2949218110210

OMB No 1545-1150

2017

990-EZ

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

Short Form

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

A For the September Septemb	6	Depa Intern	rtment of	f the Treasury lue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information.	Inspection								
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Website: Tax-exempt status (check only one)	ď													
Tax-exempt status (check only one)	12			_										
K Form of organization	22					•								
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, nit fotal assets Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Schedule O 0 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions of Part I) Revenue (describe in Schedule G) 0 Revenue (describe in Schedule O) 0 Revenue, Expenses, and Schedule O 0 Revenue, Expenses, and Schedule O 0 Revenue, Carlos and Sch	1				7 22, 01 330 11)									
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For Paperwork Reduction Act Notice, see the separate instructions. Cat No. 106421 Form 990-EZ (2017)		For			tion Act Notice, see the separate instructions. Cat No 106421		Form 990-EZ (2017)							

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Page 2

Par						
:_	Check if the organization used Schedu	le O to respond to a	ny question in this			
				(A) Beginning of year	→) End of year
22	Cash, savings, and investments				22	0
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	.0
25	Total assets				25	<u>/,</u> X,o
26	Total liabilities (describe in Schedule O) .		[(26	0
27	Net assets or fund balances (line 27 of colun	nn (B) must agree witl	n line 21)	(27	0
Part				Part III)	1	
	Check if the organization used Schedu				1	Expenses
What	is the organization's primary exempt purpose?					ed for section
as m	ribe the organization's program service accomp easured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe the	f its three largest is services provide	orogram services, d, the number of		3) and 501(c)(4) cations, optional for)
28						
	(Grants \$ 0) If this amoun	nt includes foreign gra			28a	0
29		·				
	(Grants \$ 0) If this amount	nt includes foreign gra			29a	
30				•••••		
04		nt includes foreign gra			30a	
31	Other program services (describe in Schedule C]	
		nt includes foreign gra			31a	
	Total program service expenses (add lines 28				32	
Pari				•		<u> </u>
	Check if the organization used Schedu	ile O to respond to a	(c) Reportable			<u>· · · · </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (If not paid, enter -0-	contributions to emplo c) benefit plans, and	yee (e) Es	stimated amount of er compensation
	elle Owens	1				
Mana	iging Director	<u>'</u>		0	0	<u> </u>
Irena	Karpınskı	1				
Secr	etary/ Vice President			0	0	
•						
•••••						
•••••						

-	-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		Yes	No
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO ./
	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	35a	change on Schedule O (see instructions)	34		
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		
	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> </u>
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		12 m 2 g	9 . 47
	b	Did the organization file Form 1120-POL for this year?	37b		~
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	2 2 2 2	
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	39	Section 501(c)(7) organizations. Enter.			
	a	Initiation fees and capital contributions included on line 9	- 5	17. 35	
	ь 40а	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 , section 4955	1.7		第 17項第
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401-		4,4,3
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b		心臓のなる
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	1	を発生を	The state of the s
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		* 353 V
	41	List the states with which a copy of this return is filed ▶			
	42a		202-86		
		Located at ► 1330 New Hampshire Ave, NW Suite 111, Washington, DC ZIP + 4 ►	20036	-6300	
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40h	Yes	No
		If "Yes," enter the name of the foreign country:	42b	75.75°	, , , , , , , , , , , , , , , , , , ,
	-	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country.	42c	قديد خفجت	~
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
		and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		Yes	No
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	7	7
	þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	ر الماء 44b	£35	V
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	金属.	7
		meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		7

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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Page 4

46	Did the	ne organization engage, directly or in ndidates for public office? If "Yes," o	ndirectly, in political c complete Schedule C	ampaign activities . Part I	on behalf	of or in opposi	tion .	46	يُ رَدُ وَ	- 3	77
Part \	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only			•			or line		_ 1524
		Check if the organization used Sci	nedule O to respond	l to any question i	n this Par	t VI					
	-								Yes	No	-
47	year?	he organization engage in lobbying If "Yes," complete Schedule C, Par	tll					47		~	7
48		organization a school as described in						48		~	7
49a		ne organization make any transfers t s," was the related organization a se						49a		<u>/</u>	-
b 50		olete this table for the organization's				officers, direct		49b ustee	es. an	d kev	,
_	empl	oyees) who each received more than	\$100,000 of compe	nsation from the or	ganızatıor	n. If there is non	ne, ent	er "N	one."		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribi	lealth benefits, utions to employee plans, and deferred ompensation			d amou pensat		-
			0		0	0					-
			0						-		-
			0		0	0		··		0	-
			0		0	0			-	0	- !
			0			0					
	\$100	olete this table for the organization ,000 of compensation from the organization and business address of each independent	inization. If there is no	ne, enter "None." (b) Type of service (c) Compensation					-		
				-							-
										0	-
			••••	-						0	1
											•
							_			0	-
				-						0	ı
									-		-
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. •		0			0	-
52	Did 1	the organization complete Schedu	•	ection 501(c)(3) oi	-			Yes		No	_
Under p	enalties rect, an	of perjury, I declare that I have examined this d complete. Declaration of preparer (other that	return, including accompan	lying schedules and state	ements, and rer has any k	to the best of my k	nowled	ge and	belief,	ıt ıs	
		5						<u>.</u>			-
Sign Here	128	Signature of officer Irena Karpiński/ Vice President	~~~		Date		•			-	
	7	Type or print name and title									_
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo	ן זו ∟	PTIN			
Prep		Firm's name			<u> </u>	Firm's EIN ▶	-,				-
Use	Only	Firm's address ▶				Phone no					_
May th	ne IRS	discuss this return with the prepare	r shown above? See	instructions	·			Yes		No	