Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

# 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.

and ending

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

Open to Public Inspection

OMB No. 1545-0047

Address change MAJI SAFI GROUP					
Name			46-1	712301	
Change Doing business as  Initial return Number and street (or P.0. box if mail	is not delivered to street address)	Room/suite			
Final 165 MADINE CODEED	is not delivered to siteet address)	hoom/suite	E Telephone numbe	)459-2868	
termin-	to and ZID or foreign postal and		G Gross receipts \$	137,393.	
atted City or town, state or province, coun Amended BOULDER, CO 80302					
Applica-			H(a) Is this a group re		
pending F Name and address of principal office SAME AS C ABOVE	er.DROCH FINO I HHZ		for subordinates		
I Tax-exempt status: X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1)	or 527	H(b) Are all subordinates in	list. (see instructions)	
J Website: WWW.MAJISAFIGROUP.		01 321	H(c) Group exemptio	,	
K Form of organization: X Corporation Trust	Association Other	I Voor		A State of legal domicile: CO	
Part I Summary	ASSOCIATION CUITCE	L Teal	or iorniation. ZOIS	A State of legal domiche.	
1 Driefly describe the organization's mission	or most significant activities. MA.TT	SAFT	CROTIP'S MIS	STON IS TO	
PROMOTE HEALTH AND DI Check this box if the organization Number of voting members of the governing	SEASE PREVENTION IN	IINDER	SERVED AND	DION ID IO	
Check this box if the organization					
2 Check this box ► ☐ if the organization of the governing members of the government of the gover			i	8	
Number of voting members of the governing Memb				8	
<ul> <li>4 Number of independent voting members of</li> <li>5 Total number of individuals employed in ca</li> </ul>				0	
				25	
6 Total number of volunteers (estimate if ned				0.	
				0.	
<b>b</b> Net unrelated business taxable income fro	m Form 990-1, line 34	······			
C Contributions and sweets (Dart) (III line 41)			Prior Year 172,882.	Current Year 136,613.	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), li			0.	0.	
9 Program service revenue (Part VIII, line 2g)			0.	0.	
10 Investment income (Part VIII, column (A), li			536.	-277.	
11 Other revenue (Part VIII, column (A), lines 5					
12 Total revenue - add lines 8 through 11 (mu			173,418.	136,336.	
13 Grants and similar amounts paid (Part IX, o			74,431.	72,555.	
14 Benefits paid to or for members (Part IX, co			0.	0.	
g 15 Salaries, other compensation, employee b			25,245.	34,700.	
15 Salaries, other compensation, employee be 16a Professional fundraising fees (Part IX, colum b Total fundraising expenses (Part IX, colum 17 Other page 18 of 18	mn (A), line 11e)		0.	0.	
<b>b</b> Total fundraising expenses (Part IX, colum			10.100	10.000	
17 Other expenses (Part IX, column (A), lines			13,199.	10,928.	
18 Total expenses. Add lines 13-17 (must equ			112,875.	118,183.	
19 Revenue less expenses. Subtract line 18 f	rom line 12		60,543.	18,153.	
100 8 01		Ве	ginning of Current Year	End of Year	
20 Total assets (Part X, line 16)			68,388.	86,541.	
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line			0.	0.	
	21 from line 20		68,388.	86,541.	
Part II   Signature Block					
Under penalties of perjury, I declare that I have examined th				y knowledge and belief, it is	
true, correct, and complete. Declaration of preparer (other t	han officer) is based on all information of w	hich preparer	has any knowledge.		
Sign Signature of officer			Date		
Here BRUCE MAJ PELZ, PR	ESIDENT				
Type or print name and title					
Print/Type preparer's name	Preparer's signature		Date Check	PTIN	
Paid PAMELA EKREM VOGEL			self-employ		
Preparer Firm's name ► KINGSBERY CP.			Firm's EIN ▶	84-0960772	
	STREET, SUITE 200				
BOULDER, CO	80302-5335		Phone no. 30	3-444-2240	
May the IRS discuss this return with the preparer sh	own above? (see instructions)			X Yes No	

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  MAJI SAFI GROUP'S MISSION IS TO PROMOTE HEALTH AND DISEASE PREVENTION
	IN UNDERSERVED AND IMPOVERISHED AREAS THROUGH HOLISTIC COMMUNITY
	EMPOWERMENT AND BY WORKING PREDOMINANTLY WITH LOCAL WOMEN AND YOUTH.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
10	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 89,486 • including grants of \$ 72,555 • ) (Revenue \$ )
4a	(Code: ) (Expenses \$ 89,486 • including grants of \$ /2,555 • ) (Revenue \$)  TANZANIA PROGRAM:
	AFFILIATED WITH MAJI SAFI GROUP LLC IN TANZANIA TO PROVIDE AWARENESS TO
	THE WATER, SANITATION, AND HYGIENE (WASH) CRISIS, WHILE ALSO EDUCATING
	COMMUNITIES ON HOW TO PREVENT DISEASE. THIS EDUCATION REDUCES WATER
	BORNE AND RELATED DISEASES. 9 PROGRAMS ARE SUPPORTED SUCH AS HOMEVISIT;
	AFTER SCHOOL, AND OUTREACH. REACHED APPROXIMATELY 25,000 WITH WASH
	EDUCATION.
4b	(Code:) (Expenses \$
	YOUNG GLOBAL CITIZENS:
	MAJI SAFI GROUP COLLABORATES WITH LOCAL US SCHOOLS TO SPREAD AWARENESS
	ABOUT WASH. MAJI SAFI GROUP RAISES AWARENESS IN THE UNITED STATES ABOUT
	DISEASE PREVENTION, HEALTH, AND THE GLOBAL WATER, SANITATION, AND
	HYGIENE (WASH) CRISIS. EDUCATION ABOUT GLOBAL WASH ISSUES IS SHARED DURING OUTREACH EVENTS, FOR EXAMPLE, ON GLOBAL HANDWASHING DAY AND
	WORLD WATER DAY. REACHED APPROXIMATELY 1,000 STUDENTS AGES 5-18 YEARS
	OLD.
4c	(Code:) (Expenses \$
	PRACTICUM STUDENTS:
	MAJI SAFI GROUP WORKS WITH PRACTICUM STUDENTS BY GIVING THEM
	PROFESSIONAL GRASSROOTS NONPROFIT WORK EXPERIENCE IN THE US AND IN
	TANZANIA. CURRENTLY MAJI SAFI PARTNERS WITH WASHINGTON UNIVERSITY IN
	ST. LOUIS, WESLEYAN UNIVERSITY, COLORADO STATE UNIVERSITY, AND THE
	UNIVERSITY OF COLORADO. WORKED WITH 25 COLLEGE AND GRADUATE LEVEL
	STUDENTS.
4d	Other program services (Describe in Schedule O.)
10	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 89 , 679 .

# Form 990 (2015) MAJI SAFI GROUP Part IV Checklist of Required Schedules

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

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Form 990 (2015) MAJI SAFI GROUP
Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠,,
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			- V
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Α.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1 22
32		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del></del>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
<b>5</b> 4		34	х	
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
_			_	

46-1712301

# Form 990 (2015) MAJI SAFI GROUP Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O Contains a response of note to any line in this Part v				
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b   U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
0-	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0			
	filed for the calendar year ending with or within the year covered by this return		Ole		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		20		Х
	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		3a 3b	$\vdash$	- 22
	•		30	$\vdash$	
44	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account soccurities account or other financial).		4a	ł	Х
h	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country:	account)?	44		- 22
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a	ł	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		- 04		
-	were not tax deductible?		6b	ł	
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7c	ł	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		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?		13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401-			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	4.6 -		Y
			14a	$\vdash\vdash\vdash$	Х
g	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	₹∪	14b	لــــــا	

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

Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year   1a   8   8    If there are material differences in voting rights among members of the governing body of the governing body delegated broad authority to an executive committee or shiral committee, or plain in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent   1b   8    2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the mentings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization ontemporaneously document the mentings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, bustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If If Yes," provide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If Yes," did the orga		Check if Schedule O contains a response or note to any line in this Part VI			X		
1a Enter the number of voting members of the governing body at the end of the tax year	Sec	tion A. Governing Body and Management					
there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent				Yes	No		
b big the properties of the powering body?  3 Did the organization have members or stockholders?  4 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Did the organization that authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If Yes, Torvoide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10a Did the organization have local chapters, branches, or affiliates?  10b Tires, did the organization have a written oreflice copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by	1a	Enter the number of voting members of the governing body at the end of the tax year	3				
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes  10a Did the organization have local chapters, branches, or affiliates?  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a B Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12a Were officers, directors, of trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b Were officers, directors, of trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b Z Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  13 X  14 Did the organization have a written document retention and destruction policy?  15 Did the organization have a written document retention and destruction policy?  16 Did the organization for EO, Executive Director, or top management official  17 Pres" to line 15a or 15b, describe the process in Schedule O (see instructions).  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 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?  16b Section C. Disclosure	•		9		Х		
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in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure	h		Ioa				
exempt status with respect to such arrangements?  Section C. Disclosure	b						
Section C. Disclosure			16h				
	<u>Sac</u>		IOD				
List the states with which a copy of this Form 990 is required to be filed $\triangleright$							
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available			availak				
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	10		avalidi	υ <del>c</del>			
·	10	· · ·	\d €i∽ - ·	oic!			
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	ı		iu iinar	icial			
statements available to the public during the tax year.	20						
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► BRUCE PELZ - (720)273-6503	20						
465 MARINE STREET, BOULDER, CO 80302							

46-1712301

Form 990 (2015)

MAJI SAFI GROUP

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					ilout	(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated	
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other	
	(list any	rector						the	organizations	compensation	
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	truste	al trus		yee	unden		(** 27 1033 141100)		and related	
	below	Individual trustee or director	Institutional trustee	Jec	Key employee	Highest compensated employee	ner			organizations	
(1)	line)	Indi	Inst	Officer	Key	E High	휸			_	
(1) MARISSA JAROSS VICE PRESIDENT & BOARD MEMBER	1.00	х						0.	0.	0.	
(2) PAUL LANDER	1.00	^						0.	0.	· ·	
BOARD MEMBER	1.00	х						0.	0.	0.	
(3) ERNA MAJ	20.00										
BOARD MEMBER		х						0.	0.	0.	
(4) BRUCE MAJ PELZ	60.00										
PRESIDENT		Х		х				3,600.	0.	0.	
(5) MAX PEREL-SLATER	60.00										
SECRETARY & BOARD MEMBER		Х		Х				14,400.	0.	300.	
(6) MATTHEW JAMES	2.00										
CHAIRMAN OF THE BOARD & BOARD MEMBER	1 00	Х						0.	0.	0.	
(7) MICHELLE LIPOSKY	1.00	,,							_	_	
BOARD MEMBER	1.00	Х				_		0.	0.	0.	
(8) DAVID GORDON BOARD MEMBER	1.00	х						0.	0.	0.	
(9) MARGARET FREDRICKSON	1.00	Λ						0.	0.	<u></u>	
BOARD MEMBER	1.00	х						0.	0.	0.	
(10) GRACE GOLDSTEIN	1.00							•	•	•	
TREASURER		Х		x				0.	0.	0.	

Part VIII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)		(	(F)	
Name and title	Average	D 111					one	Reportable	Reportable		Estimated		
	hours per	box, unless person is both an officer and a director/trustee)					h an	compensation compensation					
	week	$\vdash$	cer an	na a a	irecto	or/trus	itee)	from	from related		ot	ther	
	(list any	Individual trustee or director						the	organizations			ensation	
	hours for related	or di	es			ated		organization	(W-2/1099-MIS	·C)		m the	
	organizations	ustee	truste		gy.	suadı		(W-2/1099-MISC)			_	nization	
	below	ual tr	ional		ploye	t con	L					related izations	
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	orme				Organ	124110113	
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											1		
								10.000			<u> </u>	- 200	
1b Sub-total								18,000.		0.	<u> </u>	300.	
c Total from continuation sheets to Part V	II, Section A							0.		0.	<u> </u>	0.	
d Total (add lines 1b and 1c)							<u> </u>	18,000.		0.	<u> </u>	300.	
2 Total number of individuals (including but n	ot limited to th	ıose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	е		_	
compensation from the organization													
											Y	es No	
3 Did the organization list any former officer,	•			•	•	•		•					
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X	
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	ation	n and	d oth	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a	accrue compe	nsati	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch <sub>I</sub>	pers	son .					5	X	
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation fro	m	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	vith	or w	ithir	n the organization's tax	year.				
(A)								(B)			(C)		
Name and business	address	NC	INC	3				Description of s	ervices	C	compens	ation	
											,	,	
							$\neg$						
							_						
2 Total number of independent contractors (i	ncluding but n	ot lir	mite	d to	tho	se lis	sted	d above) who received n	nore than				
\$100,000 of compensation from the organi						0							
											O(	<b>90</b> (2015)	

46-1712301

Form 990 (2015) MAJI SAI
Part VIII Statement of Revenue

		Check if Schedule O cont	aine a reenonee	or note to any lin	e in this Part \/III			
		Officer if Schedule S cont	airis a response	or note to arry in t	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(0.40						revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Gra		Membership dues						
ts, An	c	Fundraising events	1c	44,987.				
Giff	c	d Related organizations	1d					
ini,	e	Government grants (contribut	rions) 1e					
ion		All other contributions, gifts, gran						
		similar amounts not included abo		91,626.				
Ę,	c	Noncash contributions included in lines		1,155.				
Sol	_	Total. Add lines 1a-1f			136,613.			
_				Business Code	,			
Φ.	2 a			Duomood Goud				
ķ	2 b							
Ser		-						
E P	c							
gra Re	C							
Program Service Revenue	6							
_		All other program service reve		•				
_		Total. Add lines 2a-2f						
	3	Investment income (including						
	_	other similar amounts)						
	4	Income from investment of ta						
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
	C	d Net rental income or (loss)		<b>&gt;</b>				
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	c	d Net gain or (loss)						
Φ	8 a	a Gross income from fundraising	g events (not					
nue		including \$ 44,9	987. of					
Other Reven		contributions reported on line	1c). See					
¥		Part IV, line 18	а	780.				
ţ.	b	Less: direct expenses	b	1,057.				
O	c	Net income or (loss) from fund	draising events		-277.			-277.
		Gross income from gaming ac	~					
		Part IV, line 19						
	b	Less: direct expenses						
	c	Net income or (loss) from gam	ning activities	<b></b>				
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c							
	c	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue See instructions			136.336.	0.	0.	-277.

### Part IX Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		скрепосо	general expenses	СХРОПОСО
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	72,555.	72,555.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	34,700.	15,435.	10,590.	8,675.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal	0 000		0.000	
	Accounting	2,000.		2,000.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	121		121	
12	Advertising and promotion	431. 602.		431.	
13	Office expenses	002.		002.	
14	Information technology				
15	Royalties				
16	Occupancy	523.		523.	
17	Travel	223.		323.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	887.		887.	
24	Other expenses. Itemize expenses not covered	• • • • • • • • • • • • • • • • • • • •		33	
<del></del>	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PHONE & COMMUNICATION	1,893.		1,893.	
b	OPERATION EXPENSE	1,496.	1,496.	,	
c	IN-KIND EXPENSE	1,155.			1,155.
d	PROFESSIONAL DEVELOPMEN	955.		955.	<u> </u>
e	All other expenses	986.	193.	793.	
25	Total functional expenses. Add lines 1 through 24e	118,183.	89,679.	18,674.	9,830.
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)				
	0 10 16 15				Eorm <b>990</b> (2015)

Form 990 (2015)
Part X Balance Sheet

		Observit Calcadula O contains a management of the Colonial Colonia Colonial Colonial Colonia			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	68,388.	1	86,541.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	60 200	15	06 541
	16	Total assets. Add lines 1 through 15 (must equal line 34)	68,388.	16	86,541.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	20	Organizations that follow SFAS 117 (ASC 958), check here	<u> </u>	20	· ·
w		complete lines 27 through 29, and lines 33 and 34.			
čě	27	Unrestricted net assets		27	
alar	28	Temporarily restricted net assets		28	
Ä	29	Permanently restricted net assets		29	
Fund Balances	20	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒		25	
F		and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds	0.	30	0.
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
ž A	32	Retained earnings, endowment, accumulated income, or other funds	68,388.	32	86,541.
ž	33	Total net assets or fund balances	68,388.	33	86,541.
	34	Total liabilities and net assets/fund balances	68,388.		86,541.

Form **990** (2015)

46-1712301 Page **12** 

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,1	<u>83.</u> 53.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	8,3	88.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	8	6,5	41.		
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII						
	· · · · · · · · · · · · · · · · · · ·			Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Cash Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:	, ,					
	Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit					
Ū	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	.5.5 / 10011	За		х		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
J	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
	or addito, explain with in obligation of and describe any steps taken to undergo such addits		JU				

Form **990** (2015)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MAJI SAFI GROUP

Employer identification number 46-1712301

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.			
he o	organ	ization is not a private found	ation because it is: (	For lines 1 through 11, o	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ned in		
•		section 170(b)(1)(A)(iv). (C		maga ar armvarany arma	. o. opo.a					
6		A federal, state, or local gov	•	nental unit described in	section 17	70/h)/1)/A)	(v)			
	X	An organization that norma	_					nublic described in		
•		section 170(b)(1)(A)(vi). (Co	•	intial part of its support i	ioiii a gov	Ciriiriciilai	unit of from the general	public described in		
8			•	(1)(A)(vi) (Complete Par	+ II \					
9	H	A community trust describe				oontributi.	ana mambarahin fasa s	and areas resaints from		
9		An organization that norma	*	•	-			-		
		activities related to its exen	-					-		
		income and unrelated busin		(less section 511 tax) tr	om busine	sses acqu	ired by the organization	aπer June 30, 1975.		
40		See section 509(a)(2). (Cor	. ,	tarah dan dan dan dan sasah Baran	f-t- 0		201-1141			
10		An organization organized a	•	•	•					
11		An organization organized a	•	•	•		•			
		more publicly supported or	•					neck the box in		
		lines 11a through 11d that	* *			-	<del>_</del>			
а	L	Type I. A supporting orga	· ·	•		•				
		the supported organization			a majority (	of the dire	ctors or trustees of the s	supporting		
		organization. You must o	•							
b		Type II. A supporting org	•					-		
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported		
		organization(s). You mus								
С		Type III functionally inte	-				• •	ed with,		
		its supported organization		•						
d		Type III non-functionally	=				• • • • • •			
		that is not functionally int	-	• •	-			iveness		
		requirement (see instruct	·	- ·						
е		Check this box if the orga					ı Type I, Type II, Type III			
		functionally integrated, or								
f		r the number of supported of								
g		ride the following information			(iv) Is the o	rganization	(u) Amount of monotons	(vi) Amount of		
	(	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	(v) Amount of monetary support (see	(vi) Amount of other support (see		
		or garnization		above (see instructions))	governing o		instructions)	instructions)		
					Yes	No	-			
[∩ta										

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			61,685.	169,848.	136,613.	368,146.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3			61,685.	169,848.	136,613.	368,146.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						208,648.
6	Public support. Subtract line 5 from line 4.						159,498.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	(4, 20 ) .	(3) 23 12	61,685.	169,848.	136,613.	368,146.
	Gross income from interest,			•	,	,	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
,	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						368,146.
	Gross receipts from related activities,	etc (see instructi	one)			12	33372131
	First five years. If the Form 990 is for	•	,	rd fourth or fifth ta			
	organization, check this box and stop	-			-		<b>▶</b> X
Sed	ction C. Computation of Publ						
	Public support percentage for 2015 (I			column (f))		14	%
	Public support percentage from 2014					15	%
	33 1/3% support test - 2015. If the o					-	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2014. If the co						
-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					-	
h	10% -facts-and-circumstances tes						
IJ	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				-		<b>→</b> □
18	Private foundation. If the organization						
	ato roundationi ii tilo organizatio	GIG HOL OHOUR A	SON OIT III O TO, TO	, 100, 11a, 01 11L	s, shook and box a		<u> </u>

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(a) 2011	(b) 2012	(6) 2013	(u) 2014	(e) 2013	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						<del>                                     </del>
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							<del>                                     </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		+				_
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						<del>                                     </del>
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
L	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			1 () 22/2	( 0 004 4	1 , , , , , , ,	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
_			•				<u></u> ▶∟⊥
	ction C. Computation of Publi					11	
	Public support percentage for 2015 (li					15	%
	Public support percentage from 2014					16	%
<u>Se</u>	ction D. Computation of Inves					1 1	
17	, ,					17	<u>%</u>
18	Investment income percentage from 2						%
19a	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0.5		
	3с		
	30		
	4-		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
	5c		
	00		
	_		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	100		
	10a		
	401		
	10b	\	00:15
n 9	90 or 99	JU-EZ	2015

Pa	rt IV Supporting Organizations (continued)			<u> </u>
	(continued)		Yes	No
11	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		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Yes	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions	):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions		·
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	u		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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.	3b		

Pai	<sup>↑</sup> Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

	1 Type in Non-1 unctionally integrated 309	taling or go	(continued)	
Secti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
	Amounts paid to acquire exempt-use assets	11 0		
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.	•		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	·	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
3ecti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
1 4.11	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

**Statement of Activities Outside the United States** 

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

► Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

**Employer identification number** 

MA	JI SAFI GROUP	•			46-171230	1
Pa	rt I General Info	rmation on A	Activities Ou	tside the United States. Compl	ete if the organization answered "Y	'es" on
	Form 990, Part IV					
1				ds to substantiate the amount of its gr the selection criteria used to award th		Yes No
	the grantees enginitity in	or the grants or a	assistance, and	the selection chiena used to award th	e grants or assistance? [21]	res No
2		ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and other assistance outs	side the
	United States.					
_3_				an be duplicated if additional space is	I	(6) T-+-1
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
					PROVIDE AWARENESS TO THE	
					WATER, SANITATION, AND	
			_		HYGIENE (WASH) CRISIS,	
SUB	-SAHARAN AFRICA	1	. 2	PROGRAM SERVICES	WHILE ALSO EDUCATING	89,486.
3 a	Sub-total	1	. 2			89,486.
	Total from continuation					, ,
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3h)	1	.1 2			89 486.

MAJI SAFI GROUP 46-1712301 Page 2

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	TO ASSIST WITH					
		AFRICA - ANGOLA,	FUNDING TO PROVIDE					
		BENIN, BOTSWANA,	AWARENESS TO THE		CASH			
		BURKINA FASO,	WATER, SANITATION,	72,555.	DISBURSEMENT	0.		
			recognized as charities by the					
			n 501(c)(3) equivalency letter			<b>&gt;</b> ,		1
	Enter total number of other organizations or entities							

Schedule F (Form 990) 2015

46-1712301 MAJI SAFI GROUP

Schedule F (Form 990) 2015 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Page 4

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

Schedule F (Form 990) 2015

# Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE AWARENESS TO THE
WATER, SANITATION, AND HYGIENE (WASH) CRISIS, WHILE ALSO EDUCATING
COMMUNITIES ON HOW TO PREVENT DISEASE. THIS EDUCATION REDUCES WATER BORNE
AND RELATED DISEASES.
PART II, COLUMN (D):
REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(D) PURPOSE OF GRANT: TO ASSIST WITH FUNDING TO PROVIDE AWARENESS TO THE
WATER, SANITATION, AND HYGIENE (WASH) CRISIS, WHILE ALSO EDUCATING
COMMUNITIES ON HOW TO PREVENT DISEASE. THIS EDUCATION REDUCES WATER BORNE
AND RELATED DISEASES.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MAJI SAFI GROUP

Employer identification number 46-1712301

11101 511	1 1 011001				110 1712	301						
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answet</li> </ul>	ered "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not						
1 Indicate whether the organization rais	sed funds through any of the following	na acti	vities	Check all that apply								
					•							
a Mail solicitations e Solicitation of non-government grants												
b Internet and email solicitations f Solicitation of government grants												
c Phone solicitations g Special fundraising events												
d In-person solicitations												
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or												
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?												
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be												
compensated at least \$5,000 by the organization.												
compensated at least \$5,000 by the	organization.											
		/:::\	D: 1		(v) Amount paid							
(i) Name and address of individual	4 A	fundr	Did raiser ustody trol of	(iv) Gross receipts	to (or retained by)	(vi) Amount paid						
or entity (fundraiser)	(ii) Activity	have c	ustody trol of	from activity	fundraiser	to (or retained by) organization						
,		contrib	utions?		listed in col. (i)	organization						
		Yes	No									
		163	140									
Total												
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration						
or licensing.	-				•	-						
-												

Schedule G (Form 990 or 990-EZ) 2015 MAJI SAFI GROUP 46-1712301 Page 2 Fundraising Events. 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 MAJI SAFI READ-A-THON NONE (add col. (a) through AT WHITTIER GOLF-A-THON col. (c)) (event type) (total number) (event type) Revenue 40,576. 5,191. 45,767. 1 Gross receipts 39,796. 44,987. 5,191. 2 Less: Contributions 780. 780. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 780. 780. 9 Other direct expenses ..... 780. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III 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) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes % Yes 6 Volunteer labor No 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) **9** Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No

No

**b** If "No," explain:

**b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2015 MAJI SAFI GROUP 46-	-1712	301	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	•		
	to administer charitable gaming?	$\square$	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	. 13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > and the amount			
	of gaming revenue retained by the third party ▶\$			
(	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Garming manager compensation $\triangleright$ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	. lines 9	9b. 10	)b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, ,	,	, ,

Schedule C	G (Form 990 or 990-EZ)  Supplemental Info	MAJI SAFI	GROUP		46-1712301	Page 4
Part IV	Supplemental Info	rmation (continued	)			

# **SCHEDULE O**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MAJI SAFI GROUP

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 46-1712301

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPOVERISHED AREAS THROUGH HOLISTIC COMMUNITY EMPOWERMENT AND BY
WORKING PREDOMINANTLY WITH LOCAL WOMEN AND YOUTH.
FORM 990, PART VI, SECTION A, LINE 2:
BRUCE PELZ IS ERNA MAJ'S SON.
FORM 990, PART VI, SECTION B, LINE 11:
BOARD OF DIRECTORS REVIEWS FORM 990 AND SUBMITS ANY QUERIES TO THE
PREPARING ACCOUNTANTS IN ORDER TO FINALIZE THE FORM 990 FOR FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD PASSED A CONFLICT OF INTEREST POLICY INDICATED BY OUR BYLAWS.
EACH MEMBER OF THE ORGANIZATION MUST SIGN THIS POLICY AND INDICATE ANY
CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

#### SCHEDULE R (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047
2015

Open to Public Inspection

Employer identification number

46-1712301

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable)	Primary activity	r Total inco	me End-of-yea	r assets		ontrolling	g	
of disregarded entity		foreign country)				er	ntity	
	_							
	_							
	4							
	4							
	-							
	-							
-	1							
-	┪							
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations Complete if the organization a	answered "Yes" on Form 990,	, Part IV, line 34 be	ecause it had one	or more	related tax-exer	npt	
(a)	(b)	(c)	(d)	(e)		(f)	1 (	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	ct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section		entity		tity?
				501(c)(3))			Yes	No
	MAJI SAFI GROUP'S MISSION							
	IS TO PROMOTE HEALTH AND							
MAJI SAFI GROUP - TANZANIAN NONPROFIT LLC	DISEASE PREVENTION IN UND	TANZANIA			MAJI S	AFI GROUP	X	
							<u> </u>	
	4							
_	4							
							<b>_</b>	

MAJI SAFI GROUP

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

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

(b)	(c)	(d)	(e)	(f)	(a)	(1	h)	(i)	(i)	(k)				
Primary activity	Legal domicile (state or foreign				Share of end-of-year assets	Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
	country)		00000110 0 12 0 1 1)			res	NO	101 (FOITH 1005)	resin					
										<u> </u>				
	(b) Primary activity	Primary activity  Legal domicile (state or			Primary activity    Legal domicile (state or foreign foreign   Direct controlling entity   Predominant income (related, unrelated, excluded from tax under income)			Co   Primary activity   Primary activity   Primary activity   Primary activity   Primary activity   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Share of total income   Share of end-of-year assets   Primary assets   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Primary ac	(b) Primary activity Col. Legal domicile (state or foreign country)  (c) Legal moderation and processing country)  (c) Legal domicile (state or foreign country)  (c) Predominant income (related, unrelated, unrelated, under sections 512-514)  (d) Predominant income (related, unrelated, unrelated, under sections 512-514)  (ex) Predominant income (related, unrelated, unrelat					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
								100	

Page 3

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		Λ
b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related orga				11	X	
m	Performance of services or membership or fundraising solicitations by related orga				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х
					10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved/		
1) I	MAJI SAFI GROUP - TANZANIAN NONPROFIT LLC	В	72,555.	CASH			
2)				_			
3)							
,							
4)							
,							
5)							
,							
6)							
3216	3 09-08-15			Schedule	R (For	n 990	) 2015

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotional allocati	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin partner	(k) or Percentage ownership