B

Judith Y Messier

Firm's name > Judith Messier

For Paperwork Reduction Act Notice, see the separate instructions

Firm's address ▶ 2920 Alki Ave SW Apt 209, Stattle, WA \$8 16

May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer

Use Only

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs. gov/form990. For the 2016 calendar year, or tax year beginning 2016, and ending 20 D Employer Identification number C Name of organization Wayfind Check if applicable: Address change Doing business as 32-0098070 E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change Initial return 866-288-9695 Final return/terminate City or town, state or province, country, and ZIP or foreign postal code Seattle, WA 98111 G Gross receipts \$ Amended return 204.359.98 Application pending F Name and address of principal officer: Jodi Nishioka H(a) is this a group return for subordinates? Yes Vo No 1201 Third Ave, Ste 4900, Seattle, WA 98101 Hib) Are all subordinates included? Tyes Tho 501(c)(3) 501(c) (If "No," attach a list, (see instructions)) ◀ (insert no.) 🔲 4947(a)(1) or Website: > www.wayfindlegal.org H(c) Group exemption number ▶ Form of organization: Corporation Trust Association ☐ Other ▶ L Year of formation: 2003 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: To improve the quality of life in Washington communities by providing access to pro bono business legal services for charitable nonprofit organizations and microenterprise Governance businesses owned by individuals with low incomes or in disadvantaged communities. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h). 137,597.89 144,299.29 9 Program service revenue (Part VIII, line 2g) 34,312.64 58,530.65 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7.73 9.38 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 33.75 (8,314.83)12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 171,952.01 194,524.49 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 O 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 88,662.91 136,581.54 16a Professional fundraising fees (Part IX; column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A)/lines 11a-1/1d, 11f-24e) 28,335.40 41,490.73 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 116,998.31 178,072.27 Revenue less expenses. Subtract line 18 from line 12_ 19 54,953.70 16,452.22 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 138,353.00 154,891.57 21 Total liabilities (Part X, line 26) 87.82 174.17 22 Net assets or fund balances. Subtract line 21 from line 20 138,265.18 154,717.40 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than efficient is based on all information of which preparer has any knowledge. Sign 2017 SECRETARY DAVID A. LAWSON Here Type or print name and title Print/Type preparer's name Check / if Paid

Flrm's EIN ▶

self-employed

05/06

Cat. No. 11282Y



P01467690

✓ Yes
☐ No Form 990 (2016)

206-937-1347

Form 99	00 (2016) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To improve the quality of life in Washington communities by providing access to pro bono business legal services for charitable
	nonprofit organizations and microenterprise businesses owned by individuals with low incomes or in disadvantaged communities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$69,050.41 including grants of \$0) (Revenue \$13,600.00)
	Community capacity building programs: Wayfind connects eligible charitable nonprofit organizations and low-income micro-
	enterprises with pro bono business attorneys who assist with business legal issues. Wayfind connected 88 new nonprofits and 124
	new low-income micro-enterprises with attorneys in 2016.
4b	(Code:) (Expenses \$ 47,407.71 including grants of \$) (Revenue \$ \$ 44,930.65)
	Community capacity building programs: Wayfind provides continuing legal education to attorneys who serve nonprofits and legal
	training to nonprofit staff. Wayfind put on 22 legal trainings for attorneys and community organization (nonprofit and micro-
	enterprise) staff to 954 attendees in 2016.
	++++++++++++++++++++++++++++++++++++++
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 116 458 12
	Total program service expenses 116.458.12 Form 990 (2016)

Form 98		· · · · ·		Peges 3
Part (V Checklist of Required Schedules	— т	Ycэ	No
ช	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2		
43	Section 601(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	Æ3		
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	6		
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	89		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
8	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.	8		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI	118		
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		
	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		
	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	110		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a fcotnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	110		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	1 2 a		
80	Was the organization included in consolidated, independent audited firnancial 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	123		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		
14 a	Did the organization maintain an office, employess, or agents outside of the United States?	1405		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schadule F, Parts III and IV.	18		
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 (see instructions)	17		
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		
19	Did the organization report more than \$15,000 of gross income from gazning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
		Forr	n SEI	(2016)

Part	M Chacklist of Required Schedules (continued)	*	******	
			Yœ	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
21 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	203		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
23		222	<u> </u>	├
ھى	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		
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	 	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	2 48a		
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	246		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
_	The second secon	240		
25-9	Section 501(c)(3), 501(c)(4), and 501(c)(20) commissions. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25 0		
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 980-EZ? If "Yes," complete Schedule L, Part I	250		
23	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	23		
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		
2/8	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):	-3.		
න ර්	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV.	236 236		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family renember thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	23c	-	
22	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	330		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	382		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
3 4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	32		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35 0		
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35%		
33	Scribon #01(c)(3) comparizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	33		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
••	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Moto. All Form 990 filers are required to complete Schedule O.	333		
		For	n &&1	(2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable 1a g			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	, ,	.	l
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	:	,	. أ
_	reportable gambling) winnings to prize winners?	0-1		
200		₹c	ـــا	
22 0	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ì	. 1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	260		
	Moto. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	33a		
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3%		
4)a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ļ	
	account)?	480		
ľa	If "Yes," enter the name of the foreign country: ▷	_ <u></u>		
40	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	,	l	
	(FBAR).		Į	
.		-		
5 30	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	581		
Ъ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5%		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
7 59	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the)	ļ
	organization solicit any contributions that were not tax deductible as charitable contributions?	889		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	66b		
7	Organizations that may receive deductible contributions under section 170(c).	1		
@	Did the organization receive a payment in excess of \$75 made partty as a contribution and partty for goods	1	- [.
	and services provided to the payor?	7a	7	
Ь	If "Yes," did the organization notify the conor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c	İ	
-41	15 Way a 11 to 15 and 1		\	
ଷ		5-	أ	لـــــا
G A	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
Œ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	773		
Ø	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 0)	 	
lh -	If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-C?	7/h	l	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	3		
	sponsoring organization have excess business holdings at any time during the year?	8		
8	Spanizations maintaintainte donor advisco funds.]
6 0	Did the sponsoring organization make any taxable distributions under section 49367	® ක		
ර්	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	8%		
10	Scottion 501(cM7) organizations. Enter:			
82	Initiation fees and capital contributions included on Part VIII, line 12	,	ł	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	,		}
11	Section 601(c)(12) organizations. Enter.	ļ		
 a	Gross income from members or shareholders			}
<u>a</u>	Gross income from other sources (Do not net amounts due or paid to other sources			Ì
				}
46-	· · · · · · · · · · · · · · · · · · ·	-		
122ຄ	Section 4247(a)(1) non-axempt charitable trusts. Is the organization filing Form 980 in lieu of Form 1041?	12ର		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 601(CM29) qualified nonprofit health incurance issuers.		<u> </u>	
ඩ	Is the organization licensed to issue qualified health plans in more than one state?	130		L
	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	ļ		ļ
	the organization is licensed to issue qualified health plans			,
C	Enter the amount of reserves on hand]
140	Did the organization receive any payments for indoor tanning services during the tax year?	14ം		
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14%		
			920	(2016)

Upon request Other (explain in Schedule O)

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

☐ Another's website

financial statements available to the public during the tax year.

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Form \$20 (2016)

rm 990 (2016)	Page 7

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

- In Complete this table for all persons required to be listed. Report compensation for the calendar year encling with or within the organization's tax year.
- List all of the organization's current officers, directors, trustess (whether individuals or organizations), regardless of amount of companization. Enter -0- in columns (D), (E), and (F) if no companization was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employees) 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 trustess or directors; institutional trustess; officers; key employees; highest compensated employees; and former such persons.

		ted organization compensated any current officer, dire								
(A) Namo and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustes)					an (co)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (max any house for related organizations below dotted line)	ndividue ar directi	Institutional trustes	Officer	Koy employ⇔	Highost compensated criplayee	Forma	tho organization (W-2/1099-MISC)	resections organizations (W-2/1099-WISC)	compensation from the organization and related organizations
(1) Layra Baumann	11									
Director	0			\Box				0	Q	
(2) Brad Haque	1				ļ			ļ		
Director	<u> </u>		Щ		_		<u> </u>	0	0	· · · · · · · · · · · · · · · · · · ·
(3) Julia Kellison				1						
Director								0	o l	
4 Rosa Kim	1					'			}	
Director	0		Ш				<u> </u>	0		···-
(5) David Lawson					l				1	
Director	<u></u>				[0		
(5) Stenhanie Weier		1		1	1					
Director			L					0	0	
(7) Nicholas Harper-Smith	1									
Director				Ш			L	0	0	
(8) Diana Singleton	11111	1	[
Director	9						L	0	Q	
(C) Laura Klein	1						ļ —			
Director	Q						L.	0		
(10) Sandriue Espie	1									1
Director	0						<u>. </u>	0		
(11) Stanton Brown	1						[1		
Director	0	L_						0		
(12) Mary Giannini	Q		$[\]$				Π			
Director (resigned Nov 2016)	0	L_					L	0		
[13] Lawrence Ward	3			П			Γ	· ·		
President: Director	0		1) ,	ا م	
(14) Mike Allen	2						Γ	1		
Vice President: Olrector	0	1	\	i i			Ì	i .	ام	

Part	Part VIII Section A. Officers, Directors, Trustocs, Key Employees, and Hiphest Compensated Employees (continued)											
	(A) Name and title		(B) (do not check more the box, unitses person is to officer and a director/t (list en)					one an (co)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated	
		hours for related organizations bslow dotted line)	individue or direct	Institutional trustco	Officar	Koy cmploy∞	Highost compensated employee	Forma	the organization (W-2/1099-MISC)	organizations (W-2/1098-A/ISC)	compansation from the from the conganization and related organizations	
(15) CJ	aire White	2										
	ary: Director	0		\vdash						ļ		0
	son Kuzma ver: Director	2							0	0		0
	di Nishioka	30										
	tive Director	<u> </u>		\vdash	Н	<u> </u>		<u> </u>	75,189,92		4	0
7.07		 -										
(18)												
(20)											 	
(21)								_				
(22)				П				 				
(23)			<u> </u>					_			 	
(24)				Н		_		-			 	
(25)		ļ								!		
16	Sub-total	<u> </u>	<u> </u>			<u> </u>		<u> </u>	75.189.92	0		
¢	Total from continuation shocks to Part	-				. <i>.</i>		\triangleright	0			0
	Total (add times 1b and 1c)							<u>></u>	75,189,92	\$100 C	200 ~6	0
<i>a</i>	rotal number of incividuals (including poli- reportable compensation from the organi		. (O ()	1058	1150	.eu i	#OOVe	9) W	HO ISCONSTILL			
3	Did the organization list any former of employee on line 1a? If "Yes," complete							mp	loyes, or high	est compensat	ed 3	No
Ð	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble d	con	1307	rsatio				ine ich	
5	Did any person listed on line 1a receive of for services rendered to the organization											
Soci	on B. Independent Contractors	117 100, 0	, <u>, , , , , , , , , , , , , , , , , , </u>						adii polodii	· · · · · ·		
1	Complete this table for your five highest compensation from the organization. Request.											<u></u>
	(A) Namo and business add	tross							(B) Description of se	=rvices	(C) Componsation	
NONE.												
2	Total number of independent contractor	ore fincludia	na hi	d r	ot I	limit	ed to	<u>_</u>	nose listed sha	TVA) who		 -
<u></u>	received more than \$100,000 of compens							, u	NONE	- VO) WIIO		_
									~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Form 9 \$0	(2016)

Part	VIII	Statement of Revenue Check if Schedule O contains a res	nonce or note to	am, line in this	Dart VIII		П
		Officer if Schooling Contains a res	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
है है	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
\$ E	C	Fundraising events 1c	23.201.50		1		
돌혈	đ	Related organizations 1d	<u>_</u>	į			
夏	•	Government grants (contributions) 1e	0				
흔들	f	All other contributions, gifts, grants,	l l				
들		and similar amounts not included above	121.097.79				
통	g	Noncash contributions included in lines 1a-1f: \$	0				}
_	<u>h</u>	Total. Add lines 1a-1f	Business Code	144.299.29			
Program Service Revenue	2a	Legal Services		40,000,00	40,000,00		
\$	b	Legal Training	541100 611430	13.600.00 44.930.65	13.600.00 44.930.65		
8	c		611430	44.830.03	44.930.03		
\$	ď						
E	0						
5	f	All other program service revenue.					
Æ	g	Total. Add lines 2a-2f		58.530.65			
1	3	Investment income (including divid					
		and other similar amounts)	1	9.38			9.38
	4	Income from investment of tax-exempt b	ond proceeds	0			
1	5	Royalties	(ii) Personal	0			
	6a	Gross rents	(17. 0.00.1.0				
	b	Less: rental expenses	 				
	C	Rental income or (loss)					
	d	Net rental income or (loss)	>	0			<u> </u>
	7a	Gross amount from sales of (i) Securities	(ii) Other				
- 1		assets other than inventory					
İ	b	Less: cost or other basis					
1		and sales expenses .	ļ				
ł	C	Gain or (loss) .					
	d	Net gain or (loss)		0			
Other Revenue		Gross income from fundraising events (not including \$ 23,201.50 of contributions reported on line 1c). See Part IV, line 18	- 1.556.55				
0		Less: direct expenses		(0.044.00)			10.044.00
		Gross income from garning activities. See Part IV, line 19		(8.314.83)		·74.	(8.314,83)
		Less: direct expenses I Net income or (loss) from gaming ac		0			
	10a	Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold					
	C	Net income or (loss) from sales of inv		0		· · · · · · · · · · · · · · · · · · ·	
		Miscellaneous Revenue	Business Code				
	11a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	Ь	**************************************	}				
	d	All other revenue					
		Total, Add lines 11a-11d		0			
	12	Total revenue. See instructions		194.524.49	0		(8.305.45)
				104.004.42	······································		Form 990 (2016)

OI 111 04					Page 10
	IX Statement of Functional Expenses				(4)
Section	on 501(c)(3) and 501(c)(4) organizations must con			s must complete colui	
Da ===	Check if Schedule O contains a respon				<u> </u>
36, 96	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	126.071.32	81.346.12	26.007.92	18.717.28
9	Other employee benefits	440.00	440.00		
10	Payroll taxes	10.070.02	6.947.56	2.077.41	1,495,05
11	Fees for services (non-employees):	10,0,0,0	VIV-TIOU .		1,100,00
a	Management	0			
þ	Legal	0			
C	Accounting	3.556.25	1	3.556.25	
d	Lobbying	0			
•	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		İ		
12	Advertising and promotion	13.425.53	12.225.53	1.200.00	0
13	Office expenses	2.494.17	60.00	1.489,73	944.44
14	Information technology	1.162.82 1.415.69	437.00 772.65	700.08 479.49	25.74 163.55
15	Royalties	1.415.09	//2.05	4/9.49	103,55
16	Occupancy	0		······································	
17	Travel	1.309.28	1.309.28		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0		·	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	3.203.19	2,888,06	226.68	88.45
23	Insurance	2.895.60	1751.60	1.144.00	0
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				ı
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		ļ		İ
	· · · · · · · · · · · · · · · · · · ·	0.700.00			
a b	Training Event Expenses Payroll Service Fees	8.730.32 1.550.22	8.730.32	4 550 00	
C	Online Transaction Fees	1.550.22 560.78		1.550.22	560.78
d	Staff Development	827.08		827.08	30V./8
•	All other expenses Fees.lic.dues.minor.equip	360.00		360.00	
25	Total functional expenses. Add lines 1 through 24e	178.072.27	116,458,12	39,618,86	21.995.29
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)				

Poort X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (8) Beginning of year End of year Cash - non-interest-bearing 1 132,453,10 119,109,41 2 2 Savings and temporary cash investments 32,009,38 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section ß 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Inventories for sale or use 8 Prepaid expenses and deferred charges Ø Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 100a 103 b Less: accumulated depreciation 100 5.836.62 5,899,90 3,772,78 Investments -- publicly traded securities 11 11 12 Investments-other securities. See Part IV, line 11 . 12 13 Investments - program-related. See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total sessis. Add lines 1 through 15 (must equal line 34) . . 16 1.38.353.00 154.891.57 17 Accounts payable and accrued expenses 17 87.82 174.17 18 18 1ᡚ Deferred revenue 10 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total Embilities. Add lines 17 through 25 28 25 87.82 174.17 Organizations that follow SFAS 117 (ASC 959), check hare > Not Accord or Fund Bahancas complete lines 27 through 29, and lines 33 and 34. 27 27 28 278 Permanently restricted net assets 20 220 Organizations that do not follow SFAS 117 (ASC 635), check hom > and complate lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 138,265,18 154,717,40 33 138,265,18 33 154,717,40 Total liabilities and net assets/fund balances . 138.353.00 34 154.891.57 Form \$20 (2016)

WIII DO	0 (2016)				ge IÆ		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		_, .	<u>.</u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		194.5			
2	Total expenses (must equal Part IX, column (A), line 25)	2			72.27		
3	Revenue less expenses. Subtract line 2 from line 1	3	16,452,22				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5			65.18		
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					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		154.7	17.40		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>			
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Cash Counting Countin						
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in					
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a				
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or					
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2 b				
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight					
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c				
	If the organization changed either its oversight process or selection process during the tax year, ex	olain in					
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in					
	the Single Audit Act and OMB Circular A-133?		3a				
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	1				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь				
			For	n 99 0	(2016)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Wavfi Par		n for Public Cha	rity Status (All	organizations must	comple	te this p	32-00 art.) See instruction			
				s: (For lines 1 through				· 		
1	<u>~</u> .	•		on of churches descri	•	-	•			
2				(Attach Schedule E (F						
				anization described in			, ,			
3				panization described in onjunction with a hosp				Gill Enter the		
4	_	•	-	onjunction with a nost	Jilai Gesc	nibeu in s	ecuon mo(b)(n)(x)	(m). Cinerale		
_		ame, city, and state								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, s	tate, or local gover	nment or govern	mental unit described	in section	on 170(b)	(1)(A)(v).			
7				tantial part of its sup	port from	a goven	nmental unit or fron	n the general public		
	described in	n section 170(b)(1)	(A)(vi). (Complet	e Part II.)						
8	☐ A communi	ty trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9		•	• •	in section 170(b)(1)	•	erated in	conjunction with a f	and-grant college		
				iculture (see instruction						
10	☐ An organiza	ation that normally	receives: (1) more	e than 331/3% of its su	apport fro	m contrib	outions, membershi	p fees, and gross		
	receipts fro	m activities related	to its exempt ful	nctions—subject to co related business taxal	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its		
	acquired h	n gross investiblen the organization a	itter June 30. 197	75. See section 509(a	ກອ ກາບບາກ ກ)(2). (Cor	nolete Pa	ert III.)	レロショ・にいってう		
11				sively to test for public						
12		_	•	ively for the benefit of	-			rry out the purposes		
-		•	•	ns described in secti			•	•		
				scribes the type of sup						
•			=	l, supervised, or contr		-		-		
а			*	regularly appoint or e	-		•			
	• • •	•		ete Part IV, Sections			ne directors or trust	ees of the		
	``	• •	-	•				- m (a) the character a		
b				ed or controlled in co						
		-		rganization vested in		persons	that control or man	age the supported		
			-	V, Sections A and C.						
С				ting organization oper ns). You must comp l				ally integrated with,		
d	Type III	non-functionally	integrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)		
				nization generally mu						
				omplete Part IV, Sec						
е	☐ Check t	his boy if the organ	nization received	a written determination	on from ti	ne IRS the	atitis a Type I Type	all Type III		
Ŭ				tionally integrated sup				z II, Type III		
f		nber of supported	• •		э р ө	J. J		[
ı G				orted organization(s).				٠ ٠ ــــــــا		
	(i) Name of suppo		(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
	(4) Harris or suppo	TOO OI YOU WALLOTT	(1)	(described on lines 1–10	listed in you	ur governing	support (see	other support (see		
			1	above (see instructions))	docu	ment?	instructions)	(nstructions)		
				Į	Yes	No	į			
			 	 	1 63		 	<u> </u>		
(A)			1		1]				
			 		├	 				
(B)		····						: 		
(C)										
(D)										
(E)										
			 		 	 				

Schedu	18 A (Form 990 or 990-EZ) 2016						Page Z
Part							
	(Complete only if you checked the						llify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	}					
	membership fees received. (Do not	1	· ·	1		1	
	include any "unusual grants.")	26,500.28	53.726.16	93,098,53	137.597.89	144,299,29	<u>455,222,15</u>
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	26,500,28	53.726.16	93,098,53	137.597.89	144,299,29	455,222,15
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						180,429,00
6	Public support. Subtract line 5 from line 4						
~	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	26,500.28	53.726.16	93.098.53	137.597.89	144,299,29	455,222,15
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0.40	56.03	7.73	9,38	73.54
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				33.75		33.75
11	Total support. Add lines 7 through 10	ll					455.329.44
12	Gross receipts from related activities, etc					12	153.515.98
13	First five years. If the Form 990 is for the organization, check this box and stop he	re				ear as a section	
	on C. Computation of Public Support						
14	Public support percentage for 2016 (line		-			14	60.35 %
15	Public support percentage from 2015 Scl					15	48.55 %
16a	331/3% support test—2016. If the organion box and stop here. The organization qua						
.	331/2% support test—2015. If the organization qua			-		ic 221 n0% or m	
b	this box and stop here. The organization					18 33./3% OF III	
470		•	•	J		62 or 16h	▶ []
1/a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization.	eets the "facts-	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	015. If the orga ation meets the meets the "fact	anization did n e "facts-and-c ts-and-circums	ot check a boscircumstances" stances" test.	' test, check : The organizati	this box and son qualifies as	a, and line top here. a publicly
	ouppointed organization						· · • 📙

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

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 qualify under the tests listed below, please complete Part II.)

	,, 110 o.ga	<u> </u>	THE METOR DON	711, p.oc.00 0	3111D1010 1 a.t.	,	
Secti	on A. Public Support	,					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")				L		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		ļ]		į
	organization's tax-exempt purpose					····	
3	Gross receipts from activities that are not an		1]		
	unrelated trade or business under section 513						
4	Tax revenues levied for the				1		ł
	organization's benefit and either paid]		İ
	to or expended on its behalf						
5	The value of services or facilities				į		{
	furnished by a governmental unit to the		Ì				
_	organization without charge				<u> </u>	<u> </u>	<u> </u>
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		į				ļ
	• •		-	<u> </u>			
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000				\		
	or 1% of the amount on line 13 for the year				[
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				· · · · · · · · · · · · · · · · · · ·		
	line 6.)		į į				
Secti	on B. Total Support		<u> </u>	·	4		<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		ĺ		1		i
	royalties and income from similar sources .						
þ	Unrelated business taxable income (less		}	,	}		1
	section 511 taxes) from businesses		Į,		<u> </u>		ł
	acquired after June 30, 1975		ļ		ļ		
C	Add lines 10a and 10b		ļ		ļ		<u> </u>
11	Net income from unrelated business		{		(
	activities not included in line 10b, whether or not the business is regularly carried on		{		[Į
40							
12	Other income. Do not include gain or loss from the sale of capital assets		i		i :]
	(Explain in Part VI.)		}		1	}	{
13	Total support. (Add lines 9, 10c, 11,		l		 	·	
	and 12.)		1		1		1
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re	<u></u>		<u>.</u>		🕨 🖂
Secti	on C. Computation of Public Support						
15	Public support percentage for 2016 (line		_	3, column (f))		15	<u>%</u>
16	Public support percentage from 2015 Sci					16	%
	on D. Computation of Investment In					1 := 1	
17	Investment income percentage for 2016 (-		17	%
18	Investment income percentage from 2015					18	% and line
19a	331x3% support tests—2016. If the organ 17 is not more than 331x3%, check this box						
	331/s% support tests—2015. If the organiz		_	-		_	
D	line 18 is not more than 3312%, check this						
20	Private foundation If the organization di						

Part IV 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.)

Secti	on A. All Supporting Organizations						
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by]					
	class or purpose, describe the designation. If historic and continuing relationship, explain.						
2	Did the organization have any supported organization that does not have an IRS determination of status	1					
_	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.	3a					
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	-					
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the						
_	organization made the determination.	3b	ļ				
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.	-		<u> </u>			
42	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c					
Tu	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a					
þ	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.						
_		4b	 				
С	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	ļ	l				
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1					
	purposes.	4c					
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		ļ	1			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		l	Į			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	<u> </u>					
	was accomplished (such as by amendment to the organizing document).	5a	ļ				
Þ	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>	<u> </u>	ļ			
_	designated in the organization's organizing document?	5b					
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c	ł	 -			
U	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1	1	1			
	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.	6	<u> </u>	ļ			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1				
	(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).	7	<u> </u>	<u> </u>			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		 	ļ			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	 				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described	1]	l			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	}	 -			
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	34	 	 			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	 				
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	<u> </u>	†				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 				
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	T					
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	<u> </u>	 				
_	supporting organizations)? If "Yes," answer 10b below.	10a	<u> </u>				
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720 to	1	1	1			

determine whether the organization had excess business holdings.)

10b

	6 A 0111 000 0 000-EA 2010			aye 🗸
Part	V Supporting Organizations (continued)			
	and the second s	اـــــا	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u></u>
4.	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secu	on b. Type i supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}		ĺ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>		
	supervised, or controlled the supporting organization.	2		ļ
Secti	on C. Type II Supporting Organizations			r <u></u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			l
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	-		ļ
Secti	on D. All Type III Supporting Organizations	1		L
Secu	on D. Air Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	\Box	163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's	}		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			 -
	· · · · · · · · · · · · · · · · · · ·	3		L
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	instru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			}
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1]	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	-	 	
_	•	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1	1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .			
L	······································	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role placed by the organization in this most	2h	 -	-

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ 			
Section 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	Ç.	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	[
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	tegrated Type III supporti	ing organization (see

Part		 Supporting Organi 	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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.		· · · · · · · · · · · · · · · · · · ·	
8	Distributions to attentive supported organizations to which	h the organization is res	nonsive	
_	(provide details in Part VI). See instructions.		,po.10170	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Cino o amount dividos by Ento o amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013		······································	
d	From 2014			
е				
f	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
1	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		······································	
4	Distributions for 2016 from			
-	Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if		· · · · · · · · · · · · · · · · · · ·	
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	}		
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

III, line 12; Part IV, Se B, lines 1 and 2; Part 3a, and 3b; Part V, lin	nation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part ction A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, e 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, complete this part for any additional information. (See instructions.)
ion B. Line 10. Other Incom	θ
	2015
of Penalty paid in 2014	31.30
of Interest paid in 2014	2.45
	33.75

	III, line 12; Part IV, Ser B, lines 1 and 2; Part I 3a, and 3b; Part V, lincolines 2, 5, and 6. Also ion B, Line 10. Other Income of Penalty paid in 2014

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

201**6**

Open to Public Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number Wavfind 32-0098070 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

_	
rage	4

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar As	sets (continued)
3 .	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther recor	rds, checl	k any of th	e follow	ving that are a s	significant use of its
а	☐ Public exhibition		d	🗌 Loan 🤄	or exchang	je progr	ams	
b	☐ Scholarly research		e	☐ Other				
C	☐ Preservation for future generations	;						
4	Provide a description of the organizat XIII.	tion's collections	and expla	ain how th	ney further	the org	anization's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							ar 🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arra	ingements.						
	Complete if the organization 990, Part X, line 21.	answered "Yes					•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the fo	llowing ta	ıble:			
							Α	mount
C	Beginning balance					10		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun	nt on Form 990, F	art X, line	21, for es	scrow or ci	ustodial	account liability	/? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa						_	
Par						d- <u>-</u>	· · · - · · · · ·	
	Complete if the organization	answered "Yes	" on For	m 990. P	Part IV. line	e 10.		
		(a) Current year		or year	(c) Two year		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance		 -				```	-
b	Contributions		 					
c	Net investment earnings, gains, and losses	'						
d	Grants or scholarships		 					
e	Other expenditures for facilities and programs							
f	Administrative expenses		 					
	·		 					
g	End of year balance	ha a	ad balana			\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2	Provide the estimated percentage of t	-		e (line 19,	column (a	ij) neid a	as:	
a	Board designated or quasi-endowmer		%					
p	Permanent endowment							
С	Temporarily restricted endowment ▶	%						
_	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of t	ne organi	zation tha	it are held	and ad	ministered for th	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related o							3b
4	Describe in Part XIII the intended uses		ion's endo	owment fu	nds.			
Part								
	Complete if the organization	answered "Yes	s" on For	m 990, P	art IV, line	e 11a. :	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or o			other basis her)		Accumulated apreciation	(d) Book value
1a	Land							
b	Buildings							
c	Leasehold improvements			t				
d	Equipment	. ———			9.609.40	<u> </u>	5.836.62	2 772 79
- e	Other			 	3.703.40	····	3,030,02	3.772.78
	Add lines 1a through 1e. (Column (d) n	nust equal Form	990. Part	X. column	(B), line 10)c.)	•	2 770 70
								3.772.78

Part VII	Investments — Other Securities. Complete if the organization answer	red "Yes" on Fo	rm 990). Part IV. lin	e 11b. See Forr	n 990. Part X. line 12.
•	(a) Description of security or category (including name of security)			Book value	(c) Me	ethod of valuation: d-of-year market value
(1) Financial	derivatives					
	neld equity interests					
(3) Other						
(A)					<u> </u>	·
(B)					<u></u>	
(C)				·		
(D)						
(E)						
(F)	,		ļ			·
(G)						
(H)			 		<u> </u>	
	b) must equal Form 990, Part X, col. (B) line 12.)		L		l	
Part VIII	Investments—Program Related.	wood (Wool) on Co.	00/	N D 11/ 1/	- 44- O F	- 000 Dayl V line 40
	Complete if the organization answer	ered tes on ro				
	(a) Description of investment		(0)	Book value		ethod of valuation; d-of-year market value
(1)						
(2)				·		
(3)						
(4)		<u>-</u>	<u> </u>			
_(5)			ļ		<u> </u>	
(6)						
			ļ			
(8)						
(9)	b) must equal Form 990, Part X, col (B) line 13.)		<u> </u>			
Part IX	Other Assets.		<u></u>		L	
Tartix	Complete if the organization answer		rm 990), Part IV, lin	e 11d. See Forr	
	(a) D	escription				(b) Book value
		·				
(2)						
(3)						}
(4)					 	
(5) (6)						
						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, col.	(B) line 15.)				
Part X	Other Liabilities. Complete if the organization answelline 25.		rm 990), Part IV, lin	e 11e or 11f. Se	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value	7			
(1) Federal in	ncome taxes					,
(2)			$\neg \neg$			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.) ▶					
2. Liability for	runcertain tax positions. In Part XIII, provide	the text of the footr	ote to t	he organization	n's financial statem	ents that reports the
organization'	s liability for uncertain tax positions under FI	N 48 (ASC 740). Che	eck hen	e if the text of t	ne tootnote has be	en provided in Part XIII

Schedu	e D (Form 990) 2016			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	7 1	
С	Recoveries of prior year grants	2c	7	
đ	Other (Describe in Part XIII.)	2d	7 }	
е	Add lines 2a through 2d	<u> </u>	2е	
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	4a		
b	Other (Describe in Part XIII.)	4b	-	
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part				
I GIL	Complete if the organization answered "Yes" on Form 990,		ei netuiii.	
1	Total expenses and losses per audited financial statements		11	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· · · · · · · · ·	- ' -	
2	Donated services and use of facilities	10-1	} }	
a		2a	-	
b	Prior year adjustments	2b		
C	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
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	4a	<u> </u>	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	
Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	
			, - ,	
			»	
		·		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Garning 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.

OMB No. 1545-0047 16

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Vavfi Par	Fundraising Activities.	•	_		vered "Yes" on f	32- Form 990, Part IV,	0098070 line 17.
1 a b c d	Form 990-EZ filers are Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writer or key employees listed in Form	on raised funds ons tten or oral agre	through any e [f [g [of the folk Solicitati Solicitati Special	ion of non-governi ion of government fundraising events lual (including offi	ment grants grants cers, directors, trust	
b	If "Yes," list the 10 highest paid compensated at least \$5,000 b			draisers) pu	ursuant to agreem	ents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
2			-				
3			-	 			
4			-			······	
5						······································	
6			 				
7				<u> </u>		· _ · · · · · · · · · · · · · · · · · ·	
8	····		 				
9			 			-,	
10	······································						
Total 3	List all states in which the organistration or licensing.	anization is regis	stered or lic	▶	olicit contribution	s or has been notifi	ed it is exempt from

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1 Law & Libations (event type)	(b) Event #2 NONE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	24.722.16			24,722,16
ш	2 3	Less: Contributions Gross income (line 1 minus	23.201.50			23.201.50
_		line 2)	1.520.66			1.520.66
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
enses	6	Rent/facility costs	1.175.00			1.175.
Ä	7	Food and beverages	6.075.26			6.075.26
Direct Expenses	8	Entertainment	0			0
	9	Other direct expenses .	2,585.23			2.585.23
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answel	olumn (d)	90, Part IV, line 19, or	9.835.49 (8.314.83) reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
<u>\$</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes %	☐ Yes%	
	7	Direct expense summary. Ac	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)		
9	a Is		onduct gaming activities	s in each of these state	s?	
10		'ere any of the organization's of "Yes," explain:		l, suspended, or termin		

scneau	Page 3
11	Does the organization conduct gaming activities with nonmembers?
12 、	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of garning activity conducted in:
а	The organization's facility
14	An outside facility
14	records:
	Name ▶
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount 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 ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
	······································

SCHEDULE O (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.

2016

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Part VI. Section B. Line 11b. Accountant prepares the Form 990. Executive Director and Board Treasurer review and approve the Form 990.			
and present the Form 990 at a board meeting for the full board to review, discuss and approve.			
Part VI. Section B. Line 12a. While there is no written conflict of interest policy. Board members are re-	quired annually to review and sign a		
conflict policy and disclosure form. In 2016, there were no board decisions that involved any conflicts	of interest for the Board to discuss		
with the exception of compensation of the Executive Director. The Executive Director is an ex officio, p	non-voting member of the Board of		
Directors. The Executive Director recused herself and was not present at any discussions or votes required	larding board decisions on the		
Executive Director's compensation,			
Part VI. Section B. Line 15a. When the Executive Director position was created in July, 2014, while the	Board did not hire an Independent		
consultant, the Board itself conducted a comparable salary study that looked at Executive Director salary	aries at comparable organizations in		
comparable markets and set the Executive Director's salary. Since then they have instituted a 3% annual	ual cost of living adjustment. Annually		
they have done an evaluation of the Executive Director's performance based on the organizational goa	Is that are aligned with the Board-		
approved strategic plan for the organization. Based on the evaluation, and the organization's financial	position, the board has granted an end		
of the year bonus for the Executive Director.			
Part VI. Section C. Line 19. The financial statements and governing documents are made available upo	on request, For example, funders ask		
for financial statements, and those documents are provided upon request.			