efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493308011866 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Treasury Inspection Internal Revenue Service For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 C Name of organization D Employer identification number B Check if applicable The Netherland-America Foundation Inc

Address change 13-2989216 Name change Doing business as Initial return . Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 505 Eighth Avenue Suite 12A-05 return/terminated (212)825-1221 Amended return City or town, state or province, country, and ZIP or foreign postal code Application pending New York, NY 10018 G Gross receipts \$ 3,453,875 Name and address of principal officer **H(a)** Is this a group return for subordinates? Νo H(b) Are all subordinates ⊤Yes 🗸 No Tax-exempt status **√** 501(c)(3) 4947(a)(1) or included? 501(c)() **◄** (insert no) If "No," attach a list (see instructions) Website: ▶ www.thenaford **H(c)** Group exemption number ▶ L Year of formation 1921 M State of legal domicile NY K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Part I Summary 1 Briefly describe the organization's mission or most significant activities Strengthen bonds between The Netherlands and the United States of America through exchange in the arts, sciences, education,business and public affairs Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets ${f 3}$ Number of voting members of the governing body (Part VI, line 1a) . 33 4 Number of independent voting members of the governing body (Part VI, line 1b) 33 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b

Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) . 1,115,836 1,781,527 Ravenue Program service revenue (Part VIII, line 2g) . . 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 441.007 -25,796 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1.556.843 1,755,731 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 544,370 1,253,080 13 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 195,354 200,119 Expenses 5-10) 58,000 68,000 Professional fundraising fees (Part IX, column (A), line 11e) 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶186,642 328,159 335,370 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,125,883 1,856,569 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 430,960 -100,838 19 Revenue less expenses Subtract line 18 from line 12 Assets or Beginning of Current Year **End of Year** 5.333.034 5,099,172 20 Total assets (Part X, line 16) . 120,990 21 109,188 Fund Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 5,223,846 4,978,182 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

2016-11-03 Signature of officer Date Sign Here C Jurgan Wouda Nurpe...

Type or print name and title Jurjan Wouda Kuipers Treasurei Print/Type preparer's name David C Ashenfarb Preparer's signature David C Ashenfarb Date PTIN Check ıf P00535436 **Paid** Fırm's name ► SCHALL & ASHENFARB CPAS Preparer Firm's address ≥ 307 5th Ave 15th Floor Phone no (212) 268-2800 Use Only

NEW YORK, NY 100166517 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

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VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

1 0111	1990 (2013)			Page 3
Pai	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🙎	8		No
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	Yes	
			I	l

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 💆 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

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 💆

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 💆

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

If "Yes," complete Schedule D, Parts XI and XII 💆

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

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12a

12b

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14a

14b

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Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

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Page 3

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Yes 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 💆 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part Yes 17 IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 🔧 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part 18 Yes

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 19 Νo 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . 20a Nο **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Yes 21

Page 4

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28b

28c

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Yes

Form 990 (2015)

Yes

Part IV Checklist of Required Schedules (continued)

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 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

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,"

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

orm	990 (2015)			Page !
Par	t 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	<u> </u>		╌厂
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	by this return	2b	Yes	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3-		N.o.
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		110
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ O C			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		l
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
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	250		113

 \boldsymbol{c} . Enter the amount of reserves on hand

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

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13c

independent

year by the following

Section C. Disclosure

or similar committee, explain in Schedule O

Enter the number of voting members included in line 1a, above, who are

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

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VI Governance, Management, and Disclosure	

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

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art V I											_
								Y	es	ı	N
tax	1a					3	33				
	1	1	1 1	1 1	1 1	1 1			Y	Yes	

Section A. Governing Body and Management	, and the second		, and the second		
				Yes	ı
1a Enter the number of voting members of the governing body at the end of the tax year	1a	33			
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					

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

f b Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$

List the States with which a copy of this Form 990 is required to be filed▶

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

► Angela Molenaar 505 Eighth Avenue Suite 12A-05 New York, NY 10018 (212) 825-1221

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

Did the organization become aware during the year of a significant diversion of the organization's assets?

, , , , ,									
Check if Schedule O contains a response or note to any line in this Part VI									
tion A. Governing Body and Management									
							Y	es	
Enter the number of voting members of the governing body at the end of the tax	Ι.	.			2	٦			

describe the circumstances, processes, or changes in Schedule O.				-, -	_, .	 		,
Check if Schedule O contains a response or note to any line in this Part VI								
ection A. Governing Body and Management								
						١	es (
						_		—

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No	

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Form 990 (2015)

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12h

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16a

16b

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 org	janization nor any	related	l orga	anıza	ition	comp	ensa	ted any current offi	cer, director, or tru	stee					
(A) Name and Title	Name and Title A verage hours per week (list any hours and a director/trustee) A verage hours per wore than one box, unless week (list any hours and a director/trustee) A verage hours do not check reportable compensation and a director/trustee) Reportable compensation and from related or organizations														
	organizations below	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations					
See Additional Data Table															
										Form 990 (2015)					

Form 990 (2	2015)							
Part VII	Section A	. Officers, Directors	Trustees, Key	Employees,	and Highest	Compensated E	mployees	(continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han (on is	one b both ector	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	s to Part VII, S	ection A						103,656		10,946
Total number of individuals (ind \$100,000 of reportable compe	luding but not	limited t	to the	se I	ıste	d abov	e) wl	no received more th	an	

3	Did the organization list any former officer, director or trus	stee,	key	em	ploy	yee,	or	high	estc
	on line 1a? If "Yes," complete Schedule J for such individual	•	•	٠	٠	٠	٠	٠	•

(A)

Name and business address

1 b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)			10,946
	\$100,000 of reportable compensation from the organization ▶ 1		Yes	No
-				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4		3		No No

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Total number of independent contractors (including but not limited to those listed above) who received more than

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Section B. Independent Contractors

\$100,000 of compensation from the organization \blacktriangleright 0

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Compensation

Description of services

Form 99								Page 9
Part V	/++	Statement o						_
		Check if Schedi	ule O contains a respoi	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
Gifts, Grants illar Amounts	С	Fundraising eve	ents 1 c	534,528				
iffs, ar A	d	Related organiz	zations 1d					
s, G	e	Government grants	s (contributions) 1e					
ion I Si	f	All other contribution	ons, gifts, grants, and 1f	1,246,999				
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts no	ot included above	119,193				
	_	1a-1f \$			1 701 527			
Cont	h	Total. Add lines	sla-1f		1,781,527			
Program Service Revenue	2a b			Business Code				
a <u>¥</u>	c							
۲ ۲	d							
% =	e							
grar	f	All other progra	am service revenue					
Æ	g	Total. Add lines	s 2a-2f	•	0			
	3		ome (including dividen		68,743			68,74
	4		ar amounts) stment of tax-exempt bond		0			
	5	Royalties		•	0			
		_	(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco		•	0			
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	1,387,873					
	ь	Less cost or other basis and	1,482,412					
	c	sales expenses Gain or (loss)	-94,539					
	d	Net gain or (los	[s)		-94,539			-94,53
Other Revenue	8a	Ψ	luding ,528 s reported on line 1c)					
her	I-	1	a	215,732				
ŏ	С С		penses b (loss) from fundraising	215,732 events >	0			
		Gross income f	rom gaming activities in 19	,				
	1	Less direct ex Net income or (vities	0			
	10a	Gross sales of returns and allo	owances .	•				
	b		a oods sold b (loss) from sales of inv	entory	O			
	_	Miscellaneous		Business Code				
	11a							<u> </u>
	ь							
	c							
	d e	All other revenue Total. Add lines		•				
	12				0			
		iocai revenue.	See Instructions .	•	1,755,731			-25,79

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)				
Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	64,645	64,645					
2	Grants and other assistance to domestic individuals See Part IV, line 22	146,934	146,934					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,041,501	1,041,501					
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	106,211	79,658	15,932	10,621			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	60,371	47,622	4,434	8,315			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0						
9	Other employee benefits	20,793	15,888	2,542	2,363			
10	Payroll taxes	12,744	9,737	1,558	1,449			
11	Fees for services (non-employees)	12,/ ++	3,/3/	1,330	1,577			
a	Management	0						
b	Legal	0						
c	Accounting	0						
d	Lobbying	0						
e	Professional fundraising services See Part IV, line 17	68,000			68,000			
f	Investment management fees	9,056		9,056	,			
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,321		40,321				
12	Advertising and promotion	0						
13	Office expenses	21,186	16,187	2,591	2,408			
14	Information technology	0						
15	Royalties	0						
16	Occupancy	31,357	23,959	3,834	3,564			
17	Travel	3,710	2,834	454	422			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	0						
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	1,665	1,272	204	189			
23	Insurance	6,515	4,978	796	741			
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)							
а	Special Event Expense	85,950			85,950			
b	Miscellaneous	56,832	36,577	20,255				
с	Chapter Expense	46,127	46,127					
d	Office Equipment	12,196	9,319	1,491	1,386			
е	All other expenses	20,455	8,297	10,924	1,234			
25	Total functional expenses. Add lines 1 through 24e	1,856,569	1,555,535	114,392	186,642			
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)							

20

21

22

24

25

27

28

29

30

31

32

33

109,188

3,075,750

2,148,096

5,223,846

5,333,034

19,000

120,990

2,960,149

2,018,033

4,978,182

5,099,172

Form 990 (2015)

Form 990 (2015)			Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	115,154	1	114,905
2	Savings and temporary cash investments	425,704	2	422,642
3	Pledges and grants receivable, net	108,547	3	113,718
4	Accounts receivable, net	728,053	4	649,81
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	(
Assets 7	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	
	Notes and loans receivable, net		7	(
8	Inventories for sale or use	2.074	8	
9	Prepaid expenses and deferred charges	3,274	9	1,983
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 7,701			
Ь	Less accumulated depreciation 10b 3,646	1,387	10 c	4,055
11	Investments—publicly traded securities	3,931,342	11	3,766,036
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	19,573	15	26,022
16	Total assets.Add lines 1 through 15 (must equal line 34)	5,333,034	16	5,099,172
17	Accounts payable and accrued expenses	87,488	17	99,850
18	Grants payable		18	
19	Deferred revenue	2,700	19	2,140

		Schedule L		• •	
Assets	6	d under)(9) oplete			
As	7	Notes and loans receivable, net		🗀	
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			3,274
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	7,701	
	ь	Less accumulated depreciation	10b	3,646	1,387
	11	Investments—publicly traded securities			3,931,342
	12	Investments—other securities See Part IV, line 11			
	13	Investments—program-related See Part IV, line 11			
	14	Intangible assets			
	15	Other assets See Part IV, line 11			19,573
	16	Total assets.Add lines 1 through 15 (must equal line 34)			5,333,034
	17	Accounts payable and accrued expenses			87,488
	18	Grants payable			
	19	Deferred revenue			2,700
	20	Tax-exempt bond liabilities	🗀		
	21	Escrow or custodial account liability Complete Part IV of		19,000	
Liabilities	22	Loans and other payables to current and former officers, dikey employees, highest compensated employees, and disq		itees,	
idi		persons Complete Part II of Schedule L			
Ľ	23	Secured mortgages and notes payable to unrelated third pa	arties		
	24	Unsecured notes and loans payable to unrelated third parti	es		
	25	Other liabilities (including federal income tax, payables to	related third	parties,	

Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright $\overline{\slip}$ and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Complete Part X of Schedule D

Unrestricted net assets . .

complete lines 30 through 34.

Total net assets or fund balances

Temporarily restricted net assets

Permanently restricted net assets .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

Total expenses (must equal Part IX, column (A), line 25)

Other changes in net assets or fund balances (explain in Schedule O) .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash 🗸 Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

2

1,856,569 -100,838 5,223,846

Page **12**

1,755,731

5

7

8

9

10

-132,495

Yes	
Yes	

2a

2b

2c

3a

3b

	-12,331
4,9	78,182
Yes	No
	No
Yes	
Yes	

Νo

Form 990 (2015)

Net unrealized gains (losses) on investments .Donated services and use of facilities . . .

Part XII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Software ID: 15000324 **Software Version:** 2015v2.0

EIN: 13-2989216

Name: The Netherland-America Foundation Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t	han erso cer	not one n is and rust	ee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Joannes J H Joosten	8 00	х		x				0	0	0
Andy J Bender Director	4 00	х						0	0	0
Manon Cox Director	2 00	x						0	0	0
C Jurjan Wouda Kuipers Treasurer	4 00 0 00	х		×				0	0	0
Menjn Boender Director	4 00 0 00	×						0	0	0
Dr Monique Boutros Director	1 00	х						0	0	0
Eva Das Secretary	4 00	х		x				0	0	0
Andrew Enschede Director	2 00	х						0	0	0
Ottho Heldring Director	1 00 0 00	х						0	0	0
Henry Berghoef Director	1 00 0 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Kurt Dykstra

Bas Nieuwe Weme

Robert Ottenhoff

Director

Director

Director

Compensated Employees, and Inde	pendent co	i	···	3				i	İ	
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
Ennius E Bergsma Director	2 00	×						0	0	
Paul J Klaassen Director	1 00	х						0	0	(
Charles L Laurey Director	1 00	×						0	0	
Hans Gieskes Director	2 00	×						0	0	
Dr John M Palms Director	4 00	×						0	0	
Henk J Guitjens Director	8 00	×						0	0	
Prof Theodore Prudon Director	4 00	x						0	0	

1 00

0 00

0 00

0 00

Х

Х

Х

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (C)

Director

Director

Director

Director

Pete Hoekstra Director

James H Dykstra

Albert J Laverge

Iwan van der Vinne

Name and Title	A verage hours per week (list any hours for related	m unle:	ore t	han erso cer	one n is and			Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Amb Fay Hartog Levin	2 00									
		X						0	0	
Director	0 00									
Frans van der Mınne	1 00									
Director	0.00	×						0	0	1
	0 00 2 00			-						
Marc van Gelder	2 00									
Director	0 00	×						0	0	
Mandan D Harral	2 00									
Maarten R van Hengel		l x l						0	0	
Director	0 00	"								
Thomas Wysmuller	2 00									
		X						0	0	
Director	0 00									
Ewoud Swaak	1 00									
		l x l	l	l	l			0	0	

0 00 4 00

0 00 4 00

0 00

Х

Х

Х

(E)

(F)

Compensated Employees, and Independent Contractors

(A)
(B)
(C)
(D)
(E)
(F)
Reportable
Estimated

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Name and Title	hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe offi direc	than erso cer tor/i	one n is and trus	tee) Highest	compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
		ai trustee tor	cnal Trust⊭ë		empioyee	compensated ee			
Ruurd Weulen Kranenberg Director	0 00	×					0	0	
Elizabeth van Schilfgaarde Director	1 00	x					0	0	
Rudolf Molkenboer Director	1 00	×					0	0	

103,656

10.94

0 00 50 00

0 00

Angela Molenaar

Executive Dir

efil	le GF	RAPHIC pr	int - DO I	NOT PROCES	S As Filed Da	ta -			3493308011866		
(Fo		OULE A 990 or		Complete if the	•	tion 501(c)(3) empt charitabl 1990 or Form 9	or Form 990-EZ.				
Depar Treasi	tment (of the		untormation ai ww.irs.gov/fo	•	טפפ וו טפר וו טפר וו	<i>⊾j</i> and its instfl	uccions is at	Inspection		
Intern	al Reve	enue Service						Lemma 11 111	- *! · · · · · · · · · · · · · · · · · ·		
		he organizat nd-America Foi						Employer identific	ation number		
								13-2989216			
	rt I			-				part.) See instruction	ons.		
The	organı				iuse it is (For lines 1	_					
1				•	association of churc		•				
2				= :)(1)(A)(ii).(Attach So	•					
3			-	· ·	service organization (
4					rated in conjunction v	with a hospital	described in se	ction 170(b)(1)(A)(ii	i). Enter the		
5	Г	An organi:			-	iversity owned	d or operated by	a governmental unit o	described in section		
6		A federal,	state, or loc	al government	or governmental unit	described in s	section 170(b)(1)(A)(v).			
7	✓						from a governm	ental unit or from the q	general public		
described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gro						fees, and gross					
10 11							es acquired by the				
а	, L	the box in Type I. A s supported	lines 11a th upporting o organizatio	nrough 11d tha organization op n(s) the power	t describes the type of erated, supervised, o	of supporting or r controlled by or elect a major	organization and lits supported o	509(a)(2) See section complete lines 11e, in programization(s), typicators or trustees of the	l 1f, and 11g lly by giving the		
b c	Г Г	Type II. A manageme must comp	supporting nt of the su lete Part I '	organization s pporting organ V, Sections A a	upervised or controlled ization vested in the lind C.	ed in connections ame persons	that control or	orted organization(s), manage the supported n, and functionally inte	organization(s) You		
	1				uctions) You must co						
d	Г	not functio	nally integr	ated The orga		st satisfy a dis	stribution requir	with its supported org rement and an attentiv			
e		•		-	·			ıs a Type I, Type II, T	ype III functionally		
_	·	integrated	or Type II	I non-function	ally integrated suppor	tıng organızatı	ion				
T _	Ente				ns			· · · · · · · · <u> </u>			
g		Provide til	e following i	mormation abo	out the supported orga	anization(s)					
Nan	ne of s	(i) supported or	ganızatıon	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see	Is the organisted in you docum	anızatıon r governing	(v) Amount of monetary support (see instructions)	(vi) A mount of other support (see instructions)		
					instructions))						
						Yes	No				
							+				
Tota						+	+				
1014						<u> </u>		1	l		
For F	aperv	vork Reducti	on Act Not	ice, see the In	structions for Form 99	90 or 990EZ.	Cat No 112		ı 990 or 990-EZ) 2015		

784,044

3,515,099

4,299,143

562,014

4,861,157

(f)Total

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

rait III. If the organization falls to qualify	unuei	tile test
Section A. Public Support		

(Complete only if you of Part III. If the organization						
Section A. Public Support		,			<u> </u>	
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊤otal
Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	262,692	199,261	939,827	1,115,836	1,781,527	4,299,14
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	262,692	199,261	939,827	1,115,836	1,781,527	4,299,14
5 The portion of total contributions						

Public support. Subtract line 5 from line 4

on line 1 that exceeds 2% of the amount shown on line 11, column

and income from similar sources Net income from unrelated business activities, whether or not the business is regularly

10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part

11 Total support. Add lines 7

carried on

through 10

organization

instructions

supported organization

VI)

12

14

by each person (other than a governmental unit or publicly supported organization) included

Section	В.	Total	Support
Cal	end	lar vear	

(or fiscal year beginning in) ▶

7 Amounts from line 4

Gross income from interest,

dividends, payments received on securities loans, rents, royalties

Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

121,028

box and stop here. The organization qualifies as a publicly supported organization

(a)2011

262,692

199,261

121,339

(b)2012

(c)2013

939,827

175,633

(d)2014

1,115,836

75,271

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

14 15

(e)2015

1,781,527

68,743

Schedule A (Form 990 or 990-EZ) 2015

72 310 % 65 260 % ▶ 🗸 b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

▶┌

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2015. 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

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Public support percentage for 2014 Schedule A, Part II, line 14

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 tes	ts listed below,	please comple	ete Part II.)		
Se	ction A. Public Support			•		•		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal	
(or f	iscal year beginning in) 🟲	(a)2011	(0)2012	(6)2013	(4)2014	(6)2013	(1) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions,							
-	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt							
	purpose							
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							
5	paid to or expended on its behalf The value of services or facilities							
5	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							
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 Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6)							
Se	ction B. Total Support							
	Calendar year							
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total	
`9	A mounts 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							
C	Net income from unrelated							
11	business activities not included							
	in line 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of							
	capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first socsad	third fourth as	fifth tay year as a	soction FO1/cV	2 \ organization	
14		or the organizatio	m s mst, secona	, cilia, iourcii, or i	muntax year as a	Section 501(C)(.	· -	
	check this box and stop here	lie Cuppert D					▶ □	
	ction C. Computation of Pub			101 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 201	.4 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, co	olumn (f) dıvıded	by line 13, colum	nn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A . Part III . line 1	17		18		

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

Part IV Supporting Organizations

(Complete only if you checked a box 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I.

	It of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you I, complete Sections A and D, and complete Part V)	u cnec	ked 11	a or Pai
Se	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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
	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	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	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 Part VI what controls the organization put in place to ensure such use	3 c		
4-	Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
U	supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
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	4c		
5 2	organization was used exclusively for section 170(c)(2)(B) purposes Did the organization add, substitute, or remove any supported organizations during the tax year?	I		
Ja	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)	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by	50		
	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 Part VI .	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 II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 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		
0a	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," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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	A family member of a person described in (a) above?	11b		
	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		

No

Pailiv	supporting organizations (continued)
Section	B. Type I Supporting Organizations

o regularly tax year? colled the powers to conditions or organization(s)	1		
organization(s)			l
zation(s) that	2		
_		Yes	No
	directors or	e same persons	

	that controlled or managed the supported organization(s)	1		
Se	ection 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			

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 in this regard	3	
S	ection 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 The organization satisfied the Activities Test Complete line 2 below	e instru	ıctions)

- The organization is the parent of each of its supported organizations. Complete line 3 below

- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see
- instructions)

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2	2 <u>Activities Test</u> Answer (a) and (b) below.			Yes	
а	Did substantiall	ly all of the organization's activities during the tax year directly further the exempt purpose	es of the		T

<u> </u>	_
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	Γ
supported organization(s) to which the organization was responsive?	l
If "Ves " then in Part VI identify those supported organizations and explain how these activities directly	ı

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 "Voc " then in Boat VI identify these supported erganizations and explain how these activities directly	,	

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	4	ı
	supported organization(s) to which the organization was responsive?		l
	If "Yes," then in Part VI identify those supported organizations and explain how these activities directly		l
	furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the		l
	organization determined that these activities constituted substantially all of its activities	2a	ı

	supported organization(s) to which the organization was responsive?	
	If "Yes," then in Part VI identify those supported organizations and explain how these activities directly	
	furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	

If "Yes," then in Part VI identify those supp	ported organizations and explain how these activities directly
furthered their exempt purposes, how the organ	ization was responsive to those supported organizations, and how the
organization determined that these activities co	nstituted substantially all of its activities
b Did the activities described in (a) constitute	activities that, but for the organization's involvement, one or more of

furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?	

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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

2b

3a

3b

instructions)

Page **6**

	Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete			Г
			,	•
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
ŀ	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
5	Portion of operating expenses paid or incurred for production or collection or gross income or for management, conservation, or maintenance of property held for production of income (see instructions)			
,	Other expenses (see instructions)	7		
3	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
L	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
}	Subtract line 2 from line 1d	3		
ŀ	Cash deemed held for exempt use Enter $1 ext{-}1/2\%$ of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by 035	6		
,	Recoveries of prior-year distributions	7		
}	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
L	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		
5	Income tax imposed in prior year	5		
5	Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
	emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally	6		

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	lish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	rs exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	t purposes of supported org	anizations	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval req	uired)		
6 Other distributions (describe in Part VI) See instru			
7 Total annual distributions. Add lines 1 through 6	ctions		
B Distributions to attentive supported organizations to details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	<u></u>		
·	,		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b			
C			
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 \$			
A pplied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
<u> </u>		Schedule A	(Form 990 or 990-EZ) (2015

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

Schedule A	Schedule A (Form 990 or 990-EZ) 2015 Page 8					
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 9 and 6. Also complete this part for any additional information. (See instructions).						
		Facts And Circumstances Test				
R	eturn Reference	Explanation				
		Schedule A (Form 990 or 990-i	Z) 2015			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b, OMB No 1545-0047 2015

DLN: 93493308011866

Treasury	Information al			
Internal Revenue Service				
Name of the organization				
The Netherland-America Foundation Inc				

(Form 990)

epartment of the easury Tinformation ternal Revenue Service		Information about Schedule D	► Attach to Form 990. mation about Schedule D (Form 990) and its instructions is at <u>www.irs.qov/form990</u> .			Open to Public Inspection		
Na	me of the organi			Empl	loyer identi	fication numbe	r	
The	e Netherland-America	a Foundation Inc		12.2	989216			
Pa			r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.			nts.		
			(a) Donor advised funds	(b)	Funds and	other accounts	,	
	Total numbe	r at end of year						
	Aggregate v year)	alue of contributions to (during						
	Aggregate v	alue of grants from (during year)						
	Aggregate v	alue at end of year						
			advisors in writing that the assets held in dor the organization's exclusive legal control?	nor advis	sed	Yes	□No	
•	used only for cl conferring impe	haritable purposes and not for the ermissible private benefit?	and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a	ny othei	r purpose	Yes	N o	
a	rt III Conse	rvation Easements. Compl	ete if the organization answered "Yes" (on Forn	n 990, Pai	rt IV, line 7.		
		•	ne organization (check all that apply)					
	education)	on of land for public use (e g , reci	Preservation of a					
	<u> </u>	of natural habitat	Preservation of a	certifie	d historic s	tructure		
	•	on of open space						
	•	2a through 2d if the organization ne last day of the tax year	held a qualified conservation contribution in	the form	T			
_	Total number o	f conservation easements		2a	Held at	the End of the	Year	
a b		restricted by conservation easem	ents	2a 2b				
c	_		d historic structure included in (a)	2c				
d	Number of cons		c) acquired after 8/17/06, and not on a	2d				
		-	nsferred, released, extinguished, or terminate	ed by th	e organizat	ion during the		
	tax year ▶							
	Number of stat	es where property subject to cons	ervation easement is located >					
		nization have a written policy rega enforcement of the conservation	rding the periodic monitoring, inspection, han easements it holds?	dling of	Γ	Yes No	0	
	Staff and volung	teer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing cons	servation e	asements durır	ng the	
	-	<u></u>						
	A mount of expe	enses incurred in monitoring, insp	ecting, handling of violations, and enforcing c	onserva	ation easem	nents during the	e year	
	▶ \$							
		servation easement reported on li on 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of sec	ction 17	_	Yes No	0	
l	balance sheet,		ts conservation easements in its revenue an t of the footnote to the organization's financia asements					
ar			ctions of Art, Historical Treasures,	or Oth	ner Simil	ar Assets.		
_			ed "Yes" on Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its reve	nue stat	tement and	halance sheet		
а	works of art, his	storical treasures, or other simila	r assets held for public exhibition, education, note to its financial statements that describe	or resea	arch in furth			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					IC		
((i) Revenue inclu	ided on Form 990, Part VIII, line	1	> \$ _				
		ed in Form 990, Part X		· — ▶ \$				
			historical treasures, or other similar assets f	r	cial gain, pr	ovide the		

Revenue included on Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(continued)

collection items (check all that apply)

Part III

а	Public exhibition		d		Loan or	exchange pro	grams	
b	Scholarly research		е	Г	Other			
c	Preservation for future generations							
4	Provide a description of the organization Part XIII	's collections and ex	plain ho	ow they	further th	ne organizatio	n's exempt purpos	e in
5	During the year, did the organization soli assets to be sold to raise funds rather th							es No
Pai	rt IV Escrow and Custodial Arra)t. T) /	l 0		
	Complete if the organization of Part X, line 21.	answered "Yes" or	n Form	1 990, 1	Part IV,	line 9, or re	ported an amou	nt on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inter	rmediar	ry for co	ntributioi	ns or other as	sets not	es 🗸 No
ь	If "Yes," explain the arrangement in P	art XIII and complet	te the fo	ollowina	table		An	nount
c	Beginning balance					10	:	
d	Additions during the year					10	1	
е	Distributions during the year					16	2	
f	Ending balance					11		
2 a	Did the organization include an amount of	n Form 990, Part X,	line 21	, for es	row or cu	ustodial accoi	unt liability? 🔽 🗸	es No
							,, ,	
b	If "Yes," explain the arrangement in Part							
Pa	rt V Endowment Funds. Comple	te if the organizat),
		(a)Current year	(b) Pi	nor year		Two years back		(e)Four years back
1a	Beginning of year balance	3,931,342		3,999,	926	3,615,260	3,472,172	
b	Contributions							775,592
c	Net investment earnings, gains, and losses	-65,306		81,	1 16	646,167	461,588	-60,153
d	Grants or scholarships	100,000		150,	000	261,501	136,298	100,000
e	Other expenditures for facilities and programs						182,202	4,774
f	Administrative expenses							41,900
g	End of year balance	3,766,036		3,931,	342	3,999,926	3,615,260	3,472,172
2	Provide the estimated percentage of the	•	ance (I	ine 1g,	column (a	a)) held as		
а	Board designated or quasi-endowment >	46 000 %						
b	Permanent endowment ▶							
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	54 000 % should equal 100%						
3а	Are there endowment funds not in the poorganization by	ssession of the orgai	nızatıor	n that ar	e held an	ıd admınıstere	ed for the	Yes No
	(i) unrelated organizations					•	<u> </u>	a(i) No
	(ii) related organizations					•	-	a(ii) No
ь 4	If "Yes" on 3a(II), are the related organize Describe in Part XIII the intended uses							3b No
	t VI Land, Buildings, and Equip		chuowi	ment iui	143			
انام	Complete if the organization is		Form	990, Pa	art IV, lı	ne 11a.See	Form 990, Part	X, line 10.
	Description of property			Cost o	r other bas estment)		Accumulate	d (d)Book value
			 			(outer)		

6,752

949

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its

4,055

4,055

2,697

949

	(Form 990) 2015					Page 3
Part VII	Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the or	ganız	ation answered 'Yo	es' on For	m 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)			(b)Book value		:)Method of valuation r end-of-year market value
(1)Financia	Il derivatives				00310	rena or year market varae
	held equity interests					
(3) 0 ther						
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related.				-	
	Complete if the organization answered	d 'Yes' on Form	990,			
	(a) Description of investment			(b) Book value) Method of valuation r end-of-year market value
						·
	nn (b) must equal Form 990, Part X, col (B) line 13)	1.07		000 B + T// I	1116	
Part IX	Other Assets. Complete if the organization (a) Desc		on ro	ım 990, Part IV, ime	110 See F	(b) Book value
T-1-1 (C-1)	The state of the s	15)				
Part X	mn (b) must equal Form 990, Part X, col (B) line 3 Other Liabilities. Complete if the org		ered '	Yes' on Form 990.	► Part IV.	line 11e or 11f.
	See Form 990, Part X, line 25.					
1.	(a) Description of liability	(b) Book va	alue			
Federal inc	ome taxes					
				1		
				4		
				1		
				-		
				_		
				7		
				-		
				1		
				-		
	nn (b) must equal Form 990, Part X, col (B) line 25) for uncertain tax positions In Part XIII, provid	de the text of the	footer	te to the ergenization	'e financi-	Letatements that remarks the
organizatio	n's liability for uncertain tax positions under F					
XIII 🔽						

1 2

а

3

а

b

c

Part XII

5

1

2

а

b

c d

e

а b

c

Part XIII

information

endowment fund

3

2e

3

Page 4

-144,826

1,746,675

9,056

1,755,731

1,847,513

1,847,513

9,056

1.856.569

Schedule D (Form 990) 2015

Net unrealized gains (losses) on investments	2a	-132,495	
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c		

D -12,331

b c d e

Total revenue, gains, and other support per audited financial statements . . .

Add lines 2a through 2d Subtract line **2e** from line **1**

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Total expenses and losses per audited financial statements .

Other (Describe in Part XIII) . . .

Subtract line **2e** from line **1**

Add lines 2a through 2d . .

Return Reference

Part V, Line 4 Intended uses of the

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII) Add lines **4a** and **4b**

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII) Add lines 4a and 4b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . .

discretionary

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

Explanation

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

4b Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2b

2d

The Foundation maintains various donor-restricted and board-designated funds whose purpose is to

provide long term support for its charitable programs. In classifying such funds for financial statement purposes as either permanently restricted, temporarily restricted, or unrestricted net assets, the Executive Committee and Board look to explicit directions of the donor where applicable and the provisions of the laws of New York State The spending policy of the Reuvers temporarily restricted investments requires a withdrawal of 8% based upon the annual average of the fair value of investments for the prior twelve quarters. The spending on the board designated investments is

9,056

4c

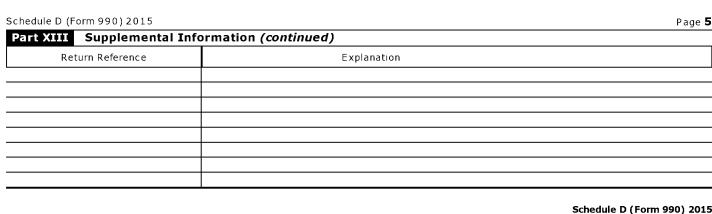
1

2e

3

4c

9.056



efile GRAPHIC print	- DO NOT PROCESS	As Filed Da	ta -	DLN:	93493308011866
SCHEDULE F (Form 990)	Statement of	f Activities (Outside the Unit	ed States	OMB No 1545-0047
(FOIIII 990)	▶ Complet	2015			
Department of the Treasury Internal Revenue Service	▶ Information about Sche		to Form 990. and its instructions is at w	ww.irs.gov/form990.	Open to Public Inspection
Name of the organization The Netherland-America Fo	oundation Inc			Employer ider 13-2989216	ntification number
	formation on Activi the organization answ			14b.	
and other assistan	Does the organization ce, the grantees' eligil grants or assistance?			_	✓ Yes No
assistance outside	Describe in Part V the the United States (The following Part I, lin				nts and other
(a) Region	(b) Number or offices in the region		(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of	a (f) Total expenditures for and investments in region
(1) Europe			Program services	Cultural grants & scholarships	1,067,096
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuati to Part I c Totals (add lines 3a a					1,067,096
For Paperwork Reduction Act		ns for Form 990	Cat	No 50082W Sche	dule F (Form 990) 2015

Schedule F (Form 990) 2015

Page 2

(i) Method of

valuation

(book, FMV,

appraisal, other)

(1)

Complete if the organization answered "Yes" to 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. (a) Name of (b) IRS code (e) A mount of (f) Manner of (c) Region (d) Purpose of organization

Cultural

section arant and EIN (if applicable)

Europe

cash grant

cash disbursement 919,217 Wire

of non-cash assistance

(g) A mount

(2) (3) (4)

(h) Description

of non-cash

assistance

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(1) Cultural Program Grants Europe

Part III

(2) Educational

(4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Scholarships (3) Friend Fund Grants appraisal, other)

Schedule F (Form 990) 2015

Part III can be duplicated if additional space is needed. (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of cash grant disbursement of non-cash valuation non-cash assistance assistance (book, FMV,

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	

Europe

Europe

7

8

3

12,700 Wire

100,000 Wire

9,584 Wire

Sche	edule F (Form 990) 2015			Рa	ge 4
Pa	rt 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)	Г	Yes	Ī✓	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)	Г	Yes	Ī✓	Νo
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)	Г	Yes	√	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Г	Yes	✓	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Г	Yes	√	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form	_		_	

┌ Yes

Schedule F (Form 990) 2015

√ No

5713, do not file with Form 990)

Page 5

ula E. Supplamental Information

Schedule F (Form 990) 2015

1	Schedule F, Supplemental Information					
	Return Reference	Explanation				

Part II. Line 1 - Method of Accounting The method of accounting used is the accrual basis efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493308011866

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

Name of the organization The Netherland-America Foundation Inc Employer identification number

13-2080216

						13-2969210	
Pa		ctivities.Comple ers are not require				on Form 990, Part IV	, line 17.
L	Indicate whether the orga	anızatıon raised func	ds through	any of th	e following activities Ch	neck all that apply	
а	Mail solicitations				Solicitation of no	on-government grants	
b	Internet and email so	olicitations		1	· F Solicitation of go	overnment grants	
c	Phone solicitations			Ç	J ✓ Special fundraisi		
d	In-person solicitatio	ns		•			
2a	Did the organization have or key employees listed i services?	e a written or oral ag				· · · · · · · · · · · · · · · · · · ·	es √ No
b	If "Yes," list the ten high to be compensated at lea				sers) pursuant to agree	ments under which the fu	ındraıser ıs
1	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
4		Duble ED	Yes	No			
1	Developmnt Ultd 30 West 60th St	Public FR		No	550,159	53,000	497,15
	New York, NY 10023						
2	Bradley Assoc 40 Vanderburgh			No	151,950	15,000	136,95
_	Larchmont, NY 10538						
3				No			
4							
5							
6							
7							
8							
9							
L O							
ota	al			>	702,109	68,000	634,10

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

registration or licensing

Schedule G (Form 990 or 990-EZ) 2015 Page 2 Fundraising Events. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b)Event #2 (c)Other events (d) Total events **NAF Gala Awards** Peter Stuyvesant (add col (a) through Ball Dinner (total number) col (c)) (event type) (event type) 547,019 155,090 48,151 750,260 **1** Gross receipts 400,669 115,552 18,307 534,528 2 Less Contributions. 3 Gross income (line 1 minus line 2) 146,350 39,538 29,844 215,732 4 Cash prizes Noncash prizes 6 Rent/facility costs Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 146,350 39,538 29,844 215,732 10 Direct expense summary Add lines 4 through 9 in column (d) 215,732 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b)Pull tabs/Instant (d) (c)O ther gaming (a)Bingo

Part III Revenue bingo/progressive bingo (a) through col (c)) 1 Gross revenue . 2 Cash prizes

Teg Teg Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes______% **☐ Yes** % No 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities Yes No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain

Total gaming (add col Schedule G (Form 990 or 990-EZ) 2015

efile GRAPHIC print	- DO NOT	PROCESS A	s Filed Data -				DLN: 9	93493308011866
Schedule I (Form 990) Department of the Treasury Internal Revenue Service		Gov Comple	vernments and the if the organization	d Individuals in answered "Yes," on Fo ► Attach to Form 990.	o Organizations the United Stat rm 990, Part IV, line 21 o	es or 22.	2	No 1545-0047 O 15 pen to Public Inspection
Name of the organization The Netherland-America F	oundation In	•					Employer identificati	on number
		on Grants an					13-2989216	
1 Does the organization the selection criteria Describe in Part IV 19 Part II Grants and 01	n maintain re i used to awa the organizati t her Assistan	ecords to substant rd the grants or a ion's procedures f ce to Domestic Oi	tiate the amount of the ssistance? or monitoring the use rganizations and Dome	of grant funds in the Ur			·	√ Yes No 1, for any recipient
(a) Name and address organization or government		(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Ta	ble							
2 Enter total number o	f section 501	.(c)(3) and goverr	nment organizations li	sted in the line 1 table .				2
3 Enter total number o	f other organı	ızatıons lısted ın t	he line 1 table				<u> ▶ _</u>	0

Schedule I (Form 990) 2015

Additional Data

Museum of the City of NY

1220 Fifth Avenue New York, NY 10029 Peabody Essex Museum

East India Square Salem, MA 01970 Software ID: 15000324
Software Version: 2015v2.0

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

170b1Aıv

170b1Aıv

EIN: 13-2989216

Name: The Netherland-America Foundation Inc

15,000

10,000

Cultural Programs

13-1624098

04-3157815

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				-			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Department of the Treasury Internal Revenue Service

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OMB No 1545-0047

DLN: 93493308011866

Inspection

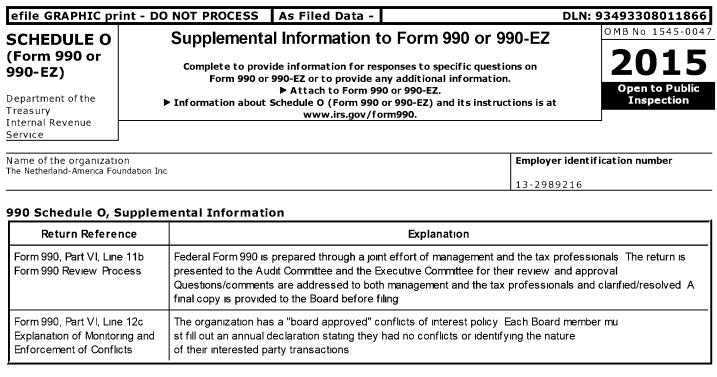
32a

Νo

	ne of the organization Netherland-America Foundation Inc				Employer identificati	on num	ber	
iie i	vettienand America i odnidation inc				13-2989216			
Ρā	rt I Types of Property							_
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermını	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	2	119,193	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ▶ ()							
	Other ▶ ()							
	Other ▶ ()		<u> </u>		1			
29	Number of Forms 8283 received for which the organization comple				29			
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	₁ 1 through 28, that [Yes	N
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	red to be used			
	for exempt purposes for the enti			,		20-	\	l N
Ŀ	If "Yes," describe the arrangem					30a	\neg	N
31	Does the organization have a gi			review of any non-standard	contributions?	31	\	N
	Does the organization hire or us	•		·	Ī			
	contributions?					222	ì	N.

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

b If "Yes," describe in Part II



Return Reference Explanation

Form 990, Part VI, Line 15a
Compensation Review & Approval

At the time of contract renewal, the Executive Committee reviews comparable salaries based on a recognized study and reviews the performance of the executive director to determine if the existing

990 Schedule O, Supplemental Information

Process - CEO, Top Management	salary falls within these ranges. After a deliberation of this matter, a new proposed salary and benefit package is voted on. The minutes of the Executive Committee reflect the nature of this process.
Form 990, Part VI, Line 15b	Each year, the executive committee reviews comparable salaries based on a recognized study
Compensation Review and	and reviews the performance of the executive director to determine if the existing salary
Approval Process for Officers and	falls within these ranges. After a deliberation of this matter, a new proposed salary and
Key Employees	benefit package is voted on. The minutes of the board of directors reflect the nature of

990 Schedule O, Supplemental Information

Return Reference Explanation

Foreign Exchange Loss = -\$12331

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Available upon request Financial statements on website

Other Changes In Net Assets Or Fund Balances - Other Decreases