732001 11-28-17



Department of the Treasury

Internal Revenue Service

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 ■ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Form 990 (2017)

A F	or the	2017 calendar year, or tax year beginning JUL 1, 2017			UN 30,		- Indpotent		
	heck if	C Name of organization			7		cation number		
a	pplicable	e la realisation			Linploy	ci ideiitiiit			
	Addre	FIRST UP							
X	Name				1	23-6	438144		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	R	oom/suite	E Telepho				
	Final return/	1609 WAINTIM CORPERM		00			893-0130		
	termin ated		ie		G Gross rece		3,433,513.		
	Ameno				H(a) Is this	a group re			
	Applic	F Name and address of principal officer CAROL AUSTIN		1	for subordinates? Yes X No				
	pendir	SAME AS C ABOVE		14	H(b) Are all s				
1 7	ax-exe	empt status X 501(c)(3) 501(c)() ◀ (insert no) 4947	(a)(<i>i</i>) or	527	If "No,	" attach a	list (see instructions)		
JV	Vebsit	e: ▶ WWW.FIRS#OP.ORG	,		H(c) Group	exemption	n number		
		organization: Corporation Trust X Association Other ▶	1	L Year	of formation.	1967 N	State of legal domicile, PA		
Pa	ert I	Summary	<u> </u>						
ø		,	BE P.	AGE 2	, PART	III,	STATEMENT		
Activities & Governance		OF PROGRAM SERVICE ACCOMPLISHMENTS.			11./				
ern			dispose	do (more	thán 25% o	f its het as			
Sov	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line	20]ပ္ကူဒ	15		
જ	4	Number of independent voting members of the governing body (Part VI, In	幹1p) 1	MAY 2	0 2019	1814	15		
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2व)	Ĭ! "	*i/\! -	0 2013	3 4 5 6	29		
ξ	l	Total number of volunteers (estimate if necessary)	L	~~~		ı — Ŭ-	100		
Ac	Į.	Total unrelated business revenue from Part VIII, column (C), line 12	. (20	all E	N. UI	7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34		2-23-21-23-23-23-23-23-23-23-23-23-23-23-23-23-	- Alega Carella Granita di	7b	3,769.		
		Continue and avents (Dout VIII to a 1h)		-	Prior Ye 1 , 451		2,565,479.		
ĭ	l	Contributions and grants (Part VIII, line 1h)				,009.	842,394.		
ver	l	Program service revenue (Part VIII, line 2g)		\vdash		,592.	1,709.		
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		\vdash		,251.	1,106.		
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	. 10\	<u> </u>	2,195		3,410,688.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line Grants and similar amounts paid (Part IX, column (A), lines 1-3)	; 12)	-	2,173	0.	0.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>		0.	0.		
v)	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5.10\		1,876	1,859,675.			
Expenses	ı	Professional fundraising fees (Part IX, column (A), line 11e)	3 10,	<u> </u>		0.	0.		
per	ı		7,86	9. 🖯					
ŭ	ı	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· /	<u> </u>	778	,371.	1,097,289.		
	i	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		-	2,655		2,956,964.		
		Revenue less expenses Subtract line 18 from line 12				,494.			
P S		1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		Ве	ginning of Cu		End of Year		
sets	20	Total assets (Part X, line 16)			760	,776.	1,236,196.		
Ç. G. B. B. B. B. B. B. B. B. B. B. B. B. B.		Total liabilities (Part X, line 26)				,257.	218,653.		
Net Assets Fund Baland	22	Net assets or fund balances Subtract line 21 from line 20			563	,519.	1,017,543.		
Pa	ırt II	Signature Block							
		Ities of perjury, I declare that I have examined this return, including accompanying sci				-	knowledge and belief, it is		
truo,	correc	t, and complete Declaration of preparer (other than officer) is based on all informatio	n of whic	h preparer	has any know	ledge			
		Signature of officer			Dat				
Sıgı	1			Junk	Dat		5/19		
Her	e	CAROL AUSTIN, EXECUTIVE DIRECTOR Type or print name and title	\mathcal{L}	× (W) V		J/ 1.			
			<u> </u>		Date] Ob	TI PTIN		
De: 4		Print/Type preparer's name Preparer's signature	1	/	5/15/19	Check if			
Paid			Pat. CA	'XI		self employe	P00749373 23-2896692		
	narer	Firm's name BBD, LLP	D		Firr	n's EIN 🛌	43-4030034		
OSE	Only	Firm's address > 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103	IX.		ns.	no no 21	5-567-7770		
N/a:	the !"	RS discuss this return with the preparer shown above? (see instructions)		····	IPNO	ле по. ∠ ⊥ :	X Yes No		
IVIAIV		s a cuscus s constituent automic directater snown anovez (see instructions)					. 45 100		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

FIRST UP

Form 990 (2017) FIRST UP
Part IV Checklist of Required Schedules

	(res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			٠,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	ŀ
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		_	000	

			1	1
			Yes	_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
05.	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ A
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		х
27	If "Yes," complete Schedule R, Part V, line 2	36		^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	2.3		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		A.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O		990	(2017)

Form	990 (2017) FIRST UP 23-6438	144	P	age 5
Pa	t W Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	製料 。	4	BW.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		*	120
_	(gambling) winnings to prize winners?	1c	X	Zacadina Nacio
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	WE'S	10 (A)	10.30
	filed for the calendar year ending with or within the year covered by this return 29			# 17 m
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	※ <a>**<a>**	1887.48	16 1/20
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	فتتفقت
_	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
b 4a		30		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		Х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	80.078.60	F Trans
b	If "Yes," enter the name of the foreign country			120
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	- -	S. Single	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		₩
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	200000	296957 3
7	Organizations that may receive deductible contributions under section 170(c).		195	-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ــــــ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			۱
	to file Form 8282?	7c	*****	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	2000 3 57.23	T. I	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			1
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		经建	200
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a_		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter		李盛	1
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	300		2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders N/A 11a	32%		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1838
	amounts due or received from them)		1	Milkon
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		*** ***	200
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		201	
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			300
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	and the second s		990	/2017

X Upon request Own website Another's website 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 State the name, address, and telephone number of the person who possesses the organization's books and records > EXECUTIVE DIRECTOR - 215-893-0130 1608 WALNUT STREET, SUITE 300, PHILADELPHIA, 19103 732006 11-28-17

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

					C)			(D)	(E)	(F)
Name and Title	Average	(40	not c	Pos	itior	than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	, as			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	Tust		<u>۾</u>	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	onal		ploy	tcon ree	_			and related organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) JILL MICHAL	5.00		_				_			
PRESIDENT		X		X		ŀ		0.	0.	0.
(2) DONALD PATERSON	3.80								·	
TREASURER		Х		X				0.	0.	0.
(3) JOSEPH SIRBAK II, ESQ	2.50									
SECRETARY		Х		X			l	0.	0.	0.
(4) PATRICIA BAXTER, PHD	2.50									
PRESIDENT EMERITUS		Х						0.	0.	0.
(5) DEB GREEN	2.50									
DIRECTOR		X						0.	0.	0.
(6) CATHY KAUFMAN	2.50									
DIRECTOR		Х						0.	0.	0.
(7) EILEEN KUPERSMITH	2.50	ļ								_
DIRECTOR		X			ļ			0.	0.	0.
(8) STEVEN LEWIS	2.50							_	_	
DIRECTOR		Х						0.	0.	0.
(9) ADRIENNE MCKINNEY	2.50							_		_
DIRECTOR		Х						0.	0.	0.
(10) CHRIS MURRAY	2.50				ŀ			_	_	
DIRECTOR		X	$ldsymbol{ld}}}}}}$			Ш		0.	0.	0.
(11) JOSHUA NIEVES-NAZARIO	2.50									
DIRECTOR		Х				Ш		0.	0.	0.
(12) PATRICIA RÉNEHAN	2.50									_
DIRECTOR		Х	L					0.	0.	0.
(13) ANNA RUSSO	2.50			,						
DIRECTOR		Х	<u> </u>					0.	0.	0.
(14) KATHY TRAINOR	2.50		l							
DIRECTOR	0 50	Х						0.	0.	0.
(15) TRACY ZURZOLO QUINN, ESQ	2.50								_	_
DIRECTOR	F0.60	Х	<u> </u>		ļ	_		0.	0.	0.
(16) CAROL AUSTIN	50.00							115 005	_	40 055
EXECUTIVE DIRECTOR		<u> </u>	L_	X	ldash			115,986.	0.	12,276.

732007 11-28-17 Form **990** (2017)

Form **990** (2017)

11350506 793760 3816

\$100,000 of compensation from the organization

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

	990 (23-6438	144 Page 9					
Pa	rt VII	NA P						
Lares.	Kantov in	Check if Schedule O cont	ains a response	or note to any lii		/B\	(6)	
		The second secon			. (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a	761,230.	**************************************		7.77.11.11.22.15.15.15.15.15.15.15.15.15.15.15.15.15.	
e a		Membership dues .	1b	6,004.				
A,C	С	Fundraising events	1c	54,433.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
S, E	е	Government grants (contribut	ions) 1e	641,137.			1.5	
ig ig	f	All other contributions, gifts, gran						
호취		similar amounts not included abor	ve 111 ,	102,675.				
ag a	g	Noncash contributions included in lines	1a-1f \$					
<u>0 8</u>	h	Total. Add lines 1a-1f		<u> </u>	2,565,479.	ANTENNA PER MEN		
	_	EEEG EOD GEDUTC		Business Code				
jce	2 a	COMPEDENTARIO	<u> </u>	900099	671,646.			6 050
ie g	b	CONFERENCES		900099	170,748.	163,898.		6,850.
E	C				*			
Program Service Revenue	u							
품	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<u> </u>	842,394.	18 17 12 19 11 12 15 15 2		48.00
	3	Investment income (including	dividends, intere	est, and				2 34004000 2 000 2 0000000 2 010000 1
1		other similar amounts)	,	•	1,709.			1,709.
	4	Income from investment of tax	k-exempt bond p	proceeds		1	•	
	5	Royalties						•
.			(ı) Real	(II) Personal		WHEN YEAR		
,	6 a	Gross rents						
		Less rental expenses						
		Rental income or (loss)		L				
		Net rental income or (loss)		(3.0)	ten Theo Legente	Patentage and about 2000-29, Per	-200m/def. N. prostrebet 1. 19044884	28-71-999-8007-01-020-91-91-91
,	/ a	Gross amount from sales of	(i) Securities	(ii) Other			2.4	
ł	h	assets other than inventory Less cost or other basis	-					
	. 5	and sales expenses						
	c	Gain or (loss)						
l		Net gain or (loss)	<u> </u>	•		130000 10001100000000000000000000000000		***************************************
a		Gross income from fundraising	g events (not		#V107673855	ariotaka karaka		27 E 7 4 4 5 7 7 1
		including \$ 54,4	33. of					
Other Revenu		contributions reported on line						
er F		Part IV, line 18	а	16,050.				
동	b	Less 'direct expenses	b	22,825.				
		Net income or (loss) from fund	_		<6,775.	2 · · · · (2 · · · · · · · · · · · · · ·	22 74 07 0	<6,775.>
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	a				and the	
		Less direct expenses	b					
		Net income or (loss) from gam Gross sales of inventory, less	•	· •				2003 SAVIDADAY 1985 DAY
i	io a	and allowances	a					
.	b	Less cost of goods sold	b					
ļ		Net income or (loss) from sale:	-		redecedizanci i i i i i i i i i i i i i i i i i i		Activities (Table) (Dele	menuscine succession
1		Miscellaneous Revenu		Business Code		Y-11/21-7-2-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7		
ľ	11 a	OTHER INCOME		900099	7,881.	7,881.	no secure de la companya del companya del companya de la companya	no action and a distribution
	b		-					
	С						•	
	d	All other revenue						
	е	Total. Add lines 11a-11d			7,881.		MESSAGE CLAS	STANDARD PROPERTY
	12	Total revenue See instructions			3,410,688.	843,425.	0.	1,784.

Sect	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 respon										
	not include amounts reported on lines 6b, 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 domestic organizations										
	and domestic governments See Part IV, line 21										
. 2	Grants and other assistance to domestic	,									
	individuals See Part IV, line 22										
3	Grants and other assistance to foreign				· 64 (15 11)						
	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	125 200	107 600	22 500	F 031						
_	trustees, and key employees	135,300.	107,680.	22,589.	5,031.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and				ı						
7	persons described in section 4958(c)(3)(B)	1,511,739.	1,192,692.	262,933.	56,114.						
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,511,755.	1,152,052.	202,733.	30,114.						
8	section 401(k) and 403(b) employer contributions)	49 592.	41 905.	5,666.	2 021.						
9	Other employee benefits	49,592. 41,480.	41,905. 35,051.	4,739.	2,021. 1,690.						
10	Payroll taxes	121,564.	102,723.	13,888.	4,953.						
11	Fees for services (non-employees)				2,2001						
·· a											
b	Legal										
С											
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	469,611.	430,523.	29,974.	9,114.						
g	Other (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch O.)				•						
12	Advertising and promotion	•									
13	Office expenses	101,607.	73,072.	17,788.	10,747.						
14	Information technology	22,381.	18,912.	2,557.	912.						
15	Royalties	101 120	01 000	16 400	2 701						
16	Occupancy	101,139.	81,009.	16,429.	3,701.						
17	Travel	61,698.	58,234.	3,230.	234.						
18	Payments of travel or entertainment expenses				ı						
40	for any federal, state, or local public officials	117,611.	86,017.	12,635.	18,959.						
19 20	Conferences, conventions, and meetings Interest	111,011•	00,017.	12,033.	10,939.						
21	Payments to affiliates			, - p							
22	Depreciation, depletion, and amortization	5,974.	5,048.	683.	243.						
23	Insurance	19,691.	15,672.	3,280.	739.						
24	Other expenses Itemize expenses not covered			VII.							
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)		un (philippini e-e-sophi-e-t) are a bassa dii G	te gradundin en enime municipal es en	n kompanionist on a month						
	amount, list line 24e expenses on Schedule 0)										
а	MISCELLANEOUS EXPENSES	197,577.	173,063.	21,103.	3,411.						
b											
С											
d											
е	All other expenses										
25	Total functional expenses Add lines 1 through 24e	2,956,964.	2,421,601.	417,494.	117,869.						
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)				200						

Form 990 (2017)
Part X Balance Sheet

Par	tXX	Balance Sheet				
		Check if Schedule O contains a response or note to any line in	this Part X			•
		· · ·		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		143,617.	1	. 163,243
	2	Savings and temporary cash investments .		313,001.	2	225,425
	3	Pledges and grants receivable, net		•	3	470,073
?	4	Accounts receivable, net	177,328.	4	230,742	
	5	Loans and other receivables from current and former officers, of	directors,		973	
		trustees, key employees, and highest compensated employees	s Complete			
		Part II of Schedule L	•		5.	
	6	Loans and other receivables from other disqualified persons (a	ș defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B),	_			
		employers and sponsoring organizations of section 501(c)(9) vo	-			
sia		employees' beneficiary organizations (see instr) Complete Parl	II of Sch L		6	
Assets	7	Notes and loans receivable, net	•		7	
`	8	Inventories for sale or use '	•		8	
	9	Prepaid expenses and deferred charges		58,774.	9	83,245
	10a	Land, buildings, and equipment cost or other	106 222			1865 Partition
,		basis Complete Part VI of Schedule D 10a	126,332.			
		Less accumulated depreciation 10b	109,516.	22,789.	10c	16,816
ı	11.	Investments - publicly traded securities		. 45,267.	11	46,652
	12	Investments · other securities See Part IV, line 11	•	·	12	<u>-</u>
	13	Investments - program-related See Part IV, line 11	-	13		
	14	Intangible assets '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14		
	15	Other assets See Part IV, line 11		15	1 226 107	
-	16	Total assets. Add lines 1 through 15 (must equal line 34)		760,776.	16	1,236,196
	'17	Accounts payable and accrued expenses		178,296.	17	206,318
ĺ	18	Grants payable	15,000.	18	- 1	
	19	Deferred revenue	13,000.	19	*	
	20 21 1	Tax-exempt bond liabilities	dula D		20	<u>!</u>
,		Escrow or custodial account liability Complete Part IV of Sche			21	ZTOMERTY OF SET LET LOTTE
	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	-		3	
		Complete Part II of Schedule L.	ned persons		22	
[23	Secured mortgages and notes payable to unrelated third partie	00	<u> </u>	23	•
		Unsecured notes and loans payable to unrelated third parties	,	•	24	
	25	Other liabilities (including federal income tax, payables to relate	ad thurd .		27	
Ė		parties, and other liabilities not included on lines 17-24) Compl		4		*
l		Schedule D -	ctc r art x or	3,961.	25	12,335
٠	26	Total liabilities. Add lines 17 through 25	• ,	197,257.	26	218,653
┪		Organizations that follow SFAS 117 (ASC 958), check here	X and	(Artificial) (NASSITIAN)	*2000°	7 £4867.1867.4 Yes
ا ب		complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		344,618.	27	384,839
5	28	Temporarily restricted net assets		218,901.	28	632,704
3	29	Permanently restricted net assets			29	· · · · · · · · · · · · · · · · · · ·
5		Organizations that do not follow SFAS 117 (ASC 958), check	k here 🕨 🗔	NASS KARTO MAIS	12,200	
;	•	and complete lines 30 through 34.	•			
	30	Capital stock or trust principal, or current funds		HIS BELLE, MATTERCHELLEN WHILL FOR LANGE THE MENT SHEET	30	A DESCRIPTION OF THE PROPERTY
?					31	
13561	31	Paid-in or capital surplus, or land, building, or equipment fund				
el Assels	31 32		funds		32	
· Net Assets of Fund Balances		Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other Total net assets or fund balances	funds	563,519. 760,776.	 	1,017,543 1,236,196

	990 (2017) FIRST UP	23-	-643814	. 4	Pag	e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,4	<u>.10</u>	, 68	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,9			
3	Revenue less expenses Subtract line 2 from line 1	3		53		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	<u> 63</u>		19.
5	Net unrealized gains (losses) on investments	5			3 (00.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	_10	1,0	17	,54	13.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	_				\bigsqcup
				Y	'es	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		`,			.:.1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		14		1
	separate basis, consolidated basis, or both			- 6		7
	Separate basis Consolidated basis Both consolidated and separate basis			_ _		
b	Were the organization's financial statements audited by an independent accountant?		2	b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,			. :. <u> </u>
	consolidated basis, or both			, ,	i	
	X Separate basis Consolidated basis Both consolidated and separate basis		, •	:	.	٠, ا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	, <u>:</u>	_	٠.	
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2	c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C		Ţ.		- 1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	ıdıt <u></u>			
	Act and OMB Circular A-133?		3	а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dit	T		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	ь		
			Fo	rm 9	90 (2	2017)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

			T UP					_ 2	3-6438	144			
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part) S	ee instruction:	s	$\overline{}$	- /			
he	organ	ization is not a private found	lation because it is ((For lines 1 through 12, o	check only	one box)			1	X			
1		A church, convention of ch			-					4			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90·EZ))			l /	1			
3		A hospital or a cooperative		•			u).			1			
4		A medical research organiz					•	Yiu). Enter	the hospital	s name			
•		city, and state	u • po.u.ou • o		. 000011001		() () () () (,,,. L c.	ine nospitar	o namo,			
5		An organization operated for	or the benefit of a co	allege or university owner	d or opera	ted by a n	overnmentalı	init describ	ned in				
Ŭ		section 170(b)(1)(A)(iv). (C		mege of difficulty owner	u or opera	ied by a g	Overminentart	init descrit	Jea III				
6				mantal cost danamhad in	4"	70(5)/4)/4)	4.4						
	\vdash	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
7				intial part of its support i	rom a gov	ernmentai	unit or from t	ne general	public desci	ibed in			
_		section 170(b)(1)(A)(vi). (C											
8	\vdash	A community trust describe			•								
9	ш	An agricultural research org			· ·	-		_	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state o	f the colleg	je or				
		university											
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross rec	eipts from			
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross	investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ured by the or	ganization	after June 3	0, 1975			
		See section 509(a)(2). (Cor	mplete Part III)										
11	\sqsubseteq	An organization organized a	and operated exclus	ively to test for public sa	afety See	section 50	09(a)(4).						
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes o	f one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section 5	509(a)(3). C	Check the bo	x in			
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete line:	s 12e, 12f, and	d 12g					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving				
		the supported organization				-							
		organization You must o		• • • •					0				
b		Type II. A supporting org			tion with it	s support	ed organizatio	n(s), by ha	ıvına				
		control or management o					_		-				
		organization(s) You mus											
С		Type III functionally inte	-		in connec	tion with a	and functiona	llv integrati	ed with.				
-		its supported organization	· · · · · · · · · · · · · · · ·					,	· · · · · · · · · · · · · · · · · · ·				
ч		Type III non-functionally	,	•				rted organi	zation(s)				
_		that is not functionally int	-					=	= -				
		requirement (see instruct	-		-			a arraccorn					
_		Check this box if the orga	•	•				II Tune III					
٠	-	functionally integrated, or					i type i, type	ii, Type iii					
	Ento	r the number of supported o	• •	rially integrated support	ing organiz	Zation							
'		ride the following information	-	od organization(s)									
9) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amoun	it of other			
		organization		(described on lines 1-10	Yes	No No	support (see in	-	support (see	instructions)			
				above (see instructions))	1.00	110							
													
													
					 				 				
					 								
				1ee					<u> </u>				

Ľ	Ji.	(Complete only if you checke	ed the box on line 5	5, 7, or 8 of Part I o	or if the organization			
		fails to qualify under the test	s listed below, plea	ase complete Part	III) ,			
3	sec	ction A. Public Support						<u> </u>
C	ale	ndar year (or fiscal year beginning in)	(a) 2013 a	(b) 2014 '	(c) 2015	(d) 2016	(e) 2017	(f) Total
	1	Gifts, grants, contributions, and		_		<u>.</u>		
		membership fees received (Do not		*	١.		. /	
		include any "unusual grants ")			,			
	2	Tax revenues levied for the organ-	•				./	
		ization's benefit and either paid to			,			
		or expended on its behalf				,	/ '	
	3	The value of services or facilities					/	
	•	furnished by a governmental unit to	*		••	/	7	* .
		the organization without charge	,	, .	l .	/		• .
	4	Total. Add lines 1 through 3		•		/_		
	5	The portion of total contributions					12201111111111111111111111111111111111	
	٠	by each person (other than a				/		•
		governmental unit or publicly				/ /		
		supported organization) included,				/ 4 35 34		•
		on line 1 that exceeds 2% of the						
		amount shown on line 11;			/			
		column (f)						
	_		Established Company		() () () () () () () () () ()	Transfer of the State Co. N.	MATERIAL SERVICE SERVICE	
7	<u>0</u>	Public support. Subtract line 5 from line 4	34.600 Extra-320030.	THE AREA SHEET AND AREAST	SECURITIES (NO SERVE)	es werten	Lastre de la constante	<u> </u>
-			(-) 0040		()0015	1 1 2010	1.10047	(n T : 1
U		ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/(c) 2015	(d) 2016	(e) 2017	(f) Total
-		Amounts from line 4		,		-		•
	8	Gross income from interest,		/			, ,	
		dividends, payments received on	:	·/		4		
		securities loans, rents, royalties,	'	. /		*		-
•	_	and income from similar sources						
•	9	Net income from unrelated business		- <i> </i>		;		•
		activities, whether or not the	•		' "		* .	•
=-		business is regularly carried on	ja nim	-		to a management of		79 !
1	0	Other income Do not include gain		/	,		'	
		or loss from the sale of capital	<i> </i>		• •	,		
		assets (Explain in Part VI)	222-10-11-11-11-11-11-11-11-11-11-11-11-11-	ADAMAN AND AND ADAMAN AND ALL AND	Coldres Seriolisms at both A		And COVERN AND ADMINISTRATION AND A	4
1		• •	和第二章/J#		The part of the	Partena 23	THE STATE OF THE S	1
		Gross receipts from related activities,		•	**		12	
1	3	First five years. If the Form 990 is for	~ //	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
~		organization, check this box and stor			·			
_		ction C. Computation of Publ		 	-			1
		Public support percentage for 2017 (<i>y</i>	-	column (f))	•	14	%
		Public support percentage from 2016	V		•		15	%
1	6a	33 1/3% support test - 2017. If the	-			14 is 33 1/3% or r	nore, check this bo	ox and
		stop here. The organization qualifies				-		
	b	33 1/3% support test - 2016. If the				l line 15 is 33 1/3%	or more, check th	us box .
		and stop here. The organization qual						. ▶□
1	7a	10% -facts-and-circumstances tes	•					
		and if the organization meets the "fac		•			rt VI how the organ	nization
•		meets the "facts-and-cyrcumstances"						▶□
	þ	10% -facts-and-circumstances tes						
		more, and if the organization meets the		•			-	· • · · ·
		organization meets the "facts-and-cire		-		-		▶⊨
_1	8	Private foundation. If the organization	in did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
			ı	•		Sche	edule A (Form 990	or 990-EZ) 2017
		,	•	•			•	4
						•		•
		(· •			•	
73	3202	2 10-08 ₅ 17						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

~	quality under the tests listed b	elow, please comp	olete Part II)							
	ction A. Public Support						· · · · · · · · · · · · · · · · · · ·			
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not	1550005	4506505	0.504.000	4 4 5 4 5 4 5	0-6-4-0				
	include any "unusual grants ")	1759095.	1786587.	2621298.	1451747.	2565479.	10184206.			
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	447,137.	615,070.	650,929.	713,059.	835,544.	3261739.			
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513	22,800.	20,400.	20,000.	25,950.	6,850.	96,000.			
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	2229032.	2422057.	3292227.	2190756.	3407873.	13541945.			
7a	Amounts included on lines 1, 2, and									
	3 received from disqualified persons			40,000.		972,600.	1012600.			
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						0.			
c	: Add lines 7a and 7b			40,000.		972,600.	1012600.			
8	Public support. (Subtract line 7c from line 6.)	, A.P. *	"		,		12529345.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
9	Amounts from line 6	2229032.	2422057.	3292227.	2190756.	3407873.	13541945.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	3,339.	2,199.	1,813.	1,592.	1,709.	10,652.			
	and income from similar sources	3,339.	2,133.	1,013.	1,392.	1,709.	10,032.			
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b	3,339.	2,199.	1,813.	1,592.	1,709.	10,652.			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		2,233		2,002.	2,,,,,,,	20,002			
12	Other income Do not include gain or loss from the sale of capital									
	assets (Explain in Part VI)	1,120.		11,426.	3,251.	23,931.	39,728.			
13	Total support (Add lines 9, 10c, 11, and 12)	2233491.	2424256.	3305466.	2195599.	3433513.	13592325.			
14	First five years. If the Form 990 is for	the organization's	s first, second, thire	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,			
	check this box and stop here									
Sec	ction C. Computation of Publ	ic Support Per	rcentage							
	Public support percentage for 2017 (I		•	olumn (f))		15	92.18 %			
	Public support percentage from 2016					16	97.37 %			
Sec	Section D. Computation of Investment Income Percentage									
17	Investment income percentage for 20)17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.08 %			
18	Investment income percentage from	2016 Schedule A, I	Part III, line 17			18	.10 %			
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line				
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the		-	· · · · · · · · · · · · · · · · · · ·			▶ X			
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here . The orgai	nization qualifies a	is a publicly suppo	orted organization	▶□			
20	Private foundation. If the organization	n did not check a	<u>box on line 14, 19:</u>	a, or 19b, check th	nis box and see ins	structions	▶□			

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Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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	\$13%	700000
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3a		
3b		
3c		20220223
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4b		16 x 1 8 1 10 10 10
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1 4c		,

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5a	2001020 p	estima
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5b		
5c	iones-2	REP PART
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7		
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		Tillia
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EV.C		
9b	SP#XX	22928.455
9c	Subse 25.2	
	333	
10a		
26.00		
10b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust (on Nov 20, 1970 (explain in F	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	NACOS O 1270 C 12 5 7 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	Party of a way . Advanted and the constraint
е	Discount claimed for blockage or other	\$25.5 \$25.5		
	factors (explain in detail in Part VI)	被沙	NASZAWA ZAKEAZI WASA S	SE CALEDON SE NO PREST
2	Acquisition indebtedness applicable to non-exempt-use assets	2	,	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8	MG CO TO NO AND A COMMON AND AND AND AND AND AND AND AND AND AN	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	MASSELLARIES (AND THE CARREST COMPANY)	
2	Enter 85% of line 1	2	经现代对外。但是对外的	,
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· "是我们都能不是一个	
4	Enter greater of line 2 or line 3	4	Market Market Wast	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

₽a	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
	tion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exi	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI) See instructions			
_7	Total annual distributions. Add lines 1 through 6	1	·	
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	_	· · · · · · · · · · · · · · · · · · ·	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		A TOTAL OF A SOLE	
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			35000 (3000) (3000)
3	Excess distributions carryover, if any, to 2017	\$165.22Fitte:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\$405.64C\$X\$3F\$\$2228
<u>á</u>				
· b	From 2013			《基本》中"在《基本》
	From 2014			
	From 2015 '			
	From 2016			
f	Total of lines 3a through e	MORNING OF THE SECOND CONTRACTOR CONTRACTOR OF THE SECOND CONTRACTOR OF		
	Applied to underdistributions of prior years		A JESS BURNINGS LANCE COMMUNICATION OF THE STATE OF THE S	
<u>h</u>	Applied to 2017 distributable amount			Chris de Parkellonia - Procesa acus describras de 2001 de 1
	Carryover from 2012 not applied (see instructions)		A CONTRACTOR OF THE PROPERTY O	
	Remainder Subtract lines 3g, 3h, and 3i from 3f	Part / A. M. okal in ellis kommer i med akkeelisteeri		
4	Distributions for 2017 from Section D,			
	line 7 \$			APPER AND LONG TO THE PROPERTY OF THE PROPERTY
	Applied to underdistributions of prior years		Martin Action (* 1940)	\$1,250 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Applied to 2017 distributable amount Remainder Subtract lines 4a and 4b from 4		Parametrical de la comparament	with the second
5	Remaining underdistributions for years prior to 2017, if		######################################	NELOCKIC LECTRONICAL
J	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			a assistant service control of the control
-,	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions		,	
7	Excess distributions carryover to 2018. Add lines 3j	Security in the instantanes of exists in a security ships the		
•	and 4c			
8	Breakdown of line 7			
	Excess from 2013	65 TV 990 TV TV TAB COV CV		52040577.20024534
	Excess from 2014	MINING THE COLUMN		
	Excess from 2015			
d	Excess from 2016	THE PROPERTY AND ADDRESS.		472/11/24/03/24/03/25/25
е	Excess from 2017	Bridal Modernia Market		
				Form 990 or 990 E7\ 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 FIRST UP	23-6438144 Page 8
Part:VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a c Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D.	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V. Section B. line 1e, Part V
	(See instructions)	onal information
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section	501(c)(4), (5), or (6) organiza	tions Complete Part III			
Name of org		dons Complete Part III		F	mployer identification number
· · · · · · · · · · · · · · · · · · ·	FIRST U	TP.		-	23-6438144
Part I-A		ganization is exempt unde	er section 501(c)	or is a section 52	
L 2.1.	- Compilete ii tile oi;	Januarion io exempt and	31 000tion 001(0)	Of 10 d Scotion 02	. organization.
1 Provide	a description of the organi	zation's direct and indirect nalities	al aamaayaa aatuutiga	in Dort IV	
	· · · · · · · · · · · · · · · · · · ·	zation's direct and indirect politica	ii campaign activities		▶ \$
	campaign activity expendi			•	5
3 Volunte	er hours for political campa	ign activities			
Part I-B	Complete if the org	ganization is exempt unde	er section 501(c)	(3).	
1 Enter th	e amount of any excise tax	incurred by the organization unde	er section 4955		≻ \$
2 Enter th	e amount of any excise tax	incurred by organization manage	rs under section 4955	5 I	> \$
3 If the or	ganization incurred a section	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a d	correction made?				Yes No
b If "Yes,	describe in Part IV				
Part I-C	Complete if the org	ganization is exempt unde	er section 501(c)	, except section 5	01(c)(3).
1 Enter th	e amount directly expende	d by the filing organization for sec	tion 527 exempt func	tion activities	\$
2 Enter th	e amount of the filing organ	nization's funds contributed to oth	er organizations for s	ection 527	
exempt	function activities			1	▶\$
3 Total ex	empt function expenditures	s Add lines 1 and 2 Enter here ar	nd on Form 1120-POL	•	
line 17b				l	> \$
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
5 Enter th	e names, addresses and er	nployer identification number (EIN	l) of all section 527 po	olitical organizations to	which the filing organization
made p	ayments For each organiza	ition listed, enter the amount paid	from the filing organi	zation's funds. Also enti	er the amount of political
contribi	itions received that were pr	omptly and directly delivered to a	separate political org	anization, such as a sej	parate segregated fund or a
political	action committee (PAC) If	additional space is needed, provi	de information in Part	IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	m (e) Amount of political
				filing organization	
				funds If none, enter	-0- promptly and directly delivered to a separate
					political organization
					If none, enter -0-
				 	

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

Schedule C (Form 990 or 990-EZ) 2017

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732041 11-09-17

Part II A Complete if the org	janization is ex	empt under sectio	n 501(c)(3) and fil	led Form 5768 (el	ection under				
	tion belongs to an a	ffiliated aroun (and list ii	Part IV each affiliated	l aroun momborio nom	o 'address EIN				
3 - 3	Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)								
Check Filing organization checked box A and "limited control" provisions apply									
Lımi	ts on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to infli	uence public opinior	(grass roots lobbying)		-					
c Total lobbying expenditures (add li	ines 1a and 1b)		•						
d Other exempt purpose expenditure	es		•						
e Total exempt purpose expenditure	es (add lines 1c and	1d)							
f Lobbying nontaxable amount. Enter	er the amount from t	he following table in bot	h columns						
If the amount on line 1e, column (a) o		bbying nontaxable am		######################################	ANGE: STATE A				
Not over \$500,000	20% (of the amount on line 1e			5.000				
Over \$500,000 but not over \$1,000	0,000 \$100,0	000 plus 15% of the exc	ess over \$500,000						
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17,	,000,000 \$225,0	000 plus 5% of the exce	ess over \$1,500,000						
Over \$17,000,000	\$1,000								
•					Kirari Isabi				
g Grassroots nontaxable amount (en	nter 25% of line 1f)	4			}				
. h Subtract line 1g from line 1a If zer	o or less, enter -0-								
. i Subtract line 1f from line 1c If zero	o or less, enter -0-		•		1				
' j If there is an amount other than ze	ro on either line 1h o	or line 1i, did the organiz	ation file Form 4720						
reporting section 4911 tax for this		•	*		🗌 Yes 🔲 Noʻ				
(Some organizations t	hat made a section See the sepa	rate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	elow.				
*,	Lobbying Exp	enditures During 4-Ye	ar Averaging Period) -					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
2a Lobbying nontaxable amount					, .				
b Lobbying ceiling amount		100 T. 100 P. T.							
(150% of line 2a, column(e))					1				
, , ,		•	,	,					
c Total lobbying expenditures	<u>.</u>								
d Grassroots nontaxable amount	•		•		3 4				
e Grassroots celling amount		CANAL	18 S. (C. 1880, 15)?		•				
(150% of line 2d, column (e))	MATERIAL MERSON		575,4%	多為為為物質					
f Grassroots lobbying expenditures	•	, .							
				Schedule C (Form	990 or 990-EZ) 2017				

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Schedule C (Form 990 or 990 EZ) 2017 FIRST UP 23-643814 Partill B: Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?	Yes	No X	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?		X		
or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?		X		1 1 1 1 30 E
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?		X		
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 		X	1760/11/2007	
c Media advertisements?				
,		Х	光源的多数	
		X		
d Mailings to members, legislators, or the public?		<u>X</u>		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
Other activities?	r -1. 346884 275344			
j Total Add lines 1c through 1i		黎 蘭[古海縣]	562 x2.65 . 75 °	المارية 4- يور المارية الأيارية
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	C 71.000834943.16	\$65,650 & 15,050	\$\$15 x(\$)	· Profesional
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	JTS 18000826	\$\$\$\$\$\$\\\	Participal	S-28/43071-18/-18
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Partill-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5) or se	4 752	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
501(c)(6).	11 30 1(0)	(0), 01 30	CLIOII	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior yea	r? 3		
Part III_B Complete if the organization is exempt under section 501(c)(4), section				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," Ol	R (b) Par	t III-A, liı	ne 3, is
Dues, assessments and similar amounts from members	······································	1 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al	27%		
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pr				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part V Supplemental Information				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	ad Funds or Other Similar Funds	s or Accou	23-6438144
1 0			S OF ACCUL	iiits.Complete if the
_	organization answered "Yes" on Form 990, Part IV, lii	(a) Donor advised funds	(h) Euro	ds and other accounts
4	Total number at and of year	(a) bonor advised funds	(5) (4)	do and other accounts
1	Total number at end of year			· · · · · · · · · · · · · · · · · · ·
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		sed tunds	
_	are the organization's property, subject to the organization's			└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor a		•	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring	
Do	impermissible private benefit?			Yes No
_	rt II Conservation Easements. Complete if the or		Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizat	· — —		
	Preservation of land for public use (e.g., recreation or	· —	• •	
	Protection of natural habitat	Preservation of a cert	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conserva	
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	<u> </u>
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organizatior	during the tax
	year >			
4	Number of states where property subject to conservation ea	asement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing con	servation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easemer	nts during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	,	()()()()	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement. a	and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	· · · · · · · · · · · · · · · · · · ·		
	conservation easements			g
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (A)	SC 958), not to report in its revenue stater	ment and bala	ance sheet works of art.
	historical treasures, or other similar assets held for public ex	• • • • • • • • • • • • • • • • • • • •		•
	the text of the footnote to its financial statements that descri		• • • •	
ь	If the organization elected, as permitted under SFAS 116 (AS		t and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items	,	,,,	g
	(i) Revenue included on Form 990, Part VIII, line 1		>	£
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia		
~	the following amounts required to be reported under SFAS 1		ga., p.0410	-
а			_	\$
	Assets included in Form 990, Part X			B
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2017

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	dule D (Form 990) 2017 FIRST U								<u>438144</u>	
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Sin	nilar Ass	ets(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a s	significa	ant use of its	s collection	items
	(check all that apply)									
а	Public exhibition	c	· 🖳	Loan or exc	hange progr	ams				
b	Scholarly research	6	, []	Other		_				
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizat	ion's exe	empt pu	Jrpose in Pa	art XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ner sımıla	r asset	s		
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes	No_
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" or	Form	990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets no	t includ	ed		
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						10	С		
d	Additions during the year						10	d		
е	Distributions during the year						10	e		<u>,</u>
f	Ending balance						1	<u>f </u>		
2a	Did the organization include an amount on F							L_	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									Щ
Pai	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	T					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Thr	ee years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions		_							
С	Net investment earnings, gains, and losses				ļ <u></u>				 	
d	Grants or scholarships							,		
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses				ļ				ļ .	
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curi	rent year end baland		g, column (a	a)) held as					
a	Board designated or quasi-endowment	·	_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
2-	The percentages on lines 2a, 2b, and 2c sho	•	-4 41-							
за	Are there endowment funds not in the posse	ession of the organiz	ation th	at are neid a	na administe	erea tor t	ne orga	anization	<u></u>	/a.a. NI=
	(i) unrelated organizations									es No
	(ii) related organizations								3a(i) 3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations	itione lietad ae raai ii	red on S	Schedule B2					3b	
4	Describe in Part XIII the intended uses of the								[JD]_	
Par			, will cite	101103						
	Complete if the organization answere) Part I	V. line 11a S	See Form 990) Part X	line 10)		
	Description of property	(a) Cost or o		(b) Cost			ccumul		(d) Book	value
	bosomption of property	basis (investr		, , ,	(other)		preciati	1	(4) 5000	- 4140
	Land				, ,				·····	
	Buildings									
c	Leasehold improvements	<u> </u>								
d	Equipment			12	6,332.		109.	516.	16	,816.
	Other				•					· · · · ·
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c)				16	,816.

Schedule D (Form 990) 2017

(a) Description of Security (or category (includes) (b) Book value (c) Method of valuation. Cost or end-of-year market val.	Complete if the organization answered "Yes"				
Cosepular		(b) Book value	(c) Method of val	luation Cost or end	d-of-year market value
Other	•		<u> </u>		
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Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13	· · · · · · · · · · · · · · · · · · ·		-		
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Schedule D (Form 990) 2017 23-6438144 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 3,433,813. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 300. a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d 300. e Add lines 2a through 2d 2e 3,433,513. 3 Subtract line 2e from line 1 3 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 <22,825. b Other (Describe in Part XIII) 4h <22,825.> c Add lines 4a and 4b 4c 3,410,688. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII' Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2,979,789. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 2,979 3 Subtract line 2e from line 1 3 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 <22,825. b Other (Describe in Part XIII) 4b <22,825.> c Add lines 4a and 4b 4c 2,956,964. 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 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 XI, 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 X, LINE 2: GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE AND RECOGNIZE ANY UNCERTAIN GAAP PRESCRIBES A MINIMUM THRESHOLD THAT A TAX POSITION IS TAX POSITIONS. REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS. FIRST UP BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED BY GAAP. PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE -22,825. PART XII, LINE 4B - OTHER ADJUSTMENTS: -22,825. SPECIAL EVENT EXPENSE Schedule D (Form 990) 2017 732054 10-09-17 32

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Schedule D	Form 990) 2017 FIRST UP	23-6438144 Page 5
Part XIII	Form 990) 2017 FIRST UP Supplemental Information (continued)	
	- Contraction (contractor)	
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Schedule D (Form 990) 2017

# **SCHEDULE G**

(Form 990 of 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www irs.gov/Form990 for the latest instructions.

Open to Public

Inspection

rame of the organization FIRST U	JP					Employer ide 23-6438	ntification number 144
Part I Fundraising Activities required to complete this par	Complete if the organization answert	ered "Y	'es" o	n Form 990, Part IV, I	line 1		
Indicate whether the organization raise	sed funds through any of the following and solicitates and solicitates and solicitates are solicitated and solicitates and solicitates are solicitated and solicitated and solicitated and solicitated sol	tion of tion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) fundr have cr or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<u> </u>				
List all states in which the organization or licensing	on is registered or licensed to solicit of	contrib	utions	s or has been notified	l it is	exempt from re	egistration
					-	· · · · · · · · · · · · · · · · · · ·	

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

Schedule G (Form 990 or 990-EZ) 2017

P	aπ	of fundraising Events. Complete if the	-			•			
Revenue			(a) Event #1 CHAMPION EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))			
			(event type)	(event type)	(total number)	COT (O))			
	1	Gross receipts	70,483.		,	70,483.			
	2	Less Contributions	54,433.			54,433.			
	3	Gross income (line 1 minus line 2)	16,050.			16,050.			
	4	Cash prizes							
	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs	***						
rect E	7	Food and beverages	15,959.			15,959.			
ቯ	8	Entertainment	3,244.			3,244. 3,622.			
	9	Other direct expenses	3,622.			3,622.			
		Direct expense summary Add lines 4 through	· · ·		<b>.</b>	22,825. <6,775.			
Pa	art	Net income summary Subtract line 10 from li  III Gaming. Complete if the organization a		990 Part IV line 19 or	reported more than	<0,775.2			
		\$15,000 on Form 990-EZ, line 6a		1000, 1 41114, 11116 10, 01	reported more than				
	T		(1) 5	(b) Pull tabs/instant	/ \ 0.01	(d) Total gaming (add			
anue.			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))			
Revenue	1	Gross revenue							
ses	2	Cash prizes							
xpen	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes% No	☐ Yes % No	☐ Yes % No				
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•				
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<b>&gt;</b> _				
		Enter the state(s) in which the organization conducts gaming activities							
		the organization licensed to conduct gaming ac	ctivities in each of these	states?		└─ Yes └─ No			
E.	r 11	No," explain							
	<del></del>								
	We o If "	Yes No							
	_								
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<u>Sch</u>	edule G (Form 990 or 990 EZ) 2017 FIRST UP	23-6438	3144	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Iş the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in			
а	The organization's facility	13a		%
	An outside facility	13b		9/
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > and the amou	nt		
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party			
	Name			
	Address ►			
16	Gaming manager information			
	Name &			
	Name ►			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatani diately utana			
	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
h	retain the state gaming license?		res	NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year > \$	tne		
Pai	t IV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa	art III. Imae Q	0b 10	)b 15b
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	art iii, iii les 9,	3D, TC	D, 13D,
			<u> </u>	
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Schedule G (Form 990 or 990-EZ) FIRST UP Part; IV. Supplemental Information (continued)	23-6438144 Page 4
Parτşίν Supplemental Information (continued)	
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Schedule G (Form 990 or 990-EZ)

#### SCHEDULE O

Internal Revenue Service

Department of the Treasury

(Form 990 or 990-EZ)

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FIRST UP

Employer identification number 23-6438144

FORM 990, PART VI, SECTION A, LINE 6:

MEMBER ORGANIZATION

FIRST UP HAS THREE CLASSES OF VOTING MEMBERS. THEY INCLUDE COMPREHENSIVE AFFILIATE, REGULAR AFFILIATE, AND STUDENT AFFILIATE.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF MEMBERS OF GOVERNING BODY

ALL MEMBERS ARE ENTITLED TO ELECT NEW MEMBERS OF THE BOARD OF DIRECTORS; HOWEVER, NO DECISIONS OF THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY MEMBERS.

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

GOVERNING BODY REVIEW OF FORM 990

A PDF COPY OF THE FORM 990 IS GIVEN TO MEMBERS OF THE INTERNAL AFFAIRS COMMITTEE FOR REVIEW AND COMMENTS PRIOR TO FILING.

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

MONITORING AND ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY WHEN THEY JOIN THE BOARD OF DIRECTORS AND THEN ON AN ANNUAL BASIS. THE EXECUTIVE COMMITTEE REVIEWS THE COMPLETED FORMS FOR ANY POSSIBLE CONFLICTS OF INTEREST. IF A CONFLICT OF INTEREST EXISTS, THE BOARD MEMBER WILL RECUSE THEMSELVES IN ACCORDANCE WITH THE POLICY.

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

PROCESS FOR DETERMINING COMPENSATION

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization FIRST UP	Employer identification number 23-6438144
BOARD OF DIRECTORS DETERMINES COMPENSATION FOR OFFICERS OF	OF THE ORGANIZATION
ON AN ANNUAL BASIS USING INDEPENDENT DATA AND RESEARCH.	•
FORM 990, PART VI, SECTION C, LINE 19:	
PUBLIC AVAILABILITY OF OTHER DOCUMENTS	
FIRST UP MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTER	REST POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	Γ.
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