Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For t	he 2014 calen	dar year, or tax	year begir	nning Jani	uary 29t	h , 201	4, and end	ing Dec	ember 3	31st,	201	.4				
В	Check	if applicable	C Name of organia	zation MCF	Cinsey S	ocial In	itiativ	<i>т</i> е		D Employ	er Identifi	cation	number				
	MA(	ddress change	Doing business	as 🥭	•	•				47-	10734	42					
	$\square_{N}$	ame change	Number and str	eet (or PO bo	x if mail is not del	vered to street a	ddress)	Roor	n/suite	E Telephi	ne numbe	r	<del>-</del>				
	H	itial return	McKinsev :	Social	Initiat	ive		100	0.0	(20	2) 94	2-5	271				
	H	Initial return    McKinsey Social Initiative   1000   (202)								_,							
	H	mended return	Washington	n			DC	20036		G Gross r	<b>G</b> Gross receipts \$ 19,634,336.						
	H		F Name and addre		officer			. 20036		a group return			<del></del>	X No			
	⊔″	pplication pending	1.			W Washir	aton T	20026	1 ' '	l subordinates ' attach a list (			Yes	H <sub>No</sub>			
	Tax	exempt status	Mona Mourshe X 501(c)(3)	501(c) (		nsert no)	4947(a)(1)		If 'No,	'attach a list (	see instruc	tions)					
÷								1 1321	H(1) C		mhar <b>&gt;</b>						
<u>у</u>			tp://www.n		Association	Other >		_ Year of forma	1 11 2	exemption nu		al damı	cite DC				
		of organization		Trust	Association	Other		_ rear or iorma	tion 201	.4 100 3	State of leg	ai com	cke DC				
Ра	rt I	Summar Briefly desemb	y oe the organization	on'o mission	n or most sig	nificant activi	tion 0	Db			20101	£	~~				
	1	-	-		_		_	The org	<b>-</b> :	<b>_</b>	<u> Pore</u> 1	<u>Υ</u> Τ	<u> </u>				
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nar		SOTUCTOU	ia ro brea	21110 01	ODAI_SOC	tal pro	prema.	- <b></b>	<del>-</del> -				<del>-</del>				
Activities & Governance	2	Check this bo	v P (f the			d its operatio	ns or dispos	ed of more	than 25%	of its net as							
ဗ္	3		ting members of								3			5			
~ರ	4			٠.							4			5			
ties	5	Total number	of individuals en	noloved in d	calendar vear	2014 (Part \	/, line 2a)		<u>.</u>		5						
ξi	6							KECFIAF			6			5			
Ac	7a	Total unrelate	ed business ravel business taxabl	nue-frem P	art VIII, colun	nn (C), line 1:	2				7a			0.			
	b	Net unrelated	business taxabl	e income fr	om Form 990	)-T, line 34		). 2 % .oua	Λ		7b			0.			
			and grants (Part	2020	022	0 2020	0.6		<u>ا</u>	Prior Year		С	urrent Ye	аг			
0	8	Contributions	and granits (Part	t VIII, line 1	h)				•			1	<u>9,622,</u>	324.			
ű	9	Program serv	come (Part XII)	XXICHe 2	?g)	CINC	INNATI		•								
Revenue	10	Investment in	come (Part Sin) e (Part VIII, Com	edlůmn (A)	, lines 3, 4, ai	nd SEARVIC	E CENTE	:R									
	11	Other revenue	e (Part VIII, colul	mn (A), line	s 5, 6d, 8c, 9	c, 10c, and 1	1e)		•					012.			
	12		e – add lines 8 th									1	9,634,	336.			
	13		milar amounts pa	-					-			_					
	14		to or for member	-							<u> </u>						
Ś	15	Salaries, othe	er compensation,	employee	benefits (Par	t IX, column (	(A), lines 5-	10)	•								
Expenses	16a	Professional f	fundraising fees	(Part IX, co	lumn (A), line	: 11e)											
χ.	b	Total fundrais	ing expenses (P	art IX, colu	mn (D), line 2	25) ►		0									
Ŵ	17	Other expens	es (Part IX, colu	mn (A), line	s 11a-11d, 1	1f-24e)			· .				2,239,	299.			
	18	Total expense	es Add lines 13-	17 (must ed	qual Part IX,	column (A), li	ne 25)						2,239,				
	19	•	expenses Subt	•	•								7,395,				
7 g			•						Beginn	ing of Curre	nt Year		nd of Ye				
la p	20	Total assets (	Part X, line 16)									1	8,782,	896.			
& B	21	Total liabilities	s (Part X, line 26	)									1,387,				
Net Assets Fund Balanc	22	Net assets or	fund balances \$	Subtract line	e 21 from line	20						1	7,395,	037.			
$\overline{}$	rt II	Signatui											,,,,,,,,,	037.			
_			clare that I have exam	aned this return	uncluding accom	nanying scheduli	es and statemen	nts and to the b	est of my kno	wiedne and be	lef it is tru	e corre	ect and				
comp	olete D	eclaration of prepar	er (other than officer)	is based on all	information of wh	ich preparer has	any knowledge	,			,	-,					
										02/04/2	0						
Sig	ın	Signatu	ine of officer			_				ate							
He	re	Mon	a Mourshed	1					Pres	ident	ceo						
			r print name and title														
		Print/Type p	oreparer's name	_	Preparer's sig	nature _	<del>/)                                    </del>	Date		Check	ıf P	TIN					
D-	:	Ahsan	Tiaz		1 \(\)	$\mathcal{A}$	¥	02/04	/20	self-employ		200	9405	60			
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N.A.=	ا ماله ،	DC diagram 45	Tysons		nown shows?	/coo inchair		.02			-	x	Yes	No			
ivia	y ine i	RS discuss thi	is return with the	preparer si	IOMII SDOVE	(see instruct	110115 <i>)</i>		<u> </u>		• • •		162	140			

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Par	tillI■ Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🔲
1	Briefly describe the organization's mission		
	The organization is solely for		
	charitable and educational purposes, and will focus on addressing	I	
	solutions to pressing global social problems.		
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O	<u> </u>	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?	X No
	If 'Yes,' describe these changes on Schedule O		_
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other and revenue, if any, for each program service reported	hers, the total expenses,	
	and revenue, it any, for each program service reported		
	(Ondo ) (Function C 1 500 005 valuation manter of C 0 ) (D	avanua ė	\
4 a		evenue \$	0.)
	The organization is in its startup phase. The organization intend	is to	<del>-</del>
	develop and implement innovative practical solutions to youth		<b></b> -
	unemployment.		
			<b></b>
		<b></b>	
			- <b></b>
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4 b	(Code ) (Expenses \$ including grants of \$ ) (R	evenue \$	)
		<del></del>	
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	/Code \//Evenesse \$ \//Evenesse \$ \//E		)
4 C	(Code) (Expenses \$ including grants of \$) (Records)	evenue \$	,
			- <b></b> -
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		. <b></b>	
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			<b></b>
4 d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4 e	Total program service expenses ► 1,590,836.		

Rartily Checklist of Required Schedules

No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Х 2 3 Х Х 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 . . . . . . . Х 5 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, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' complete Schedule D, Part III . . . . 8 Х 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 Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Х 11 b Х 11 c 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 Х 11 d Х 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part 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. 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI, and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E ....... 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?........... b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14h Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If 'Yes,' complete Schedule F, Parts II and IV . . . 15 . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV . . . . . . . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . . . . . . . . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, Х 19 complete Schedule G, Part III. . . . Х 20 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 b

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[Part | V+ | Checklist of Required Schedules (continued)

			Yes	No
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		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule L, Part I	25a		х
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
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		х
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	-	х
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		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
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 contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	of 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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2	2014)

Form 990 (2014)

Form 990 (2014) McKinsey Social Initiative 47-1073442 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . O c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? . . . . 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a X 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O..... 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) x 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.... 5 a X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6 a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a Х 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . . Y e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 Sponsoring organizations maintaining donor advised funds. 9 a 9 b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?... 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . . 10 a **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources 12 a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . 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? . . . . . . . 13 a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in 13 b

which the organization is licensed to issue qualified health plans 

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14 a

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Form 990 (2014) McKinsey Social Initiative Page 6 47-1073442 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . . . If there are material differences in voting rights among members 5 1 a 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 . . 5 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? . . . . . 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? . . . . . . . . Did the organization make any significant changes to its governing documents х 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? . 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . 7 b Х . . . . . . . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х a The governing body? 8 b х **b** Each committee with authority to act on behalf of the governing body? . . . . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes?........ Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this was done . . 12 c . . . . . . . . Х 13 13 Did the organization have a written whistleblower policy? . . . 14 Х 14 Did the organization have a written document retention and destruction policy? . . Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? х 15 a a The organization's CEO, Executive Director, or top management official Х **b** Other officers or key employees of the organization. 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

State the name, address, and telephone number of the person who possesses the organization's books and records 20 22102 (703) 972-9110 Ahsan Ijaz 1775 Tysons Blvd Tysons

the public during the tax year

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Form 990 (2014)

BAA

# Partivill Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1 a 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

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

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

Oneck this box in heldrer the diganization for any related dig				(C)						
(A) Name and Title	(B) Average hours per	than	one both dir	box, u an of ector/	unless fficer truste		n	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Dominic Barton Director	_0.50	х						0.	0.	0.
(2) Kevin Steinberg Secretary and director	_0.50	х		x		-		0.	0.	0.
(3) Tom Barkin Director	_0.50	х						0.	0.	0.
(4) Mona Mourshed Vice president	_5.00	х		х				0.	0.	0.
(5) Norbert Dorr President and director	_1.00	х		х				0.	0.	0.
	<b>-</b>									
	<b></b>							-		
(8)	<b>-</b>									
_(9)										
(10)								-		
(11)										
<u>(12)</u>	<b>-</b>									
(13)										
(14)										
			•		<u> </u>	<u> </u>		ı		

TEEA0107 02/27/14

Part VII    Section A. Officers, Directors, Tru	<u>istees, l</u>	Key	En	nplo	oye	es,	and	d Highest Con	npensated Er	nplo	yees	(cont	inued)
	(B)			((	•								
(A)	Average hours	(do	not c	heck	ition more	than c	ne	(D)	(E)		_	(F)	
Name and title	per			nd a c	directo	or/trust	ee)	Reportable compensation from the organization	Reportable compensation from related organizations		атои	imated nt of oth ensatio	
	empl	om	(W-2/1099-MISC)	(W-2/1099-MISC)	`	fro	m the						
	for related organiza	recto	혛	Officer	Key employee	oyee	ক্			ŀ	and	related nızatıon	
	- tions below	ndividual trustee or director	nstitutional trustee		yee	mpe							
	dotted line)	l ée	stee			Highest compensated employee							
						ä							
(15)													
(16)	-	<del> </del>				-	<u> </u>			-			
(17)													•
. =	ļ	ļ			_				_				
(18)													
(19)	_	$\vdash$								$\dashv$			
(20)													
(04)													
(21)													
(22)							ļ						
		<u> </u>		_						$\perp$			
(23)													
(24)	<del> </del>	<del> </del>	<u> </u>		_		<u> </u>			-			
(25)													
			<u> </u>							$\perp$			
1 b Sub-total			• •			•	<b>•</b>	0.		0.		•	0.
d Total (add lines 1b and 1c)							<b>•</b>	0.		0.			0.
2 Total number of individuals (including but not limited					who	rece	eive	d more than \$100,	000 of reportable	comp	ensat	on	
from the organization 0													
										ı		Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in			em .	iploy	ee,	or hi	ghes 	st compensated en	nployee 		3		Х
4 For any individual listed on line 1a, is the sum of rep	ortable co	mpe	nsat	tion	and	othe	r coi	mpensation from					
the organization and related organizations greater the such individual	han \$150,	0002	If 'Y	es'	com	plete	Scl	nedule J for		_	4	—	x
5 Did any person listed on line 1a receive or accrue or	ompensati	on fr	om a	anv	unre	lated	orc	anization or individ	dual				
for services rendered to the organization? If 'Yes,' c											5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed indene	nden	t co	ntrad	ctors	that	rec	eived more than \$	100 000 of				
compensation from the organization Report compe	nsation fo	r the	cale	nda	r yea	ar en	ding	with or within the	organization's tax	year د	•		
. (A) (B) (C) Name and business address Description of services Compensation													
<del></del>	Madrid		P					Training se					289.
IAI C/Viriato 20 Ironhack N,I,F, B86783230, Calle Castell , 115 B Local 7,		•	P P					Web develor					599.
BDO 8405 Greensboro Dr., Suite 700 1				VA		221	02	CPA					392.
Bluedrop 18 Prescott Sreet St. John's 1			dor, C					Training and trad	cking solutions				550.
	Washin			DC				Legal serv			1	86,1	158.
, , , , ,													
\$100,000 of compensation from the organization	<b>5</b>												

		Check if Schedule O conta	ins a respor	nse or note to any li	ne in this Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1 a	Federated campaigns	. 1a					
	b	Membership dues	. 1b		]	: ]		
ا في تي	C	Fundraising events	1c		]:	]		
景制	d	Related organizations	1 d			i		
S, [E]	е	Government grants (contributions)	. 1e	·				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, similar amounts not included above	and 1 f	19,622,324.				
들임	_	Noncash contributions included in li	nes 1a-1f 💲					
	h	Total. Add lines 1a-1f	· · · ·		19,622,324.			
Program Service Revenue			ļ	Business Code				· <del></del>
- 8 - 8	2 a							
e P	b	'						
- <u>S</u>	С							
S	d							
ä	е							
<u> </u>		All other program service revi						
ھ	g	Total. Add lines 2a-2f						
	3	Investment income (including other similar amounts)						
	4	Income from investment of ta	•	•				-
	5	Royalties		. ,				
	•		(ı) Real	(II) Personal	-			
		Gross rents			-			
		Less rental expenses			4			
		Rental income or (loss)						<u> </u>
	d	Net rental income or (loss) .						
	7 a	Gross amount from sales of	i) Secunties	(ii) Other	-			
		assets other than inventory			-			
	b	Less cost or other basis						
		and sales expenses			1			
		Gain or (loss)	-					\ <del></del>
		Net gain or (loss)						
e e	8 a	Gross income from fundraising	ng events					
en		(not including. \$ of contributions reported on li	ne 1c)					
<u>آ</u>		See Part IV, line 18		a				
- L	h	Less direct expenses		ь	-			
Other Revenue		Net income or (loss) from fun		· •	-	ľ	<del></del>	
		Gross income from gaming a See Part IV, line 19	ctivities					
	h	Less direct expenses			1			1
		Net income or (loss) from gar						
		• • •	_					<u> </u>
	ıva	Gross sales of inventory, less and allowances	returns	a				
	b	Less cost of goods sold		ь	1			
		Net income or (loss) from sale		·	<del> </del>		····	
		Miscellaneous Revenue		Business Code				
ł	11 a	Foreign currency	gain	900099	12,012.	12,012.	0.	0
	b		<del></del>		12,012.	22,012.		1
	c						·	
	d	All other revenue					<del></del>	
		Total. Add lines 11a-11d .	Į.		12,012.		· -	
		Total revenue. See instruction			10,010.	12,012.	0.	0
					<u>,                                    </u>	10,010.	<u>_                               </u>	

	TIA Statement of Functional Expens				
Sec	tion 501(c)(3) and 501(c)(4) organizations must col Check if Schedule O contains a res			· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
·	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				22 6 1 2 2 3 2 4 2 4 3 2 4
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
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 salanes and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	162,675.	37,188.	125,487.	0.
t	Legal [	188,658.	0.	188,658.	0.
c	: Accounting	331,420.	0.	331,420.	0.
c	Lobbying				
e	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,898.	0.	2,898.	0.
12	<u> </u>	405,603.	405,603.	0.	0.
13	Office expenses	203,405.	203,405.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Local program coordination	876.089.	876.089.	0.	0.
	Infrastructure	68,551.	68,551.	0.	0.
		<u> </u>	<u> </u>		V.
•	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,239,299.	1,590,836.	648,463.	0.
	' '	2,237,277.		010,100.	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	657,227.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	16,897,224.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
		<u> </u>	·	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
s,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	1,228,445.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			-, 220, 210,
	h	Less accumulated depreciation 10b		10 c	<del></del>
	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	<u> </u>	14	
	15	Other assets See Part IV, line 11		15	·
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	18,782,896.
┪	17	Accounts payable and accrued expenses.		17	1,387,859.
	18	Grants payable		18	1,501,055.
	19	Deferred revenue	-	19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons  Complete Part II of Schedule L		22	
┛╽	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	1,387,859.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets		27	1,572,813.
<u>ब</u>	28	Temporarily restricted net assets		28	15,822,224.
핗	29	Permanently restricted net assets	<u></u>	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
<u>s</u>	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>ë</u>	33	Total net assets or fund balances	0.	33	17,395,037.
~	34	Total liabilities and net assets/fund balances	0.	34	18,782,896.
<u> </u>					Form 990 (2014)

orr	m <b>990</b> (2014) McKinsey Social Initiative	47-	10734	142		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						
1	Total revenue (must equal Part VIII, column (A), line 12)		1	19,	634	<u>, 336</u>	<u> 5.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		2	2,	239	, 299	<u>€.</u>
3	Revenue less expenses Subtract line 2 from line 1		3	17,	395	<u>, 037</u>	7.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).		4				
5	Net unrealized gains (losses) on investments		5				
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain in Schedule O)		9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	· ·	10	17,	395	<u>, 037</u>	<u>/                                    </u>
Pa	rt XII Financial Statements and Reporting						_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>		
					Ye	s N	0
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			_			-
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain						
	in Schedule O			_	_	_ _	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2	а	2	X_
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both			<u> </u>	_ _	_ _	
	Separate basis Consolidated basis Both consolidated and separate basis						
1	<b>b</b> Were the organization's financial statements audited by an independent accountant?			. 2	ь	2	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	е			-		
	basis, consolidated basis, or both				-		
	Separate basis Consolidated basis Both consolidated and separate basis				-	_ -	
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audi	t, 	. 2	С		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					-	_
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single			-	_ _	
	Audit Act and OMB Circular A-133?			.   3	а	<u> </u>	X
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			.   3	ь	i	

Form **990** (2014)

BAA

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

McKinsey Social Initiative 47-1073442 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (ii) EIN (IV) is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total Schedule A (Form 990 or 990-EZ) 2014 BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )					19,622,324.	19,622,324.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3					19,622,324.	19,622,324.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	<b>Public support.</b> Subtract line 5 from line 4						19,622,324.			
Sec	tion B. Total Support			т		T				
	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) 2014	(f) Total			
7	Amounts from line 4					19,622,324.	19,622,324.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					12,012.	12,012.			
11	Total support. Add lines 7 through 10						19,634,336.			
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12				
	First five years. If the Form 990 is organization, check this box and s	top here			tax year as a sec	tion 501(c)(3)	<b>. ►</b> [X			
	tion C. Computation of Pu	<del></del>				1 22"				
	Public support percentage for 2016 Public support percentage from 20					15	<u>%</u> %			
	a 33-1/3% support test — 2014. If and stop here. The organization of	qualifies as a public	cly supported orga	nization			▶ ∐			
ŀ	33-1/3% support test — 2013. If to and stop here. The organization of	he organization did qualifies as a public	I not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/	3% or more, check	this box			
17 a	7 a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
	o 10%-facts-and-circumstances to or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	circumstances' test t The organization	st, check this box a n qualifies as a pub	and <b>stop here</b> . Exp blicly supported org	olain in Part VI how janization	the ▶			
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or		and see instruction				

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)

	tion A. Public Support		**					
Caler	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions			<u> </u>				
	and membership fees received (Do not include							
	any 'unusual grants ')							
2	Gross receipts from admis-							
	sions, merchandise sold or services performed, or facilities							
	furnished in any activity that is							
	related to the organization's							
_	tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade							
	or business under section 513 .							
4	Tax revenues levied for the							
	organization's benefit and							
	either paid to or expended on its behalf							
5	The value of services or			·				
•	facilities furnished by a							
	governmental unit to the							
_	organization without charge.							<del></del>
	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3 received from			1				
	disqualified persons							
ŀ	Amounts included on lines 2			1	-		T T	
•	and 3 received from other than			1				
	disqualified persons that				)			
	exceed the greater of \$5,000 or 1% of the amount on line 13				l		İ	
	for the year						į	
	Add lines 7a and 7b		,-					
							<u> </u>	
0	Public support (Subtract line 7c from line 6)							
Sec	tion B. Total Support			•		<u> </u>		
	dar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
	Amounts from line 6	(4) 2010	(0) 2011	(0) 20 12	(0) 2010	(0, 20.	<u> </u>	(1) 10101
								<del></del>
IUa	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from							
_	similar sources							
t	Unrelated business taxable income (less section 511	•						
	taxes) from businesses	•						
	acquired after June 30, 1975							
	Add lines 10a and 10b				[			
11	Net income from unrelated business							
	activities not included in line 10b,	1						
	whether or not the business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of							
	čapital assets (Explain in							
12	Part VI)							<del></del>
13	10c, 11 and 12)							
14	First five years. If the Form 990 is	s for the organization	on's first, second	third, fourth, or fifth	tax vear as a sect	ion 501(c)(3	)	
• •	organization, check this box and s						<i>.</i>	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage	<del></del> -				
	Public support percentage for 201			3, column (f))			15	
	Public support percentage from 20		:	* * * *			16	
							L_: <b>U</b>	
	tion D. Computation of Inv				<u>,,                                    </u>		17	<u> </u>
17		•		• •	•	• • •	17	<u> </u>
18	• • • • • • • • • • • • • • • • • • • •						18	왕 <u> </u>
19 a	33-1/3% support tests — 2014. If							<sup>7</sup> . □
	is not more than 33-1/3%, check the							• 📘
t	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%,							
20	Private foundation. If the organize			-		-		
	ate ivaniaation, it tile organiz		554 511 1116 17,					

Part IV | Supporting Organizations

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

	ction A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2	<b> </b>	
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization —			
	made the determination	3b		
	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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4	a 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	4a	· <u>-</u>	
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		-
	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 <b>Part VI</b> what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	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?	5b		. <del></del>
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part Vi</b>	9a		
		94		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) 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	9c		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			
		10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	nrt IV.   Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	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	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
4	We are a second of the consequence of discrete and related discrete also a movembre of the discrete as tructors			
	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	ın thıs regard	3		<u> </u>
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a The organization satisfied the Activities Test. Complete line 2 below			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	ns)		
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	ŕ			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
2	Parent of Supported Organizations Answer (a) and (b) below.			
	··· · · · · · · · · · · · · · · · · ·			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If Yes,' describe in Part VI the role played by the organization in this regard			

Pa	rt V . Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.	iovemi tions A	ber 20, 1970 <b>See instru</b> through E	uctions. All
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	-	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
<del></del>	Other expenses (see instructions)	7		<u> </u>
<del>-</del>	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	tion B — Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of secunties	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
C	i Total (add lines 1a, 1b, and 1c)	1 d		
€	Discount claimed for blockage or other factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2	•	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u></u>	
6	Multiply line 5 by 035	6		
_ 7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions)	d Type	III supporting organizat	tion
RΔΔ			Schedule A (Fo	orm 990 or 990-F7) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)						
	Section D – Distributions								
1	Amounts paid to supported organizations to accomplish exempt purpose	es							
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purposes of support	rted organizations							
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)		<u>.</u>						
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 organizat in <b>Part VI</b> ) See instructions								
9	Distributable amount for 2014 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014					
_1_	Distributable amount for 2014 from Section C, line 6		Į.						
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)								
3	Excess distributions carryover, if any, to 2014								
a									
b		·							
С									
d									
е	From 2013		· · · · - · · · - · · · · ·	<b></b>					
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2014 distributable amount								
i	Carryover from 2009 not applied (see instructions)								
	Remainder Subtract lines 3g, 3h, and 3i from 3f								
4	Distributions for 2014 from Section D, line 7 \$								
а	Applied to underdistributions of prior years								
b	Applied to 2014 distributable amount								
С	Remainder Subtract lines 4a and 4b from 4								
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7	Excess distributions carryover to 2015. Add lines 3j and 4c								
8	Breakdown of line 7								
а									
b									
c									
d	Excess from 2013								
	Excess from 2014		··						

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

Pt II Ln 10 Other Income Part II, Line 10 Description: Foreign currency gain 2014: 12012.

#### Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

47-1073442 McKinsey Social Initiative Part I | General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990. Part IV. line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . |X|Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (e) If activity listed in (f) Total (d) Activities conducted in (a) Region employees, expenditures for offices in the region (by type) (e g , (d) is a program agents, and and investments fundraising, program region service, describe independent services, investments. in region specific type of contractors grants to recipients service(s) in region in region located in the region) Same as McKinsey Social Iniciative (1) Europe 1 2 Program Services 450,888. (2) North America 1 1 Program Services Same as McKinsey Social Iniciative 512,550. (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Sub-total . 2 3 963,438.

**b** Total from continuation sheets to Part I . .

c Totals (add lines 3a and 3b)

963,438.

Schedule F (Form 990) 2014 McKinsey Social Initiative

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	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
ganization																	
(b) IRS code section and EIN (if applicable)																	40 40 40 40 40 40 40 40 40 40 40 40 40 4
(c) Region																	
(d) Purpose of grant																	4 14 14 14 14 14 14 14 14 14 14 14 14 14
(e) Amount of cash grant																	
(f) Manner of cash disbursement																	
(g) Amount of non-cash assistance																	00
(h) Description of non-cash assistance																	
(i) Method of valuation (book, FMV, appraisal, other)																	

Schedule F (Form 990) 2014

3 Enter total number of other organizations or entities. BAA

Page 3

47-1073442

McKinsey Social Initiative

Schedule F (Form 990) 2014

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.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2014 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA £ 3 3 <u></u> 3 9 3 8) 6 <del>1</del>0 (11) (12) (13) (14) (15) (16) (17)

Sche	dule F (Form 990) 2014 McKinsey Social Initiative	47-1073442	Page 4
Par	t IV.   Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Tyes	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 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)		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 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	Yes	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)	<u>Yes</u>	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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

TEEA3505 06/16/13

BAA

Schedule F (Form 990) 2014

#### Part Va 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 (see instructions)

Pt I Line 2

Finance team reviews every country activities on a monthly or quarterly basis.

Schedule F (Form 990) 2014

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of the organization		Employer identification number
Name of the organization		
McKinsey Social In	47-1073442	
	A copy of the tax return is provided to the dire	ectors for review prior
Pt VI, Line 11b	to filling the ruturn.	
	Directors, officers and employees are required t	o disclosed actual or
Pt VI, Line 12c	possible cinflicts of interest. Periodic reviews	are done.
	The organization has no employees for this fisca	al year. The process of
Pt VI, Line 15a	determining the compensation is set out in the k	ylaws.
	The organization has no employees for this fisca	al year. The process of
Pt VI, Line 15b	determining the compensation is set out in the k	ylaws.
	All the directors of the organization are employ	
	Company. These services are donated. Directors a	and trustees are
	volunteers and meet the volunteer exemption, thi	s is why their salaries
Pt VII, Col (E)	were not reported.	