 12-16-	SEE SCHEDULE O FOR CONTINUATION(S)	

Form	990	(2015)

Form 990 (2015) PROSPERITY CATALYST, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
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</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
с	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445	x	
46	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Δ	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	- 23	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		x

Form	990	(2015)
1 01111	330	

Form 990 (2015) PROSPERITY CATALYST, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	37
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form	990 (2015) PROSPERITY CATALYST, INC. 27-2911	776	Р	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► HAITI, IRAQ			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a h		-		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.) <b>11b</b>			
1 <b>2</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
4	<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			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form <b>990</b>	(2015)
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#### PROSPERITY CATALYST, INC.

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

Section A. Governing Body and Management

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.

					Yes	NO		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under t	he direc	t supervision					
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			x		
	more members of the governing body?							
b	<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?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				v			
a	The governing body?			8a	X X	<u> </u>		
b	Each committee with authority to act on behalf of the governing body?			8b	Δ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	at the			x		
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		Codal	9		<u> </u>		
Sec	tion B. Foncies (mis section B requests information about policies not required by the internal P	levenue			Yes	No		
102	Did the organization have local chapters, branches, or affiliates?			10a	162	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such of			10a				
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,	ie innig tre ieriti	11a	X			
12a								
b								
с								
	in Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	Idependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?						
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement w	vith a			v		
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate initiate the second state of a second state of the second s	-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	n′s	401-				
Sac	exempt status with respect to such arrangements?	<u></u>		16b				
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MA							
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion $501(c)(3)$ only a	wailah	le			
10	for public inspection. Indicate how you made these available. Check all that apply.	1000		vanau				
X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			l finan	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks ar	id records:					
	CATHERINE GIBBONS - 202-279-1558		·					
	9 WATERHOUSE STREET, CAMBRIDGE, MA 02138							
532006	6 12-16-15			Form	990	(2015)		

Х

Yes No

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

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

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

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

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

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an		h an	compensation	compensation	amount of		
	week		officer and a director/trustee)		from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-10130)		and related
	below	d ual t	In stitutional trustee	L_	mploy	Highest compensated employee	5			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			0
(1) NANCY CREMINS	3.00									
SECRETARY		x		X				0.	0.	0.
(2) LINDA STROHMEYER	40.00									
BOARD CHAIR		x		х				0.	0.	0.
(3) KATE MCELLIGOTT	3.00									
DIRECTOR		x						0.	Ο.	Ο.
(4) WENDY BOLGER	1.50									
DIRECTOR		X						0.	Ο.	0.
(5) PIERRE NOEL	1.50									
DIRECTOR		X						0.	Ο.	0.
(6) ELLEN REMMER	1.50									
DIRECTOR		X						0.	0.	0.
(7) ELAINE MARTYN	1.50									
DIRECTOR		X						0.	0.	0.
(8) EMIE MICHAUD WEINSTOCK	1.50									
DIRECTOR		X						0.	0.	0.
(9) SUZANNE LERNER	1.50									
DIRECTOR		X						0.	0.	0.
(10) ANN QUANDT	3.00									
TREASURER		X		X				0.	0.	0.
(11) SUSAN HESTER	1.50									
DIRECTOR		Х						0.	0.	0.
(12) JEREMY COURTNEY	1.50									
DIRECTOR		х						0.	0.	0.
(13) ELIZABETH MCDONALD	40.00									
FORMER EXECUTIVE DIRECTOR				Х				61,404.	0.	3,833.
(14) SIIRI MORLEY	40.00									
FORMER EXECUTIVE DIRECTOR				Х				683.	0.	0.
(15) CATHERINE GIBBONS	40.00									
INTERIM EXECUTIVE DIRECTOR				Х				0.	0.	0.
		l								

	990 (2015) PROSPERI									27-29	11	776	Pa	ige <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) (B) Name and title Average hours per week			Average Position					(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		am	(F) imate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	pensation om the nizati relate nizatio	e on ed
											-+			
											$\neg$			
с	Sub-total Total from continuation sheets to Part V	II, Section A							62,087. 0. 62,087.		0.0.0.		8,83 8,83	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization		r							),000 of reportable			, 0.	0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	-				•		-	<b>c</b>			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n ano	d ot				4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>con</i> tion <b>B. Independent Contractors</b>	-				-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for										pensa	ation fr	om	
(A) Name and business address NONE Descripti							<b>(B)</b> Description of s	services	C	(C) ompen		ı		
								_						
0	Total number of independent contractors	including but -		mita	d +-	the	<u>ee "</u>	otor	t abovo) who received -	agra than				
2	Total number of independent contractors ( \$100,000 of compensation from the organi	•	IUL III	mile	u 10		se ii 0	siec	a above, who received h					

Forn	1 990	) (2	2015) PROSPERITY C.	ATALYST,	INC.		27-2911	.776 Page 9
Pa	rt V	<b>/</b>						
			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns 1a					
Grai		b	Membership dues 1b					
Am (		с	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
		е	Government grants (contributions) 1e	658,001.				
		f	All other contributions, gifts, grants, and					
l pu			similar amounts not included above 1f	302,061.				
d d		g	Noncash contributions included in lines 1a-1f: \$					
<u>3 e</u>		h	Total. Add lines 1a-1f	🕨	960,062.			
				Business Code				
e	2	а	CANDLE SALES	900099	29,806.	29,806.		
ervi Je		b						
e L S		С						
lran Sev		d						
Program Service Revenue		е						
Δ.			All other program service revenue		00.005			
		g	Total. Add lines 2a-2f		29,806.			
	3		Investment income (including dividends, inte					
	_		other similar amounts)			~		
	4		Income from investment of tax-exempt bond	· · ·				
	5		Royalties					
	-		(i) Real	(ii) Personal				
			Gross rents					
			Less: rental expenses					
			Rental income or (loss)					
			Net rental income or (loss)					
	1	а	Gross amount from sales of (i) Securities	(ii) Other				
		h	assets other than inventory Less: cost or other basis					
		D	and sales expenses					
		~	Gain or (loss)					
			Net gain or (loss)					
•			Gross income from fundraising events (not					
nue	U	u	including \$ of					
eve			contributions reported on line 1c). See					
Ř			Part IV, line 18	a				
Other Revenue		b	Less: direct expenses					
0			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses	b				
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances	a				
		b	Less: cost of goods sold	b				
		с	Net income or (loss) from sales of inventory					
			Miscellaneous Revenue	Business Code				
	11	а						
		b						
		С						
			Total. Add lines 11a-11d		000 060	29,806.		
	12		Total revenue. See instructions.		1.000, COC	47,000.l	0.	0.

PROSPERITY CATALYST, INC. Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, i	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	47,128.	47,128.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,463.	32,562.	7,196.	34,705
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	144,401.	122,719.	15,038.	6,644
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	18,421.	17,960.	66.	395
0	Payroll taxes	15,616.	9,849.	3,775.	1,992
1	Fees for services (non-employees):				
а	Management				
	Legal	1,600.	1,600.		
	Accounting	74,210.		74,210.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch 0.)	127,416.	127,416.		
2	Advertising and promotion	8,670.	8,670.		
3	Office expenses	4,296.	2,984.	1,105.	207
4	Information technology	129.		129.	
5	Royalties				
6	Occupancy	18,998.	16,748.	1,550.	700
7	Travel	41,275.	39,634.	111.	1,530
в	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	887.		484.	403
C	Interest	3,245.		3,245.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	11,823.	9,924.	1,827.	72
ŀ	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	SUBGRANT AWARD	224,988.	224,988.		
b	PROGRAM SUPPLIES	147,912.	147,912.		
с	MISCELLANEOUS	14,474.	9,741.	3,704.	1,029
d	MONITORING AND EVALUATI	9,990.	9,990.		
е	All other expenses				
;	Total functional expenses. Add lines 1 through 24e	989,942.	829,825.	112,440.	47,673
;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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34

Form	n 990 (i	2015) PROSPERITY CATALYST, INC.		27-	2911776 Page 11
	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	132,614.	1	56,519.
	2	Savings and temporary cash investments	30,887.	2	90,067.
	3	Pledges and grants receivable, net	55,000.	3	65,000.
	4	Accounts receivable, net	65,160.	4	46,171.
	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			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,052.	9	7,751.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	~	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	291,713.	15	265,508.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	39,561.	16 17	10,185.
	17	Accounts payable and accrued expenses	J9, J01•	17 18	10,103.
	18 19	Grants payable		19	
	20	Deferred revenue		20	
	20	Tax-exempt bond liabilities		20	
Ś	22	Loans and other payables to current and former officers, directors, trustees,		21	
ities		key employees, highest compensated employees, and disqualified persons.			
Liabilit		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	94,830.	24	98,075.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	134,391.	26	108,260.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	97,152.	27	43,538.
Bal	28	Temporarily restricted net assets	60,170.	28	113,710.
pu	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
s of		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds	157 322	32	157 248

Total net assets or fund balances

Total liabilities and net assets/fund balances

157,248. 265,508. Form **990** (2015)

33

34

157,322. 291,713.

Form	1990 (2015) PROSPERITY CATALYST, INC.	27-291	1776	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			L	
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,868	
2	Total expenses (must equal Part IX, column (A), line 25)	2	989	9,942	
3	Revenue less expenses. Subtract line 2 from line 1	3		-74	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	157	7,322	2.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	157	7,248	3.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			[]	X
				Yes N	lo
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Σ	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	Зb		
			-		

(Form	990	or	990-	·EΖ
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# 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.

2013
Open to Public Inspection

OMB No. 1545-0047

001E

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form	n990.	Inspection
E	mplover	identification number

Name of the org	ganization
-----------------	------------

		PROS	PERITY CAT	ALYST, INC.				2	7-2911776								
Pa	art I	Reason for Public (	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.									
The	orgar	nization is not a private found	ation because it is: (	For lines 1 through 11, o	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 <b>section 170(b)(1)(A)(iii).</b>															
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). (C	omplete Part II.)														
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).										
7	X	An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmental	unit or from t	he general	public described in								
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)														
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)												
9		An organization that norma	lly receives: (1) more	e than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, a	nd gross receipts from								
		activities related to its exem	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	in 33 1/3% of	its suppor	t from gross investment								
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.								
		See section 509(a)(2). (Cor															
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).										
11		An organization organized a															
		more publicly supported or							Check the box in								
	_	_lines 11a through 11d that				-		-									
а		<b>Type I.</b> A supporting orga	-														
		the supported organization			a majority (	of the dire	ctors or truste	ees of the s	supporting								
	_	organization. You must c	-		/												
b		<b>Type II.</b> A supporting org	-				•		-								
		control or management o			same perso	ons that co	ontrol or mana	age the sup	ported								
		organization(s). You mus	-														
C		☐ Type III functionally inte						illy integrate	ed with,								
		its supported organization															
c		Type III non-functionally						-									
		that is not functionally int		• •	-		-	d an attent	iveness								
		requirement (see instruct	,	•													
e		Check this box if the orga					а туре ї, туре	п, туре п									
f	Ent	functionally integrated, or er the number of supported o	••														
		vide the following information		d organization(s)													
<u> </u>		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount o	fmonetary	(vi) Amount of								
		organization		(described on lines 1-9	listed i governing o	n your	sunnort		other support (see								
				above (see instructions))	Yes	No	instruct	ions)	instructions)								
					1												

Total

#### Schedule A (Form 990 or 990-EZ) 2015 PROSPERITY CATALYST, INC. Part II Support Schedule for Organizations Described in Sections

27-2911776 Page 2

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.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	95,470.	224,199.	734,366.	1,047,722.	960,062.	3,061,819.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	95,470.	224,199.	734,366.	1,047,722.	960,062.	3,061,819.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						160,714.			
6	Public support. Subtract line 5 from line 4.						2,901,105.			
_	ction B. Total Support						, ,			
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Amounts from line 4	95,470.	(b) 2012 224,199.	734,366.	1,047,722.	960,062.	3,061,819.			
8	Gross income from interest,				, ,	,	, ,			
Ũ	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources			767.			767.			
٩	Net income from unrelated business									
3	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
44	<b>Total support.</b> Add lines 7 through 10						3,062,586.			
	Gross receipts from related activities,	oto (soo instructi				12				
	First five years. If the Form 990 is for	· ·	,	d fourth or fifth to						
10	organization, check this box and <b>stor</b>	-				11001(0)(0)				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2015 (			olumn (f))		14	94.73 %			
	Public support percentage from 2014					15	<u> </u>			
	<b>33 1/3% support test - 2015.</b> If the c									
	stop here. The organization qualifies	-								
h	33 1/3% support test - 2014. If the c									
	and stop here. The organization qual	-								
17~	10% -facts-and-circumstances tes									
110	and if the organization meets the "fac									
	meets the "facts-and-circumstances"			-	-	-	. —			
F		-		• •						
C C	10% -facts-and-circumstances tes									
	more, and if the organization meets the				• •		, ►□			
10	organization meets the "facts-and-circ									
18	8 Private foundation. 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

# Schedule A (Form 990 or 990-EZ) 2015 PROSPERITY CATALYST, INC.

# 27-2911776 Page 3

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.)

Sec	alon A. Fublic Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e)	2015	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
2								
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons				Y			
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							
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e)	2015	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for	the organization'	l s first second this	rd fourth or fifth t	tax vear as a section	1 n 501(c)	(3) organiz	ation
	check this box and stop here	the organization s		a, iourai, or intri	an you as a sould		(o) organiz	
Sec	tion C. Computation of Publi	ic Support Pe	rcentage					
	Public support percentage for 2015 (li		-	column (f))		15		%
	Public support percentage from 2014					16		%
	tion D. Computation of Invest							70
	Investment income percentage for 20					17		%
	Investment income percentage from 2					18		%
	33 1/3% support tests - 2015. If the						and line 1	
134								
b	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b 33 1/3%</b> 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%, che							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	struction	s	<b>&gt;</b>

Vee N-

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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 Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **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.)

	Yes	No
1		
•		
2		
3a		
Ju		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
5		
7		
8		
9a		
54		
9b		
9c		
40		
10a		
10b		

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 <i>I</i> <sup>II</sup> No, "describe in <b>Part V</b> In ow the 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, <i>II</i> and <i>No</i> provides or the controlled the organization operate for the benefit of any supported organization other than the supported     organization operate for the benefit of any supported organization other than the supported     organization is activities. If the organization other than the supported     organization is activities, supervised, or controlled the supporting organization ( <i>I</i> ) <sup>II</sup> 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.     Section C. Type II Supporting Organizations     Yees IN     Were a majority of the organization's supported organization(s) <i>II</i> 'No," describe in Part VI how control     or management of the supporting Organization(s) <i>II</i> 'No." describe in Part VI how control     organization(s).     Yees IN     Did the organization provide to each of its supported organization(s) <i>II</i> 'No." describe in Part VI how control     organization(s) in exporting Organizations     Yees IN     Did the organization provide to each of its supported organizations, by the last day of the fifth month of the     organization's governing documents in effect on the date of notification, and (iii) copies of the     organization's officers, directors, or trustees either (I) appointed organization's).     Yees IN     Did the organization softicers, directors, or trustees either (I) appointed organization's     supported organization's dinvectors, or trustees either (I) appointed organization's).				Yes	No
below, the governing body of a supported organization?     b A family member of a person described in (a) above?     c A 35% controlled entity of a person described in (a) or (b) above?If 'Yes' to a, b, or c, provide detail in Part VI.     c To be the support of the support of the organizations are the power to regulary appoint or elect at least a majority of the organization is directors or trustees at all times during the tax yea? If 'No,' describe in Part VI how the supported organization generated, supervised, or controlled the organization is activities or trustees are allocated anong the supported organization, describe how the powers to pappoint or elect at least a majority of the organization and more than one supported organization, describe how the powers to pappoint advice or restrotices, if any, applied to such powers during the tax year.     controlled the organization operate for the benefit of any supported organization of the support organization of the support organization of the support organization organization's the support of organization or restrictions, if any, applied to such powers during the tax year.     d Did the organization's bus benefit carried out the purposes of the supported organization's (that operated, supervised, or controlled the supporting organization (the supporting organization) if 'Yes,' explain in Part VI how providing such benefit carried out the support or granization (the support organization) and the support organization is the same persons that controlled or managed the support or granization's supported organization's (the organization's use support or granization's (the support or granization's bay cert provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's or trustees atter (i) appointed organization's investment policies and in directing the use of the organization's supported organization's investment policies and in directing the use of the organ	11	Has the organization accepted a gift or contribution from any of the following persons?			
below, the governing body of a supported organization?     b A family member of a person described in (a) above?     c A 35% controlled entity of a person described in (a) or (b) above?If 'Yes' to a, b, or c, provide detail in Part VI.     c To be the support of the support of the organizations are the power to regulary appoint or elect at least a majority of the organization is directors or trustees at all times during the tax yea? If 'No,' describe in Part VI how the supported organization generated, supervised, or controlled the organization is activities or trustees are allocated anong the supported organization, describe how the powers to pappoint or elect at least a majority of the organization and more than one supported organization, describe how the powers to pappoint advice or restrotices, if any, applied to such powers during the tax year.     controlled the organization operate for the benefit of any supported organization of the support organization of the support organization of the support organization organization's the support of organization or restrictions, if any, applied to such powers during the tax year.     d Did the organization's bus benefit carried out the purposes of the supported organization's (that operated, supervised, or controlled the supporting organization (the supporting organization) if 'Yes,' explain in Part VI how providing such benefit carried out the support or granization (the support organization) and the support organization is the same persons that controlled or managed the support or granization's supported organization's (the organization's use support or granization's (the support or granization's bay cert provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's or trustees atter (i) appointed organization's investment policies and in directing the use of the organization's supported organization's investment policies and in directing the use of the organ	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
b A family member of a person described in (a) above?     110			11a		
Section B. Type I Supporting Organizations       Yes N         1       Did the directors, trustees, or membership of one or more supported organization's 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 directors or trustees at all times during the organization's directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the benefit of any supported organization of the tax year? How providing such benefit carried out the purposes of 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.       Yes N         Section C. Type II Supporting Organization.       Yes N         1       Were a majority of the organization's supported organization(s)? If 'No,'' describe in Part VI how control or management of the supporting organization(s)? If 'No,'' describe in Part VI how control or management of the supporting Organizations we steed in the same persons that controlled or managed the supportid organization (s).       Yes N         1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's operation is overning body on supported organization's provided?       Yes N         2       Did the organization is directors or trustees and in director is orelated organization's supported organization's hubble	b		11b		
Section B. Type I Supporting Organizations       Yes N         1       Did the directors, trustees, or membership of one or more supported organization's 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 directors or trustees at all times during the organization's directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the benefit of any supported organization of the tax year? How providing such benefit carried out the purposes of 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.       Yes N         Section C. Type II Supporting Organization.       Yes N         1       Were a majority of the organization's supported organization(s)? If 'No,'' describe in Part VI how control or management of the supporting organization(s)? If 'No,'' describe in Part VI how control or management of the supporting Organizations we steed in the same persons that controlled or managed the supportid organization (s).       Yes N         1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's operation is overning body on supported organization's provided?       Yes N         2       Did the organization is directors or trustees and in director is orelated organization's supported organization's hubble	с	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.	11c		
1 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 directors or trustees at all times during the day each bow the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers during the tax year? 2 Did the organization operate for the benefit of any supported organization of the tax tex? if the organization and what controlled the supporting organization other than the supported organization operate, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 4 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization (s)? If "No," describe in Part VI how providing angainzation was vested in the same persons that controlled or managed the supported organization(s). 3 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is a vested in the same persons that controlled or in anaged the supported organization is supported organization. 4 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's directors or the date of notification, and (iii) copies of the organization's giventeed organization's giventeed organization(s). 9 Wees any of the organization's directors, or trustees either (ii) apported organization(s). 9 Wees any of the organization's directors, or trustees either (ii) apported organization(s). 9 Uhe the organization's directory, or the dat			•		
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year' <i>II</i> "No," describe in Part VI. how the supported organization (describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operated to use how powers during the tax year.       1         2       Did the organization operate for the benefit of any supported organization and the tax year.       2         2       Did the organization operate for the benefit of any supported organization? <i>II</i> "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.       2         Section C. Type II Supporting Organization       Yes       Yes       Nerve an alporty of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supporting organization supported organizations, by the last day of the fifth month of the organization's lax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of rotification, on the supported organization's lax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's directors, or thu				Yes	No
tx       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 organization operate for the benefit of any supported organization of 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? 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? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled organization(s) that operated, supervised organization's supported organization(s) that operated, supervised organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organizations, by the last day of the fifth month of the organization's tax year, () a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's is supported organization's tax year, () a written notice describing the type and amount of support provided during	1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
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 support     organization operate for the benefit of any supported organization (b) that operated, supervised, or controlled the supporting organization of the supported organization (b) that operated, supervised, or controlled the support organization (b) that operated, supervised, or controlled the support organization.     Section C. Type II Supporting Organizations     Vers an algority 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 organizations, (b) that operated, supporting organization was vested in the same persons that controlled or managed the support of organization was vested in the same persons that controlled or managed the support of organizations and what vess of each of the organization was vested in the same persons that controlled or managed the support of organizations are verse.     I Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's query of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization working on the governing body of a supported organization's layported organization's supported organization's supported organization's supported organization's working relationship with the support of organization's (b) or (ii) serving on the governing body of a supported organization's file as of the organization's and (iii) copies of the organization working on the governing body of a supported organization's supported organization's supported organization's supported organization's (b) or (ii) serving on the governing body of a supported organization's (b) or (ii) s		regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
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 taxy year.       1         2       Did the organization operate for the benefit of any supported organization? If "Yes," explain in Pert VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.       2         Section C. Type II Supporting Organizations       Yes       N         1       Vere 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).       1         Section D. All Type III Supporting Organizations       Yes       N         1       Did the organization is flect on the date of notification, and (iii) copies of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the organization's owning documents in effect on the date of notification, the extent not previously provided?       1         2       Were any of the organization's officers, directors, or trustees either (i) appointed organization(s).       2       1         3       Section D. All Type III Supporting Organization.       1		tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
a organizations and what conditions or restrictions, if any, applied to such powers during the tax year.       1         2 Did the organization operate for the benefit of any supported organization of ther than the supported organization (b) the organization of the upposes of the supporting organization?) if the organization of the upposes of the support of the support of the support of the directors or trustees during the tax year also a majority of the directors or trustees of each 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)? If 'No,' describe in Part VI how control or management of the supporting Organizations         4 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 supporting Organizations?) If 'No,' describe in Part VI how control or management of the supporting Organizations       Yes         5 Section D. All Type III Supporting Organizations       1       1         1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's any year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice describing the tax exert the date of notification, and (iii) copies of the organization's informs, directors, or trustees either (i) appointed organization's in Part VI how the organization's informs, directors, or trustees either (i) appointed organization's (s).       1         2 Were any of the organization's officers, directors, or trustees either (i) appointed organization's (s).       2       1         3 significant voice in the organization's indenship		controlled the organization's activities. If the organization had more than one supported organization,			
2 Did the organization operate for the benefit of any supported organization of the "the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Section C. Type II Supporting Organization. 3 Vers 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 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)? If "No," describe in Part VI how control or management of the supporting Organizations. 3 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is directors or trustees do notification, and (iii) copies of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's organization's or trustees either (i) appointed organization's) provided? 3 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's). 2 Were any of the organization's investment policies and in directing the use of the organization's. 3 by reason of the relationship described in (2), did the organization's supported a government entity (see instructions): a significant voice in the organization is investment policies and in directing the use of the organization's supported or		describe how the powers to appoint and/or remove directors or trustees were allocated among 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.       2         Section C. Type II Supporting Organizations       Yes N         1       Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported organization(s).       1         Section D. All Type III Supporting Organizations       1       Yes N         1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's day ear, (i) a copy of that was most recently filed as of the date of notification, and (ii) copies of the organization's officers, directors, or trustees either (i) appointed organization's poveried organization's or supported organization's organization's organization's officers, directors, or trustees either (i) appointed organization's income or assets at all times during the tax year? If "Yes," describe in Part VI how 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 how the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI thow torganization's income or assets at all times		organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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			0-		
that these activities constituted substantially all of its activities.  2a  b Did the activities described in (a) constitute activities that but for the organization's involvement, one or more	F		Za		
<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 ongeged in 2 if "Yes " explain in <b>Part VI</b> the	a				
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the					
reasons for the organization's position that its supported organization(s) would have engaged in these 2b 2b			0h		
	2		20		
<ul> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or</li> </ul>					
a 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 <i>Part VI</i> .         3a	d		30		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	h		Ja		
of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. <b>3b</b>	5		3b		

Schedule A (Form 990 or 990-EZ) 2015

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

 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.

			(optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other		•	
factors (explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
	Add lines 1 through 3         Depreciation and depletion         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)         Other expenses (see instructions)         Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)         on B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d         Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).         Net value of non-exempt-use assets (subtract line 4 from line 3)         Multiply line 5 by .035         Recoveries of prior-year distributions         Minimum Asset Amount (add line 7 to line 6)         on C - Distributable Amount         Adjusted net income for prior year (from Section A, line 8, Column A)         Enter 85% of line 1         Minimum asset amount for prior year (from Section B, line 8, Col	Add lines 1 through 3       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)       8         on B - Minimum Asset Amount       8         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1         Average monthly cash balances       1         Fair market value of securities       1         Average monthly cash balances       1         Total (add lines 1a, 1b, and 1c)       1         Discount claimed for blockage or other       1         factors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d       3         Cash deemed held for exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by .035       6         Recoveries of prior-year distributions       7         Muiting Vine Asset Amount (add line 7 to line 6)       8         on C - Distributable Amount       2	Add lines 1 through 3       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)       8         on B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other       3         factors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d       3         Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multipy line 5 by .035       6         Recoveries of prior-year distributions       7 <tr< td=""></tr<>

7 Check here if the current year is the organization's first as a non-functionally-interinstructions).

Schedule A (Form 990 or 990-EZ) 2015

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9				
	(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						
Sect	ion 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:						
а							
b							
с							
d	From 2013						
e	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a							
b							
	Excess from 2013						
-	Excess from 2014						
e	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 PROSPERITY	CATALYST,	INC.	27-2911776 Page 8
Part VI	<b>Supplemental Information.</b> Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, line 1; Part IV, Section D, lines 2 and 3; Part IV, 5 Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	explanations requir 6, 9a, 9b, 9c, 11a, 1 Section E, lines 1c, 1	red by Part II, line 10; Part II, line 17a ( 11b, and 11c; Part IV, Section B, lines 2a, 2b, 3a and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

	HEDULE D		OMB No. 1545-0047			
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10,	ld, 11e, 11f, 12a, or 12b.			
	ment of the Treasury I Revenue Service	<ul> <li>Information about Schedule D (For</li> </ul>	90.	form99	Open to Public 0. Inspection	
	e of the organizati	on			1	oloyer identification number
_		PROSPERITY CATALYS				27-2911776
Pa		ations Maintaining Donor Advise		her Similar Funds or A	Accou	Ints.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, line I		advised funds	(b) Eup	ds and other accounts
4	Total number at or	nd of year			( <b>b)</b> i uii	
1 2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in v		sets held in donor advised fur	nds	
	are the organizatio	on's property, subject to the organization's	exclusive legal co	ntrol?		Yes 🛛 No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing t	hat grant funds can be used	only	
		ooses and not for the benefit of the donor o	r donor advisor, o	r for any other purpose confe	rring	
De	impermissible priv					
Pa		ation Easements. Complete if the org			, line 7.	
1		servation easements held by the organization of land for public use (e.g., recreation or e	`	appiy). Preservation of a historically	impor	tant land area
		of land for public use (e.g., recreation or e of natural habitat		Preservation of a historically Preservation of a certified h	· ·	
		n of open space			.5:0103	
2		through 2d if the organization held a qualif	ied conservation o	contribution in the form of a co	onserva	ation easement on the last
	day of the tax yea					Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b		ricted by conservation easements			2b	
с		vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a				
		nal Register			2d	
3		vation easements modified, transferred, rel	eased, extinguishe	ed, or terminated by the orgai	nizatior	n during the tax
4	year	where property subject to conservation eas	comont is located			
4 5		tion have a written policy regarding the per				
Ŭ	•	forcement of the conservation easements it				Yes No
6	,	er hours devoted to monitoring, inspecting,				
	►	····ə, ····-ə,	5	, , , , , , , , , , , , , , , , , , , ,		<b>3 7 - - -</b>
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, a	and enforcing conservation ea	asemer	nts during the year
	▶\$					
8		vation easement reported on line 2(d) abov	•			
		)(4)(B)(ii)?				
9	,	be how the organization reports conservation			,	,
		ble, the text of the footnote to the organizat	tion's financial stat	ements that describes the or	ganizat	ion s accounting for
Pa	conservation ease	ations Maintaining Collections of	f Art, Historica	al Treasures. or Other	Simil	ar Assets.
		f the organization answered "Yes" on Form				
1a		elected, as permitted under SFAS 116 (AS			nd bala	ance sheet works of art,
		s, or other similar assets held for public exh				
	the text of the foot	tnote to its financial statements that descri	bes these items.			
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report i	n its revenue statement and b	calance	sheet works of art, historical
		r similar assets held for public exhibition, ec	ducation, or resear	ch in furtherance of public se	ervice, p	provide the following amounts
	relating to these it				•	•
		Ided on Form 990, Part VIII, line 1				۵ ۳
0				milar acasta for financial acin	P	⊅
2		received or held works of art, historical trea unts required to be reported under SFAS 1			ριονία	e
я	-	on Form 990. Part VIII. line 1	Telat (oce och jielat	Ing to these items.		\$

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule D (Form 990) 2015

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Sche	dule D (Form 990) 2015 PROSPER	ITY CATALY	ST, INC.		27-29	911776 Page <b>2</b>
Pa	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Oth	er Similar Ass	<b>ets</b> (continued)
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	e following that are a	significant use of its	s collection items
	(check all that apply):					
а	Public exhibition	d		change programs		
b	Scholarly research	e	e 🛄 Other			
с	Preservation for future generations					
4	Provide a description of the organization's c					irt XIII.
5	During the year, did the organization solicit of					¬
De	to be sold to raise funds rather than to be m					<u>Yes</u> <u>No</u>
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizati	on answered "Yes" o	n Form 990, Part IV	, line 9, or
10	· · · · · · · · · · · · · · · · · · ·		diany for contributio	and or other access a	t included	
Id	Is the organization an agent, trustee, custod					Yes No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII				L	
D		and complete the lo	nowing table.			Amount
<u>د</u>	Beginning balance				1c	Amount
	Additions during the year					
	Distributions during the year					
f	Ending balance					
	Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII.					
Pa						
		(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					
с	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
с	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c sho					
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the organization	rr
	by:					Yes No
	(i) unrelated organizations					
	(ii) related organizations			~		<b>3a(ii)</b>
	If "Yes" on line 3a(ii), are the related organiza			?		3b
	t VI Land, Buildings, and Equipm		owment tunds.			
1 0	Complete if the organization answere		D Part IV line 11a	See Form 990 Part	( line 10	
	Description of property	(a) Cost or o	· · · · ·		Accumulated	(d) Book value
	Description of property	basis (investr	.,		epreciation	(d) DOOR VAIUE
	Land	· · ·	,	, ,		
	Buildings					
	Leasehold improvements					
	Equipment					
	Other					
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)		0.

Schedule D (Form 990) 2015

	(Form 990) 2015	PROSPERITY	CATALYST,	INC	•		27-2911776	Page 3
	Investments - O	ther Securities.						
		nization answered "Yes"	on Form 990, Par	IV, line	11b. See Form 990	, Part X, line 12.		
(a) Descript	tion of security or categor	ry (including name of security)	(b) Book val	ue	(c) Method of	valuation: Cost or	end-of-year market va	lue
(1) Financia	I derivatives							
(2) Closely-	held equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
		Part X, col. (B) line 12.) 🕨						
Part VIII	Investments - P	rogram Related.						
		nization answered "Yes"						
	(a) Description of in	vestment	(b) Book val	ue	(c) Method of	valuation: Cost or	end-of-year market va	lue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		Part X, col. (B) line 13.) 🕨						
Part IX	Other Assets.							
	Complete if the organ	nization answered "Yes"		t IV, line <sup>-</sup>	11d. See Form 990	, Part X, line 15.		
		(a)	Description				(b) Book valu	Je
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		m 990, Part X, col. (B) lin	e 15.)					
Part X	Other Liabilities							
		nization answered "Yes"	on Form 990, Par			m 990, Part X, line T	e 25.	
1.	. ,	cription of liability		(	<b>b)</b> Book value	-		
	eral income taxes					-		
(2)						-		
(3)						-		
(4)						-		
(5)				_		-		
(6)						_		
(7)								
(8)						-		
(9)						-		
		m 990, Part X, col. (B) lin						
		ions. In Part XIII, provide						_ <b></b>
organiza	ation's liability for unce	rtain tax positions unde	r FIN 48 (ASC 740)	. Check	here if the text of th	ne footnote has be	een provided in Part X	

Sche	edule D (Form 990) 2015 PROSPERITY CATALYST, INC.		27-2911776 Page 4			
Pa	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			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>		4c			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	r Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				

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

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE
WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION
HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT SEPTEMBER
30, 2016. THE ORGANIZATION'S INFORMAITON RETURNS ARE SUBJECT TO
EXAMINATION BY FEDERAL AND STATE JURISDICTION.

#### PROSPERITY CATALYST, INC.

Schedule D		
Part XIII	Supplay	mont

Supplemental mornation (continued)

SCHEDULE F	Stator	nent of	f Act	ivities Outside the Ur	nited Sta	atas	OM	B No. 1545-0047
(Form 990)				n answered "Yes" on Form 990, Part			- 2	2015
	,			Attach to Form 990.	····, ····, ·	-,		Den to Public
Department of the Treasury Internal Revenue Service	Information	n about Sch	edule F	(Form 990) and its instructions is at	www.irs.gov/fe	orm990.		spection
Name of the organizat	ion					Employer id	lentific	cation number
PROSPERITY						27-291		
Part I Genera	al Information o	on Activiti	es Ou	tside the United States. Comple	ete if the orgar	nization answe	red "Y	es" on
	), Part IV, line 14b.							
				ds to substantiate the amount of its gra the selection criteria used to award the			X	Yes 🗌 No
-	<b>rs.</b> Describe in Part	V the organi	zation's	procedures for monitoring the use of it	s grants and o	ther assistanc	e outs	ide the
United States.								
· · · · · · · · · · · · · · · · · · ·				an be duplicated if additional space is i			<u> </u>	(0 T · · ·
<b>(a)</b> Region	(b) Numbe offices in the reg	on indep	mber of oyees, ts, and endent actors egion	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type ce(s) in region	, 	(f) Total expenditures for and investments in region
			0		ESTABLISH ( BUSINESS AN	CANDLE MAKI ND CREATE	NG	
					CANDLE MAKI	ING AND JOB		
HAITI		1	4	PROGRAM SERVICES	SKILLS TRAI			95,522.
						NG A SOCIAL		
					ENTERPRISE			
			_		MAKING BUSI			
IRAQ		1	5	PROGRAM SERVICES	CREATE CANI	DLE MAKING,		299,489.
2 a Subtatal		2	9					395,011.
<b>3 a</b> Sub-total <b>b</b> Total from conti			3					JJJ, UII.
sheets to Part I		0	0					0.
c Totals (add line and 3b)	s sa	2	9					395,011.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO FUND TRAINING					
			CLASSES AND START UP					
			OPERATIONS OF FANM			_		
		BARBUDA, ARUBA,	LIMYE, CANDLE MAKING	47,128.	WIRE TRANSFER	0.		FMV
			recognized as charities by the					
the IRS, or for which t 3 Enter total number of			n 501(c)(3) equivalency letter			🕨		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

PROSPERITY CATALYST, INC.

27-2911776

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
			0				

Schedule F (Form 990) 2015

Page 3

		PROSPERITY	CATALYST,	INC.
Part IV	Foreign Form	S		

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	X 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	X 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)	X Yes	No 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X 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	X No
		Schedule F (For	m 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:

PROSPERITY CATALYST HAS DEVELOPED AND IMPLEMENTED AN ELECTRONIC SYSTEM TO

CLOSELY MONITOR THE USE OF GRANT AND OTHER FUNDS FOR ALL THEIR OPERATIONS

LOCATED OUTSIDE OF THE U.S. THIS SYSTEM ENABLES MANAGEMENT TO VIEW ALL

FOREIGN FINANCIAL TRANSACTIONS, INCLUDING THE ABILITY TO VIEW RECEIPTS

AND OTHER SUPPORTING DOCUMENTATION. ALL FUNDS OUTSIDE OF THE U.S. ARE

ALSO SUBJECTED TO STRONG BUDGETARY CONTROLS AND ARE CLOSELY MANAGED BY

MANAGEMENT AS WELL.

PART I, LINE 3, COLUMN (E):

REGION: HAITI

(E) SPECIFIC TYPES OF SERVICES IN REGION: ESTABLISH CANDLE MAKING

BUSINESS AND CREATE CANDLE MAKING AND JOB SKILLS TRAININGS FOR WOMEN

REGION: IRAQ

(E) SPECIFIC TYPES OF SERVICES IN REGION: ESTABLISHING A SOCIAL

ENTERPRISE, CANDLE MAKING BUSINESS AND CREATE CANDLE MAKING, AND JOB

SKILLS TRAININGS FOR WOMEN

PART II, COLUMN (D):

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

(D) PURPOSE OF GRANT: TO FUND TRAINING CLASSES AND START UP OPERATIONS

#### OF FANM LIMYE, CANDLE MAKING ENTERPRISE

Department of the Treasury	Complete if	the o	28b, or 28c, o ► Atta	swere or For ach to	d "Yes m 990- Form 9	s" on F EZ, Pa 990 or	Form 990, Par art V, line 38a FForm 990-E2	rt IV a or Z.	, line 25a, 25b, 2				Pen T	15 o Put	5
Name of the organization						a						r ident		ion nı	umber
			Y CATALY				1(a)(4) and 5(	21/0	(29) organizatior			117	76		
									Form 990-EZ, P			<b>0</b> 6			
1			elationship bet				1111E 20a 01 201	D, 01	F0III 990-EZ, F	art v,		50.	(4)	Corre	ected?
(a) Name of disqualified	person	()	person and o			inica	(0	<b>c)</b> De	escription of tran	sactio	on			es	No
													_		
													_		
													+	-	
2 Enter the amount of tax	incurred by	the o	rganization mar	nagers	or disc	qualifie	ed persons du	iring	the year under						
	•		-	-		-	-	-			▶ \$				
3 Enter the amount of tax	, if any, on lir	ne 2, a	above, reimburs	sed by	the or	ganiza	tion				▶ \$				
Part II Loans to an	d/or Eron	a lint	aracted Der	0000											
						Dout	V line 29e er				or if +1		nizati	-	
reported an amo	-					, ran	v, iii le 36a 0i	FOIII	n 990, Part IV, lin	le 20,	ornu	le orga	anzau		
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	oan to or	(e	) Original	(f	) Balance due	(g	) In	(h) Ap	provec	i (i) V	Vritten
interested person	with organiz		of loan		n the ization?		ipal amount	`	,		ault?	bý bo comr			ement?
				То	From					Yes	No	Yes	No	Yes	No
							<b></b>								
Total Part III   Grants or As	ssistance	Ber	efiting Inte	reste	d Per	rsons	<b>)</b> \$								
Complete if the			•												
(a) Name of interested	-		b) Relationship				c) Amount of		(d) Type	of		(e	) Purp	ose c	of
		`	interested pers		ld		assistance		assistan	се		i	assist	ance	
		_	the organization	ation											
		_													
		_													
LHA For Paperwork Reduc	tion Act No	tice,	see the Instruc	ctions	for For	rm 990	0 or 990-EZ.		Sch	edule	L (Fo	rm 990	) or 9	90-EZ	Z) 2015

### Schedule L (Form 990 or 990 EZ) 2015 PROSPERITY CATALYST, INC.

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
LINDA STROHMEYER	1 SHARED	BOARD	MEMB	47,128.	GRANT		Х

#### 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: LINDA STROHMEYER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### 1 SHARED BOARD MEMBER, THE ORGANIZATION HAS A 97% OWNERSHIP IN FANM LIMYE.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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

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

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

OMB No. 1545-0047

Employer identification number 27 - 2911776

PROSPERITY CATALYST, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUSINESS AND TECHNICAL TRAINING, AND CREATING OPPORTUNITIES FOR WOMEN

TO ACHIEVE ECONOMIC AND SOCIAL EMPOWERMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

POLISHED RIVERS STONES AND HAITIAN BEESWAX TEALIGHTS AND ANOTHER USING

RECYCLED GLASS AND METAL TO MAKE SOY CONTAINER CANDLES WITH METAL

LUMINARIES. BOTH LINES HAVE SOLD WELL IN THE INTERNATIONAL MARKET

DURING THEIR FIRST THREE MONTHS OF SALES, AVERAGING \$1,500 A MONTH.

IN HAITI, PCAT IS ALSO WORKING ALONG THE VALUE CHAIN TO IMPROVE THE

QUALITY OF RAW MATERIALS, WHILE IMPROVING THE INCOMES OF WOMEN IN RURAL

AREAS. OUR FOCUS SO FAR HAS BEEN TO WORK WITH BEEKEEPING ASSOCIATIONS

TO IMPROVE THE QUANTITY AND QUALITY OF THEIR BEESWAX, BUT WE ARE ALSO

EXPLORING POTENTIAL TO DEVELOP FRAGRANT ESSENTIAL OILS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THIS PROGRAM WILL INVOLVE THE EMPLOYMENT OF WOMEN ENTREPRENEURS IN

CANDLE, JEWELRY AND TEXTILE PRODUCTION.

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED.

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

CONFLICT OF INTEREST POLICIES ARE SUBMITTED AND REVIEWED BY THE BOARD OF

DIRECTORS ON AN ANNUAL BASIS.

Schedule O (Form 990 or 990-EZ) (2015)			
	· chodulo O	(Farm 000 at 000 F7	7) (001E)
	schedine ()		

Name of the organization

Employer identification number 27 - 2911776

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

PROSPERITY CATALYST, INC.

THE AGENCY LOOKS AT COMPARABLE ORGANIZATIONS IN THEIR SECTOR, AT THE SAME LIFECYCLE, AND IN THE SAME REGION OF THE U.S. TO DETERMINE TYPICAL PAYSCALES IN ORDER TO DECIDE THE COMPENSATION OF EMPLOYEES. NEXT, THE AGENCY LOOKS AT THE PROSPECTIVE EMPLOYEE'S WORK EXPERIENCE AND SALARY HISTORY. THIS INFORMATION, AND THE FUNDS AVAILABLE TO SUPPORT THE SALARIES, ARE ALL CONSIDERED WHEN DETERMINING COMPENSATION. COMPENSATION RATES ARE THEN APPROVED BY THE BOARD OF DIRECTORS IN THE ANNUAL BUDGET. ANY CHANGES ARE APPROVED BY THE BOARD OF DIRECTORS.

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

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

STATEMENTS AND 990 ARE ALSO AVAILABLE ON THEIR WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES6,251.MANAGEMENT AND GENERAL EXPENSES0.FUNDRAISING EXPENSES0.TOTAL EXPENSES6,251.

CONTRACTORS AND REPRESENTATIVES:

PROGRAM SERVICE EXPENSES	121,165.
MANAGEMENT AND GENERAL EXPENSES	0.

#### FUNDRAISING EXPENSES

Ο.

121,165.

Schedule O (Form 990 o Name of the organizatio	n						Page Employer identification number
-	PROSI	PERITY	CATALYST,	INC	•		27-2911776
TOTAL OTHER	FEES OI	I FORM	990, PART	IX,	LINE 11G,	COL A	127,416
FORM 990, PA	RT XII,	, LINE	2C:				
				ONSI	BILITY FOR	OVERSIG	IT OF THE AUDIT
OF ITS FINAN	CIAL ST	<b>TATEMEN</b>	ITS AND SE	LECTI	ION OF AN	INDEPEND	ENT ACCOUNTANT.

SCH	IEDULE R

(Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### PROSPERITY CATALYST, INC.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	WHOLESALE IMPORTER OF				
2711 CENTERVILLE ROAD, SUITE 400	CANDLES AND ARTISANAL				PROSPERITY CATALYST,
WILMINGTON, DE 19808	PRODUCTS	DELAWARE	0.	0.	INC.
			<i>.</i>		

# Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

OMB No. 1545-0047

2015 Open to Public Inspection

Employer identification number

27-2911776

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										+	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l conti ent	tion b)(13) rolled tity?
		country)						Yes	No
FANM LIMYE, SA	ESTABLISH CANDLE								
150 BIS ROUTE DE FRERES	MAKING BUSINESS AND		PROSPERITY						
PETION-VILLE, HAITI	JOB SKILLS TRAINING	HAITI	CATALYST, INC.		0.	0.	97.00%	X	
	]								
	1								

#### Schedule R (Form 990) 2015 PROSPERITY CATALYST, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	Yes	s   No
1a		X
	X	
		Σ
		Σ
1e		2
1f		2
1g		
1h		2
1i		
1j		
41.		
	+	
	+	
	-	
10		-
1r		
1s		
	1b           1c           1d           1e           1f           1g           1h           1j           1k           11           1m           1n           1o           1p           1q           1p           1q           1r	1b     X       1c     1d       1d     1e       1d     1e       1e     1e       1f     1g       1f     1g       1h     1i       1j     1i       1k     1i       1l     1i       1n     1n       1o     1p       1q     1r

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) FANM LIMYE, SA	В	47,128.	FMV
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
_(6)			

#### Schedule R (Form 990) 2015 PROSPERITY CATALYST, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(i orgs.? Yes N	(f) Share of total o income	<b>(g)</b> Share of end-of-year assets	(h Dispro tiona allocati <b>Yes</b>	) por- te ons? <b>No</b>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes NO	(k) Percentage ownership
			9								

Schedule R (Form 990) 2015

<u>Schedule</u> R (Form 990) 20	015 PROSPERITY CATALYST, INC.	27-2911776 Page 5
Schedule R (Form 990) 20 Part VII Suppleme	ental Information	
Provide add	litional information for responses to questions on Schedule R (see instructions).	
	`````````````````````````````````	