

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SYNERGOS INSTITUTE, INC.		D Employer identification number 13-3392006
	Doing Business As		E Telephone number 646-963-2126
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3 EAST 54TH STREET, 14TH FLOOR	G Gross receipts \$ 16,104,689.	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: ROBERT DUNN SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.SYNERGOS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1986
M State of legal domicile: NY			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SYNERGOS WORKS COLLABORATIVELY WITH LEADERS, INSTITUTIONS AND PARTNERSHIPS TO CREATE MORE JUST AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	33
	6 Total number of volunteers (estimate if necessary)	6	21
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,164,308.	9,941,436.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	647,182.	1,388,131.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	361,642.	452,122.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-99,138.	-176,754.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,073,994.	11,604,935.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	735,160.	1,723,404.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,723,873.	4,317,168.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 656,288.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,286,864.	6,107,538.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,745,897.	12,148,110.
19 Revenue less expenses. Subtract line 18 from line 12	-2,671,903.	-543,175.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	20,813,616.	21,209,321.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,318,419.	2,601,741.
		18,495,197.	18,607,580.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	SHARON LUNGRIN, SR. DIR. OF OPERATIONS		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MARTIN GREIF		
	Firm's name ▶ MCGLADREY LLP	Firm's EIN ▶ 42-0714325	Check if self-employed <input type="checkbox"/>
Firm's address ▶ 1185 AVENUE OF THE AMERICAS		PTIN P00029738	
NEW YORK, NY 10036-2602		Phone no. 212-372-1000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ENLISTING PUBLIC SUPPORT INCLUDING COLLABORATION WITH PARTNERSHIP GROUPS IN THE US, JAPAN, EUROPE AND SOUTHERN HEMISPHERE COUNTRIES TO OVERCOME POVERTY THROUGH THE PUBLIC, THE PRIVATE SECTOR AND OPINION MAKERS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,193,890. including grants of \$ 833,695.) (Revenue \$ 133,415.) NETWORKS - SYNERGOS HAS 3 INTERNATIONAL NETWORKS. THROUGH OUR GLOBAL PHILANTHROPISTS CIRCLE, WE WORK WITH MORE THAN 250 PHILANTHROPISTS AND SOCIAL INVESTORS FROM OVER 25 COUNTRIES TO INCREASE THEIR IMPACT. OUR SENIOR FELLOWS MAKE UP A NETWORK OF ABOUT 150 CIVIL SOCIETY LEADERS FROM MORE THAN 40 COUNTRIES THAT HELPS MEMBERS INCREASE THEIR IMPACT, PARTICULARLY BY SERVING AS CATALYSTS FOR MULTI-SECTOR PARTNERSHIPS. AND OUR ARAB WORLD SOCIAL INNOVATORS PROGRAM SUPPORTS SOCIAL ENTREPRENEURS SERVING POOR AND MARGINALIZED COMMUNITIES IN EGYPT, JORDAN, LEBANON, MOROCCO, PALESTINE, AND THE UNITED ARAB EMIRATES.

4b (Code:) (Expenses \$ 3,290,100. including grants of \$ 785,387.) (Revenue \$) AGRICULTURE IN ETHIOPIA - WE ARE IMPROVING LIVELIHOODS AND FOOD SECURITY OF SMALLHOLDER FARMERS THROUGHOUT ETHIOPIA. SYNERGOS WORKS WITH THE NATIONAL AGRICULTURAL TRANSFORMATION AGENCY AND THE MINISTRY OF AGRICULTURE, GUIDING COLLABORATION WITH DIVERSE STAKEHOLDERS AND STIMULATING INITIATIVES TO REMOVE SYSTEMIC BLOCKAGES. EARLY OUTCOMES INCLUDE REFORM OF PUBLIC POLICY ON SEED DISTRIBUTION AND INNOVATIONS THAT INCREASE YIELDS FOR TEF, AN IMPORTANT GRAIN.

4c (Code:) (Expenses \$ 822,011. including grants of \$ 104,322.) (Revenue \$) SOUTHERN AFRICA - IN SOUTH AFRICA, WE RUN A LEADERSHIP PROGRAM FOR 100 LEADERS OF THE CHILD-CARE SECTOR WHOSE ORGANIZATIONS PROVIDE SERVICES TO MORE THAN TEN MILLION CHILDREN. IN MOZAMBIQUE AND SOUTH AFRICA WE WORK WITH LOCAL AND INTERNATIONAL PARTNERS TO UNDERSTAND AND ELIMINATE ISOLATION AS A CONTRIBUTOR AND CONSEQUENCE OF POVERTY AMONG ORPHANS AND VULNERABLE CHILDREN IN SOUTHERN AFRICA. AND WE WORK WITH MEMBERS OF OUR NETWORKS AND OTHER KEY STAKEHOLDERS IN THE REGION TO PROMOTE COLLABORATIVE SOLUTIONS TO POVERTY AND RELATED PROBLEMS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,582,862. including grants of \$) (Revenue \$ 1,254,716.)

4e Total program service expenses 9,888,863.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	23		
b	Enter the number of voting members included in line 1a, above, who are independent		
	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SHARON LUNGRIN - 646-963-2106**
3 EAST 54TH STREET, 14TH FLOOR, NEW YORK, NY 10022

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT H DUNN PRESIDENT & CEO	35.00	X		X				280,761.	0.	26,054.
(2) PEGGY DULANY CHAIRPERSON	1.00	X						0.	0.	9,970.
(3) MONICA WINSOR SECRETARY	1.00	X		X				0.	0.	0.
(4) HYLTON APPELBAUM DIRECTOR	1.00	X						0.	0.	0.
(5) DOUG BAILLIE DIRECTOR	1.00	X						0.	0.	0.
(6) EDWARD BERGMAN DIRECTOR	1.00	X						0.	0.	0.
(7) DAVID DE FERRANTI TREASURER	1.00	X		X				0.	0.	0.
(8) MARCOS DE MORAES DIRECTOR	1.00	X						0.	0.	0.
(9) YOUSSEF DIB DIRECTOR	1.00	X						0.	0.	0.
(10) ELLIOTT DONNELLEY DIRECTOR - FROM 10/1/13	1.00	X						0.	0.	0.
(11) PHILIPP ENGELHORN DIRECTOR	1.00	X		X				0.	0.	0.
(12) NILI GILBERT DIRECTOR	1.00	X						0.	0.	0.
(13) MAYRA HERNANDEZ DIRECTOR	1.00	X						0.	0.	0.
(14) HADEEL IBRAHIM DIRECTOR - FROM 10/1/13	1.00	X						0.	0.	0.
(15) RAZA JAFAR DIRECTOR	1.00	X						0.	0.	0.
(16) UDAY KHEMKA DIRECTOR	1.00	X						0.	0.	0.
(17) ZAINAB SALBI DIRECTOR - FROM 10/1/13	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LIESEL PRITZKER SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(19) KIM SAMUEL-JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(20) ADELE SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(21) RAJESH TANDON DIRECTOR	1.00	X						0.	0.	0.
(22) DAPHNA TAPIERO DIRECTOR	1.00	X						0.	0.	0.
(23) SALLY TIMPSON DIRECTOR	1.00	X						0.	0.	0.
(24) NOREEN CLARK DIRECTOR - THRU 10/1/13	1.00	X						0.	0.	0.
(25) BILL BOHNETT DIRECTOR - THRU 4/1/13	1.00	X						0.	0.	0.
(26) ANNA GINN SR. DIR. OF DEV. & COMMUNICATIONS	35.00				X			210,127.	0.	24,512.
1b Sub-total								490,888.	0.	60,536.
c Total from continuation sheets to Part VII, Section A								864,297.	0.	172,538.
d Total (add lines 1b and 1c)								1,355,185.	0.	233,074.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
D-IMPLEMENT 508 MAIN STREET, WELMINGTON, DE 19804 PRESENCING INSTITUTE, LLC, 1770	ORG DEVELOPMENT & STRATEGIC SUPPORT	556,973.
MASSACHUSETTES AVE #221, CAMBRIDGE, MA DALBERG CONSULTING USA, LLC, 1634 EYE	ORG DEVELOPMENT & STRATEGIC SUPPORT	220,331.
STREET NW, SUITE 300, WASHINGTON, DC 20006 ENRIC A. NATALI	ORG DEVELOPMENT & STRATEGIC SUPPORT	165,000.
1312 N. MENFORD PLACE, SEATTLE, WA 98103	ORG DEVELOPMENT & STRATEGIC SUPPORT	103,974.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,717,914.				
	c Fundraising events	1c	589,694.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,569,344.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,064,484.				
	g Noncash contributions included in lines 1a-1f: \$		42,137.				
	h Total. Add lines 1a-1f		9,941,436.				
	Program Service Revenue	2 a PROGRAM CONSULTING FEES	Business Code 900099	1,254,716.	1,254,716.		
b GLOBAL PHILANTHROPISTS TRIP REVEN		900099	133,415.	133,415.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,388,131.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		297,348.			297,348.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	69,543.				
		(ii) Personal					
		b Less: rental expenses	64,874.				
		c Rental income or (loss)	4,669.				
	d Net rental income or (loss)		4,669.			4,669.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4,358,252.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	4,203,478.				
		c Gain or (loss)	154,774.				
	d Net gain or (loss)		154,774.			154,774.	
	8 a Gross income from fundraising events (not including \$ 589,694. of contributions reported on line 1c). See Part IV, line 18	a	47,550.				
b Less: direct expenses		231,402.					
c Net income or (loss) from fundraising events			-183,852.			-183,852.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	2,429.			2,429.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		2,429.				
12 Total revenue. See instructions.		11,604,935.	1,388,131.	0.	275,368.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,723,404.	1,723,404.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	782,991.	523,021.	170,662.	89,308.
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	2,681,530.	1,791,203.	584,473.	305,854.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,713.	84,641.	27,619.	14,453.
9 Other employee benefits	531,962.	355,339.	115,948.	60,675.
10 Payroll taxes	193,972.	129,569.	42,279.	22,124.
11 Fees for services (non-employees):				
a Management				
b Legal	77,602.		77,602.	
c Accounting	106,528.		106,528.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,863,584.	2,776,875.	53,056.	33,653.
12 Advertising and promotion				
13 Office expenses	99,103.	66,145.	29,269.	3,689.
14 Information technology	70,632.	68,540.	1,280.	812.
15 Royalties				
16 Occupancy	364,709.	280,070.	59,624.	25,015.
17 Travel	1,083,941.	983,139.	58,866.	41,936.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	676,914.	643,578.	19,747.	13,589.
20 Interest	69,468.	10,714.	57,660.	1,094.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	414,133.	303,722.	77,779.	32,632.
23 Insurance	67,389.	48,586.	13,246.	5,557.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	108,180.	30,103.	76,173.	1,904.
b BUILDING AND EQUIPMENT	64,823.	34,414.	28,155.	2,254.
c EXTERNAL COMMUNICATIONS	40,532.	35,800.	2,993.	1,739.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,148,110.	9,888,863.	1,602,959.	656,288.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	203,480.	1	369,513.	
	2 Savings and temporary cash investments	4,766,329.	2	7,306,039.	
	3 Pledges and grants receivable, net	2,950,404.	3	806,971.	
	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 employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	127,257.	9	132,851.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,052,798.			
	b Less: accumulated depreciation	10b 2,146,600.	2,269,637.	10c	1,906,198.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	9,981,826.	12	9,256,365.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	514,683.	15	1,431,384.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,813,616.	16	21,209,321.		
Liabilities	17 Accounts payable and accrued expenses	627,009.	17	1,072,949.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,691,410.	25	1,528,792.	
	26 Total liabilities. Add lines 17 through 25	2,318,419.	26	2,601,741.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	11,093,252.	27	11,694,423.	
	28 Temporarily restricted net assets	7,401,945.	28	6,913,157.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	18,495,197.	33	18,607,580.		
34 Total liabilities and net assets/fund balances	20,813,616.	34	21,209,321.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,604,935.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,148,110.
3	Revenue less expenses. Subtract line 2 from line 1	3	-543,175.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,495,197.
5	Net unrealized gains (losses) on investments	5	841,036.
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	-185,478.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,607,580.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **THE SYNERGOS INSTITUTE, INC.** Employer identification number **13-3392006**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3873104.	5460135.	14016245.	5164308.	9941436.	38455228.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3873104.	5460135.	14016245.	5164308.	9941436.	38455228.
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)						11540403.
6 Public support. Subtract line 5 from line 4.						26914825.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3873104.	5460135.	14016245.	5164308.	9941436.	38455228.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	505,772.	472,700.	585,026.	273,849.	366,891.	2204238.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	97,582.	34,500.	8,700.	103,364.	49,979.	294,125.
11 Total support. Add lines 7 through 10						40953591.
12 Gross receipts from related activities, etc. (see instructions)					12	4,669,788.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	65.72 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	65.63 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENT

2009 AMOUNT: \$ 36,300.

2010 AMOUNT: \$ 34,500.

2011 AMOUNT: \$ 8,700.

2012 AMOUNT: \$ 99,828.

2013 AMOUNT: \$ 47,550.

MISCELLANEOUS

2009 AMOUNT: \$ 61,282.

2012 AMOUNT: \$ 3,536.

2013 AMOUNT: \$ 2,429.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization THE SYNERGOS INSTITUTE, INC.

Employer identification number 13-3392006

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, etc.), a table for held at end of tax year (2a-2d), and questions about monitoring and reporting.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,012,880.	9,485,023.	10,229,689.	9,825,792.	8,348,844.
b Contributions					125,500.
c Net investment earnings, gains, and losses	1,290,729.	808,307.	-207,617.	936,152.	1,375,871.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,338,630.	250,000.	500,000.	500,000.	
f Administrative expenses	35,904.	30,450.	37,049.	32,255.	24,423.
g End of year balance	9,929,075.	10,012,880.	9,485,023.	10,229,689.	9,825,792.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,403,337.	1,731,241.	1,672,096.
d Equipment		567,627.	352,533.	215,094.
e Other		81,834.	62,826.	19,008.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,906,198.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY	5,239,778.	END-OF-YEAR MARKET VALUE
(B) US BONDS	2,607,828.	END-OF-YEAR MARKET VALUE
(C) OTHER SECURITIES	1,408,759.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	9,256,365.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLE	1,431,384.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,431,384.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	12,483.
(3) DEFERRED RENT AND LEASE INCENTIVE	1,516,309.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,528,792.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,458,730.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	841,036.	
b	Donated services and use of facilities	2b	63,365.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-115,480.	
e	Add lines 2a through 2d	2e	788,921.	
3	Subtract line 2e from line 1	3	11,669,809.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-64,874.	
c	Add lines 4a and 4b	4c	-64,874.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,604,935.	

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

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

1	Total expenses and losses per audited financial statements		1	12,276,349.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	63,365.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	63,365.	
3	Subtract line 2e from line 1	3	12,212,984.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-64,874.	
c	Add lines 4a and 4b	4c	-64,874.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,148,110.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: THE PURPOSE OF THE PORTFOLIO IS TO GENERATE LONG-TERM FINANCIAL STABILITY AND INVESTMENT INCOME TO SUPPORT THE ON-GOING ACTIVITIES OF SYNERGOS INSTITUTE, AS A BOARD- RESTRICTED FUND.

PART X, LINE 2:

EXPLANATION: MANAGEMENT HAS EVALUATED THE ORGANIZATION'S INCOME TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2013 AND CONCLUDED THAT THE SYNERGOS INSTITUTE, INC., THE SYNERGOS INSTITUTE (SOUTH AFRICA), AND THE SYNERGOS NAMIBIA TRUST HAD TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE SYNERGOS INSTITUTE (SOUTH AFRICA) CONTINUED TO UNDERTAKE PUBLIC

Part XIII Supplemental Information (continued)

BENEFIT ACTIVITIES IN COMPLIANCE WITH THE REQUIREMENTS OF PUBLIC BENEFIT ORGANIZATIONS UNDER THE LAWS OF SOUTH AFRICA. THE ACTIVITIES OF THE SYNERGOS NAMIBIA TRUST ARE IN COMPLIANCE WITH THE REQUIREMENTS OF A PUBLIC TRUST UNDER THE LAWS OF NAMIBIA.

GENERALLY, THE SYNERGOS INSTITUTE, INC. IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSACTIONS LOSS -115,480.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES ALLOCATION -64,874.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES ALLOCATION -64,874.

**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. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **THE SYNERGOS INSTITUTE, INC.** Employer identification number: **13-3392006**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	1	4	PROGRAM SERVICES	CAPACITY BUILDING FOR MINISTRY OF HEALTH	524,651.
SUB-SAHARAN AFRICA	1	6	PROGRAM SERVICES	SUPPORT OF LEADERSHIP FOR AGRICULTURE TRANSFORMATION AGENCY	3,290,100.
SUB-SAHARAN AFRICA	1	4	PROGRAM SERVICES	SOCIAL CONNECTEDNESS AND THE CHILDREN'S SECTOR	822,011.
SUB-SAHARAN AFRICA			INVESTMENTS		464,060.
NORTH AMERICA			INVESTMENTS		1,477,814.
3 a Sub-total	3	14			6,578,636.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	14			6,578,636.

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

Schedule F (Form 990) 2013

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) 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 AFRICA	TO PROVIDE SEASONED CONSULTANTS ON A ROTATIONAL BASIS FOR THE ETHIOPIAN	643,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROMOTE AGRICULTURAL SECTOR TRANSFORMATION BY SUPPORTING EXISTING STRUCTURE OF	108,905.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO ENSURE THAT THE OVERALL APPROACH AND STRATEGY OF THE ATA EFFECTIVELY	32,882.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO FACILITATE AND BUILD PROGRAMS THAT REDUCE ISOLATION AND SOCIAL EXCLUSION OF	104,322.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	THE PIONEERS OF EGYPT REPRESENTS AN INVESTMENT IN THE NEW LEADERS OF EGYPT WHO	552,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	A PROGRAM THAT IMPROVE THE QUALITY OF LIFE FOR ABORIGINAL PEOPLES	143,130.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO FACILITATE AND BUILD PROGRAMS	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT THE NAMIBIA RAIN FOREST PROJECT	5,565.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 8

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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)
AWARD TO SOCIAL INNOVATORS TO EXPAND THEIR ENTREPRENUERSHIP VENTURES AND IMPACT.	MIDDLE EAST AND NORTH AFRICA	12	124,000.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

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

PART I, LINE 2:

EXPLANATION: SUB-GRANTS MADE BY SYNERGOS TO ENTITIES AND INDIVIDUALS OUTSIDE THE UNITED STATES REQUIRE A LETTER OF AGREEMENT BETWEEN SYNERGOS AND THE SUB-GRANTEE. SYNERGOS REQUIRES PROGRESS REPORTS AND FINAL REPORTS FROM ALL SUB-GRANTEES. BOTH NARRATIVE AND FINANCIAL REPORTS ARE REQUIRED. EXPENSES INCURRED BY THE SUBGRANTEE IN CARRYING OUT THE FUNDED ACTIVITY MUST BE FULLY DOCUMENTED BY THE SUBGRANTEE. DEPENDING ON THE SIZE AND NATURE OF THE SUBGRANT, SYNERGOS STAFF MAY VISIT THE SUBGRANTEE REGULARLY TO ASSESS PROGRESS AND RESULTS.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE SEASONED CONSULTANTS ON A ROTATIONAL BASIS FOR THE ETHIOPIAN AGRICULTURAL TRANSFORMATION AGENCY(ATA) ANALYST POOL IN ORDER TO ASSIST IN BUILDING A STRONG ANALYST TEAM. TO ASSIST IN THE DEVELOPMENT OF A HIGH-PERFORMING ORGANIZATIONAL STRUCTURE AND CULTURE, IN ORDER TO ENSURE THAT THE AGENCY HAS ADEQUATE RESOURCES TO FULFILL ITS MANDATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROMOTE AGRICULTURAL SECTOR TRANSFORMATION BY SUPPORTING EXISTING STRUCTURE OF GOVERNMENT, PRIVATE SECTORS & OTHER NGO PARTNERS TO ADDRESS SYSTEMIC BOTTLENECKS IN DELIVERING ON A PRIORITY NATIONAL AGENDA FOR ACHIEVING GROWTH & FOOD SECURITY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENSURE THAT THE OVERALL APPROACH AND STRATEGY

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.

OF THE ATA EFFECTIVELY INTEGRATES AND MAINSTREAMS GENDER INTO ITS CORE WORK.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO FACILITATE AND BUILD PROGRAMS THAT REDUCE ISOLATION AND SOCIAL EXCLUSION OF OVCS AND THAT HELP FACILITATE AND BUILD SYSTEMS THAT PROVIDE SOCIAL CONNECTEDNESS THROUGH AMONG OTHERS, NURTURING, ENABLING AND INCLUSIVE ENVIRONMENTS.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: THE PIONEERS OF EGYPT REPRESENTS AN INVESTMENT IN THE NEW LEADERS OF EGYPT WHO HAVE A KEY ROLE TO PLAY IN BUILDING THE FUTURE OF THEIR COUNTRY. OVER THE COURSE OF THREE YEARS, PIONEERS OF EGYPT WILL EXPAND 50 SUCCESSFUL COMMUNITY-LED INITIATIVES PROMOTING ECONOMIC AND SOCIAL CHANGE, BUILD THE SKILLS AND LEADERSHIP CAPACITY OF 200 START-UP SOCIAL ENTREPRENEURS, PROVIDE INTERNSHIPS TO 1,000 EGYPTIAN YOUTH, AND INCREASE THE VISIBILITY AND PROFILE OF SOCIAL ENTREPRENEURSHIP IN EGYPT.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: A PROGRAM THAT IMPROVE THE QUALITY OF LIFE FOR ABORIGINAL PEOPLES THROUGHOUT CANADA AND TO ENHANCE THE RELATIONSHIP BETWEEN ABORIGINAL AND NON-ABORIGINAL SOCIETIES

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 (add col. (a) through col. (c))
		DINNER (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	637,244.			637,244.
	2 Less: Contributions	589,694.			589,694.
	3 Gross income (line 1 minus line 2)	47,550.			47,550.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,476.			9,476.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	221,926.			221,926.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				231,402.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-183,852.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE SYNERGOS INSTITUTE, INC.

Employer identification number

13-3392006

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT H DUNN PRESIDENT & CEO	(i)	280,761.	0.	0.	12,750.	13,304.	306,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNA GINN SR. DIR. OF DEV. & COMMUNICATIONS	(i)	210,127.	0.	0.	9,717.	14,795.	234,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SURITA SANDOSHAM SR. DIR. GLOBAL LEADER NETWORKS	(i)	195,159.	0.	0.	9,857.	26,551.	231,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARON LUNGRIN SR. DIR. OF OPERATIONS	(i)	147,386.	0.	0.	3,144.	22,768.	173,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RAJASH SARIN DIRECTOR - SERVICES	(i)	145,609.	0.	0.	6,782.	20,171.	172,562.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GEORGE KHALAF SR. DIR. MIDDLE EAST N. AFRICA	(i)	135,048.	0.	0.	6,752.	30,724.	172,524.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FERNE MELE DIRECTOR - DEVELOPMENT	(i)	122,920.	0.	0.	6,146.	23,164.	152,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE SYNERGOS INSTITUTE, INC.** Employer identification number **13-3392006**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	42,137.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: IN PART I, LINE 9, COLUMN B REPRESENTS THE NUMBER OF DONORS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE SYNERGOS INSTITUTE, INC.

Employer identification number

13-3392006

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

LASTING SOLUTIONS TO POVERTY. OUR MAJOR PARTNERSHIPS ARE IMPROVING
EDUCATION IN BRAZIL, AGRICULTURE IN ETHIOPIA, MATERNAL AND CHILD HEALTH
IN NAMIBIA, THE LIVES OF CHILDREN IN MOZAMBIQUE AND SOUTH AFRICA, AND
CHILD NUTRITION. SYNERGOS ALSO WORKS WITH NETWORKS OF CIVIL SOCIETY
LEADERS, PHILANTHROPISTS, AND SOCIAL INNOVATORS TO RAISE THEIR CAPACITY
TO ADDRESS POVERTY AND RELATED SOCIAL PROBLEMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PARTNERSHIPS - SYNERGOS' PARTNERSHIPS PROGRAM IS A GLOBAL EFFORT TO
CREATE SUSTAINABLE SOCIAL PROGRESS BY FORGING COLLABORATIONS THAT
TRANSCEND TRADITIONAL SOCIAL BOUNDARIES. SYNERGOS BRINGS TOGETHER
DIVERSE STAKEHOLDERS - INCLUDING FROM AFFECTED COMMUNITIES, GOVERNMENT
AND INTERGOVERNMENTAL ORGANIZATIONS, BUSINESS, NONPROFIT ORGANIZATIONS,
PHILANTHROPY, AND OTHERS - FOR JOINT ACTION. ACCOMPLISHMENTS OF THESE
PARTNERSHIPS INCLUDE IMPROVED HEALTH AND NUTRITION FOR CHILDREN IN
INDIA, AND FOUNDATIONS FOR IMPROVED EDUCATION IN BRAZIL AND COMMUNITY
DEVELOPMENT IN MEXICO.

EXPENSES \$ 2,582,862. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,254,716.

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

SOUTH AFRICA, CANADA, NAMIBIA, ETHIOPIA

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

EXPLANATION: DATA IS GATHERED FOR THE FORM 990 BY THE CFO, ASSISTED BY THE
HR, DEVELOPMENT AND PROGRAM STAFFS.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization THE SYNERGOS INSTITUTE, INC.	Employer identification number 13-3392006
----------------------------------------------------------	----------------------------------------------

A QUESTIONNAIRE CONTAINING ALL DATA RELEVANT TO THE FORM 990 IS COMPLETED ON THE BASIS OF THE DATA COLLECTED. THE FORMAT OF THE QUESTIONNAIRE HAS BEEN DESIGNED BY SYNERGOS' OUTSIDE AUDIT AND ACCOUNTING FIRM. ATTACHMENTS AND CLARIFICATIONS TO THE QUESTIONNAIRE ARE PREPARED CONCURRENT TO COMPLETION OF THE QUESTIONNAIRE. THE 990 QUESTIONNAIRE DATA AND ALL ATTACHMENTS ARE THEN REVIEWED IN DETAIL BY THE CFO PRIOR TO BEING SENT TO THE ORGANIZATION'S ACCOUNTING FIRM.

THE QUESTIONNAIRE IS THEN REVIEWED BY THE ACCOUNTING FIRM WHO WILL SEEK ANY CLARIFICATIONS, IF NECESSARY. THEY WILL THEN PREPARE A DRAFT FORM 990 BASED ON THE INFORMATION PROVIDED IN THE QUESTIONNAIRE AND ATTACHMENTS. THE DRAFT OF THE FORM 990 IS SENT BACK TO THE ORGANIZATION BY THE ACCOUNTING FIRM FOR REVIEW AND APPROVAL. THE SENIOR FINANCE MANAGER WILL REVIEW THE DRAFT 990 AND THE CFO WILL PROVIDE FINAL REVIEW. AN OVERVIEW OF THE SIGNIFICANT SECTIONS OF THE DRAFT FORM 990 IS PROVIDED TO SENIOR DIRECTORS OF THE ORGANIZATION, AND FULL COPIES GIVEN TO THE CEO AND BOARD MEMBERS FOR THEIR REVIEW, QUESTIONS AND COMMENTS. ANY NECESSARY CORRECTIONS ARE MADE WITH THE OUTSIDE ACCOUNTING FIRM AND THE FINAL FORM 990 IS PREPARED. A REVIEW OF THE FINAL DOCUMENT WITH ATTACHMENTS IS COMPLETED BY THE SENIOR FINANCE MANAGER AND CFO PRIOR TO SIGNATURE. THE 990 IS THEN SIGNED AND SUBMITTED TO THE US GOVERNMENT.

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

EXPLANATION: THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY AND REQUIRES ALL NEW EMPLOYEES AND BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST STATEMENT, WHICH IS KEPT ON FILE AT THE ORGANIZATION. EMPLOYEES AND BOARD MEMBERS ARE REMINDED OF THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS

Name of the organization THE SYNERGOS INSTITUTE, INC.	Employer identification number 13-3392006
----------------------------------------------------------	----------------------------------------------

(AT MINIMUM) AND THE ORGANIZATION REQUIRES ALL BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. THESE ARE KEPT ON FILE AT THE ORGANIZATION.

FURTHER MONITORING OF THE CONFLICT OF INTEREST POLICY OCCURS INFORMALLY THROUGHOUT THE YEAR: DURING ANNUAL AND MID-YEAR REVIEWS BETWEEN EMPLOYEES AND SUPERVISORS, AND DURING FORMAL AND INFORMAL MEETINGS WITH BOARD MEMBERS.

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

EXPLANATION: THE CEO'S COMPENSATION IS REVIEWED AND SET ANNUALLY BY THE BOARD OF DIRECTORS. IN PREPARATION FOR THIS PROCESS, THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF SIMILAR LEADERSHIP POSITIONS OF ORGANIZATIONS OF SIMILAR SIZE, TYPE AND BUDGET IN ORDER TO ENSURE THAT THE CEO'S COMPENSATION FALLS WITHIN A COMPARABLE RANGE FOR SIMILAR ROLES AND RESPONSIBILITIES IN THE INDUSTRY AND REGION. COMPENSATION FOR ALL OTHER EMPLOYEES IS SET BY THE CEO IN CONSULTATION WITH OTHER SENIOR STAFF. THE HUMAN RESOURCES DEPARTMENT OBTAINS SALARY SURVEY INFORMATION ANNUALLY IN ORDER TO PROVIDE DATA ON CURRENT SALARY RANGES FOR COMPARABLE POSITIONS AT ORGANIZATIONS OF SIMILAR SIZE, TYPE AND BUDGET. THIS INFORMATION IS MADE AVAILABLE TO THE CEO AND SENIOR MANAGEMENT SO THAT SALARY DECISIONS REFLECT COMPETITIVE AND COMPARABLE RANGES FOR SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS.

COMPENSATION FOR EACH POSITION IS REVIEWED BY SENIOR MANAGEMENT AND THE CEO DURING THE ANNUAL BUDGETING PROCESS AND SALARY RANGES FOR EACH POSITION FOR THE COMING YEAR ARE DETERMINED AT THAT TIME. A CONSIDERATION OF COST OF LIVING INCREASES IN THE REGION IN THE PAST YEAR IS TAKEN INTO ACCOUNT,

Name of the organization THE SYNERGOS INSTITUTE, INC.	Employer identification number 13-3392006
-----------------------------------------------------------------	-----------------------------------------------------

INCLUDING KNOWLEDGE OF WHAT SIMILAR ORGANIZATIONS ARE DOING FOR THEIR STAFF WITH REGARD TO COST OF LIVING INCREASES. THE ORGANIZATION HAS IN SOME YEARS, BUT NOT ALL YEARS, MADE COMPENSATION ADJUSTMENTS ACROSS THE BOARD TO REFLECT COST OF LIVING INCREASES.

ALL COMPENSATION CHANGES FOR EMPLOYEES ARE APPROVED BY THE CEO PRIOR TO ANNOUNCING OR INSTITUTING THE CHANGES.

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

EXPLANATION: FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

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

PROGRAM CONSULTANTS:

PROGRAM SERVICE EXPENSES	1,270,791.
MANAGEMENT AND GENERAL EXPENSES	23,739.
FUNDRAISING EXPENSES	15,057.
TOTAL EXPENSES	1,309,587.

PROJECT CONSULTANTS:

PROGRAM SERVICE EXPENSES	1,506,084.
MANAGEMENT AND GENERAL EXPENSES	29,317.
FUNDRAISING EXPENSES	18,596.
TOTAL EXPENSES	1,553,997.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,863,584.

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

THE SYNERGOS INSTITUTE, INC.

Employer identification number

13-3392006

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SYNERGOS INSTITUTE - SOUTH AFRICA NO. 67, 4TH AVENUE, MELVILLE , JOHANNESBURG, SOUTH AFRICA 2092	DEVELOPING & SUSTAINING PARTNERSHIPS & NETWORKS - AIMS TO REDUCE POVERTY	SOUTH AFRICA	SEC 21 OF COMPANIES	N/A	N/A	X	

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(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) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SYNERGOS INSTITUTE - SOUTH AFRICA	O	74,407.	TIME
(2)			
(3)			
(4)			
(5)			
(6)			

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE SYNERGOS INSTITUTE, INC.	Employer identification number (EIN) or 13-3392006
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 3 EAST 54TH STREET, 14TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10022	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SHARON LUNGRIN

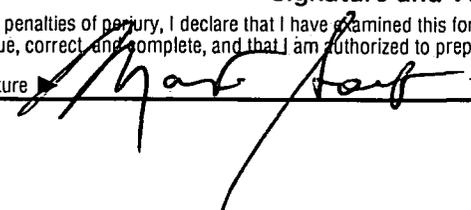
- The books are in the care of **3 EAST 54TH STREET, 14TH FLOOR - NEW YORK, NY 10022**
Telephone No. **646-963-2106** Fax No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 17, 2014**.
- For calendar year **2013**, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** **PC0029738** Date **8/11/14**

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. THE SYNERGOS INSTITUTE, INC.	Employer identification number (EIN) or 13-3392006
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 3 EAST 54TH STREET, 14TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10022	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SHARON LUNGRIN

- The books are in the care of ▶ **3 EAST 54TH STREET, 14TH FLOOR - NEW YORK, NY 10022**
Telephone No. ▶ **646-963-2106** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2013** or
 ▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.